299-203-004-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85601

No. ..... St.

Primary Registration District No. 2,36 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Gro | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 3 (Day) 19 20 (Year)

FATHER		MOTHER	
FULL NAME	Jarvis Birdwhistle	FULL MAIDEN NAME	Mary Kerry
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pegman	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cushley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1-19 20

H H Kerry
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-108-004-449

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85602

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD CALVIN WARREN SOMMERS

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 18 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Sommers	FULL MAIDEN NAME	Vida Murphy
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Garden City Utah
OCCUPATION	Labor	OCCUPATION	Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Gilley

Montpelier
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1-1920 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1943

269-110-004-553

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85603

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 10 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Chris Sorensen	FULL MAIDEN NAME	M C Nelsen
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ovid	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Crabley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 12-15 19 20 H H Terry

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-111-004-553

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85604

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A C Irving	FULL MAIDEN NAME	Mary W Nelson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-15 1920 H H Kunz

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-211-004-415

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. 52

File No. 85605

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Pearl Elizabeth Hymas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Robert Hymas	FULL MAIDEN NAME	Sarah Elizabeth Davis
RESIDENCE	Sharon Idaho	RESIDENCE	Sharon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Ida

Filed 12-15 1920

H. H. King

Registrar

S-Y-CO. 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/16/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 1 1 02 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 8560-5

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hymas (Name on Original Certificate) who was born (Was Born or Died) on 10/11/20 (Date of Event)

in Sharon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Hymas	Pearl Elizabeth Hymas

Subscribed and sworn to before me this 16th day of November, 1978

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed X Pearl E. Perkel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X Rt 1 Wilder Id 83676

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

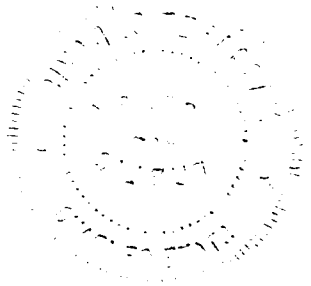
.....

(Street Address, City, State)

Marriage Certificate issued by State of Utah 1/6/40 gives name of Bride as Pearl Elizabe th Hymas. viewed by V.S.

DEC 1978

Certificate of Blessing issued 19 November 1978 by LDS Church shows child blessed 11/10/20 as Pearl Elizabeth Hymas. viewed by V.S.



148-212-004-753

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

Registration District No. 152 File No. 85606

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Gro

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Johnson	FULL MAIDEN NAME	B. C. Peterson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lukley

J Mongelle
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 12-1-1920

H. H. King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-11 - 204-251

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85607

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Beverly Shaw

Sex of Child Boy

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 12 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James E. Jack Shaw	FULL MAIDEN NAME	M E Brown
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE		BIRTHPLACE	Cold
OCCUPATION	O St. Freeway	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Idaho

Filed 12-15-1920

N N Kerry
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 85607

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for William Beverly Shaw (Name on Original Certificate) who WAS BORN (Was Born or Died) on OCTOBER 14, 1920 (Date of Event)
in MONTPELIER, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Father	Jack Shaw	James E. Shaw
Name of Mother	M. E. Beam	Maude Frances ~~Beam~~ Mashburn

Subscribed and sworn to before me this 13th day of May, 1949

Notary Public, residing at Los Angeles California
My commission expires June 29, 1950
(Seal)

Signed Maude Frances Mashburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1100 W. 47 Street Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1949

Notary Public, residing at Los Angeles California
My commission expires
(Seal)

Signed James E. Shaw
(Signature of Any Credible Person)

1100 W. 47 Street Los Angeles Calif.
(Street Address, City, State)

MAY 25 1949

714-225-004-366

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85608

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Gene | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 25 1928 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma Paulsen	FULL MAIDEN NAME	Laura Toomer
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Sanark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuddle

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-1-1920

H A King
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

899-228-004-355

PLACE OF BIRTH

County of Twin Falls

City of Geneva

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 85609

Registered No. .....

FULL NAME OF CHILD Hirschi

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of Birth: Oct (Month) 24 (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	Otto Hirschi	FULL MAIDEN NAME	Emma Leuschner
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G P Gardner MD

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-1-20 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-229-004-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85610

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorthy Jane Sommers

Sex of Child Gen | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 18 (Month) 29 (Day) 28 (Year)

FATHER		MOTHER	
FULL NAME	Earnest Sommers	FULL MAIDEN NAME	Martha Lockman
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	65 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	St Paul Minn
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Montpelier
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1- 1928 H H King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942
1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Montpelier, Ida.

3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Dorthy Jane Sommers

5. Date of Birth (Month, day year) 10-29-20

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Sommers, Jr.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lang Nau, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Pipefitter
15. Industry or Business Oregon Short Line Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Bertha Lockman
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Elk River, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL [illegible] (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Colorado
County of Mesa } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ernest Sommers, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dorthy Jane Sommers (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ashley (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest Sommers Signature
Grand Junction, Colo. P. O. Address

Subscribed and sworn to before me on this 13 day of July 1943
(SEAL) Ray B. Headley Notary Public, residing at Grand Junction Colo.
My commission expires Sept. 2, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-129-004-123

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 85611

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Glenn L. Tippets

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 29 1920

FATHER		MOTHER	
FULL NAME	Henry ~~Louis~~ Tippets	FULL MAIDEN NAME	Sarah Anne Astle
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma H. Clark

Midwife (Physician or midwife)

Address Georgetown, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-18-20 19.....

N. M. Rees Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-230-004-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 85612

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Charles King	FULL MAIDEN NAME	Tabitha Irene Rodeback
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Liberty, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife

([redacted] or midwife)

Given names added from a supplemental report.

..... 19.....

Address Georgetown Idaho

..... Registrar

Filed 12-15 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-101-004-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bearlake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85613

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	11 1 1920

FATHER		MOTHER	
FULL NAME	Andy Schrage	FULL MAIDEN NAME	M C Kink
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Cakeville
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuddy

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 12-15-1920 H H Ferry

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-116-005-153

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. .....

File No. 1 85614

Registered No. 34

FULL NAME OF CHILD Karl Moses Cherraplin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Cherraplin	FULL MAIDEN NAME	Anne Antelope
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Cherraplin

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Desmet Ida

Registrar

Filed Dec 25 1920 Y. L. Bihan

Registrar

493-105-005-153

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

85615

County of Bonneville

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31 File No. .....

Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD Cornelius Joseph Michell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mitch Michell	FULL MAIDEN NAME	Mary Antelope
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mitch Michell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 25 1920 J. E. Bihan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-227-005-674

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85616

County of Benewah

City of St. Maries Registration District No. 32 File No.

No. 7 St.

Hospital St Maries Primary Registration District No. 2049 Registered No. 103

FULL NAME OF CHILD Shirley Willard

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 27 1920

FATHER		MOTHER	
FULL NAME	Ben. Willard	FULL MAIDEN NAME	Palma Ogden
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Dillon Mont.	BIRTHPLACE	Arkansas. Wis.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:35 a M. on the date above stated.
(Born alive or stillborn)

(Signature) C A Robins

(Physician ~~or midwife~~)

Address St Maries

Filed Jan 2 1921 H E Lamb
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1967

415-124-005-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of St Maries Registration District No. 32 File No. 85617

No. ..... St.

Primary Registration District No. 2049 Registered No. 104

Hospital .....

FULL NAME OF CHILD William Paul Davis - Jr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M					11	24	1920

FATHER		MOTHER	
FULL NAME	Wm Paul Davis	FULL MAIDEN NAME	Mary M. Wilson
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	Merchant	OCCUPATION	House

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 3 1921

H E Dunn
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1944

417-101-005-416

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of St Maries Registration District No. 32 File No. 85618

No. ..... St.

Primary Registration District No. 2049 Registered No. 105

Hospital ..... Dorion Dawson

FULL NAME OF CHILD Magers

Sex of Child	Twin / Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth 2	Legitimate? Yes	Date of Birth 12 (Month) 1 (Day) 1920 (Year)
M					

FATHER		MOTHER	
FULL NAME	Claude Magers	FULL MAIDEN NAME	Bertha Dawson
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) O D Platt

(Physician or midwife)

Address St Maries

Filed Jan 3 1921 H E Kruse

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1971

954-202-005-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 85619

Primary Registration District No. 2049 Registered No. 106

FULL NAME OF CHILD Agatha Naomi Reddekopp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F	4		4	Yes	12	2	1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dave Reddekopp	FULL MAIDEN NAME	Ada E Roberts
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Oregon	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed Jan 3 1921 H E Hunt
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Count

No

Hospi

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 85619

County of ..... } Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Reddekopp	Agatha Naomi Reddekopp

Subscribed and sworn to before me this 15 day of April, 1942

Signed W. E. Reddekopp

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ray A Bowen

Notary Public, residing at St Maries Idaho

My commission expires .....

(SEAL)

St Maries Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Benewah. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of April, 1942

Signed Mrs. O. D. Platt

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ray A Bowen

Notary Public, residing at St Maries Idaho

St. Maries, Idaho

(STREET ADDRESS, CITY, STATE)

My commission expires .....

(SEAL)

MY COMMISSION EXPIRES [illegible]

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 23 1975

299-116-005-793

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries Registration District No. 32 File No. 85620

No. ..... St.

Hospital ..... Primary Registration District No. 2049 Registered No. 107

FULL NAME OF CHILD John Bircher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	0	5	Yes	12 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Bircher	Myrtle Ellis
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	30
BIRTHPLACE	Idaho	Minn
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) O O Platt

Phy

(Physician or midwife)

Address St Maries

Filed Jan 3 1921 A E Blount

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-16-41

243-131-005-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 85621

No. ..... St.

Primary Registration District No. 2049 Registered No. 108

Hospital .....

FULL NAME OF CHILD Buchanan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	3	Yes	12 31 1920

FATHER		MOTHER	
FULL NAME	Donald B. Buchanan	FULL MAIDEN NAME	Pearl Wilson
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. Carolina	BIRTHPLACE	Hastings
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries

Filed Jan 3 1921 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-225-005-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 85622

Primary Registration District No. 2049 Registered No. 109

FULL NAME OF CHILD June White

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Females	Twins		Twist	yes	12 (Month) 25 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Washington B. White	FULL MAIDEN NAME	Ada Otter
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Wis.
OCCUPATION	Woodman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Platt

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Jan 3 1921 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-225-205-133

PLACE OF BIRTH

County of Bonneville

City of St. Maries

No. ..... St.

Hospital .....

FULL NAME OF CHILD Delaware White

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2049

File No. 85623

Registered No. 110

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	Dec 25 1920

	FATHER	MOTHER
FULL NAME	Washington B White	
FULL MAIDEN NAME		Ada Otter
RESIDENCE	St Maries	St Maries
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Ky	Ida
OCCUPATION	Woodsman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A D Platt MD

(Physician or midwife)

Address St Maries

Filed Jan 2 1921 J F Goldsmith Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-218
006-396 [redacted]TH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Central

Registration District No. 121 File No. 85624

Primary Registration District No. 1007 Registered No. 342

FULL NAME OF CHILD JOSEPHINE Reed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f.	1		4	Yes	Nov 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Edward Reed	FULL MAIDEN NAME	Alice Caroline Trowbridge
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Blackfoot - Idaho

Filed Dec. 8 1920 Mrs Nellie E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 415-205-006-775

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 35625

No. ..... St. Primary Registration District No. 1007 Registered No. 343

Hospital .....

FULL NAME OF CHILD Helen Lorraine Davis

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Nov. 3 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Walker W. Davis	FULL MAIDEN NAME Helen Gregory
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nevada	BIRTHPLACE Texas
OCCUPATION Laundryman	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 10 1920 Mrs. Mabel E. Tabor Registrar

SEP 22 1944

219-205-006-897

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85626

No. ____ St.

Primary Registration District No. 2194 Registered No. 344

Hospital ____

FULL NAME OF CHILD Sarah Rebecca [redacted] Karns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 5 1920

	FATHER	MOTHER
FULL NAME	John B. Karns	FULL MAIDEN NAME Jennie Elizabeth Higley
RESIDENCE	Pingree	Pingree
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Nebraska	Wyoming
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 10 19 20 Wm Hahn & Co

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1944

369-206-006+638

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital

Registration District No. [illegible] File No. 85627

Primary Registration District No. [illegible] Registered No. 345

FULL NAME OF CHILD Amelia Coray

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Claude L. Coray	FULL MAIDEN NAME	Lillian Flygare
RESIDENCE	Blackfoot RD1	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.40P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Dec 10 1920 Mr Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1950

693-213-006-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

Name added 9-16-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #1 St.

Registration District No. 121 File No. 85628

Primary Registration District No. 217 Registered No. 346

Hospital

FULL NAME OF CHILD DOROTHY Wilkinson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 13 1920

FATHER	MOTHER
FULL NAME Albert Wilkinson	FULL MAIDEN NAME Ester Alberta Jensen
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	COLOR White
OCCUPATION Farming Gen'l Laborer	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE Utah
	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 10 19 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9/9/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 16 2 07 PM '82

State of _____ } ss.
County of _____ }

Certificate No. 85628
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wilkinson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 13, 1920 (Date of Event)

in Blackfoot, ID Bingham (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Dorothy Wilkinson

Subscribed and sworn to before me this 15th day of September, 1982.
Notary Public, R. D. Newberry
Residing at Boise, Idaho
My commission expires 1-25-85
(Seal)

Dorothy Wilkinson / Kenley
Signature of Applicant
324 Oak Circle Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____

_____
Supporting Signature

Certificate of marriage issued by the State of Utah, County of Weber shows name of bride as Dorothy Wilkinson married to Thomas L. Kenley on September 21, 1940.
Viewed by V.S.

High School Diploma issued by Blackfoot High School, of Blackfoot, Idaho, shows name as Dorothy Wilkinson graduated 1938, May 19th. A. E. Hinchler, Superintendent of Schools.
Viewed by V.S.

814-115-006-813

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Parkinson St.

Hospital addn

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85629

Primary Registration District No. 101 Registered No. 5[illegible]

FULL NAME OF CHILD Hammond

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 15 1920

FATHER		MOTHER	
FULL NAME	Milton J. Hammond	FULL MAIDEN NAME	Arvetta Hall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W W Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

[illegible] 19[illegible]

Registrar

Filed [illegible] 19[illegible]

Registrar

155-123-006-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. City St.

Registration District No. 121 File No. 85630

Primary Registration District No. 2194 Registered No. 348

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Keith Lars Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Jensen	FULL MAIDEN NAME	Essie Robinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Registrar

Filed Dec 10 1920 Mrs Walter E. [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

/4/41 L. B.

219-227-006-813

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#1 St.

Hospital

Registration District No. [illegible] File No. 85631

Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD Delsa Barrus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. Melvin Barrus	FULL MAIDEN NAME	Zina Emiline Hall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed [illegible] 19 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-128-003-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85632

No. R.F.D. # 4 St.

Primary Registration District No. 2194 Registered No. 30

Hospital

FULL NAME OF CHILD Unnamed Ayers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 28 1920

FATHER		MOTHER	
FULL NAME	George M. Ayers	FULL MAIDEN NAME	Verda Robinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec. 10 1920 Mrs Hallie E. Parker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-106-006-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland. Ida.

Registration District No. 121 File No. 85633

No. ..... St.

Primary Registration District No. 2194 Registered No. 301

Hospital .....

FULL NAME OF CHILD James Keith Leavitt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
~~Boy~~ Male				yes	Nov. 6 1920

FATHER		MOTHER	
FULL NAME	George R Leavitt	FULL MAIDEN NAME	Lilly Low
RESIDENCE	Moreland Idaho	RESIDENCE	Moreland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blue Sp. Ot. Idaho

Filed Dec 10 1920 Mrs Hattie E. P[illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-117-006-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 1

File No. 85634

No. ..... St.

Primary Registration District No. 1

Registered No. .....

Hospital .....

FULL NAME OF CHILD Christopher Silene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Nov	17	1920

FATHER		MOTHER	
FULL NAME	Frank Silene	FULL MAIDEN NAME	Leonore L. Berthas
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:20 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr K J. Simmons M.D.

(Physician or ~~midwife~~)

Address Blackfoot Idaho

Filed ..... 19.....

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-223-006-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85635

County of Bingham

City of Shelby Ida.

Registration District No. 121 File No.

No. St.

Primary Registration District No. 217 Registered No. 355

Hospital

FULL NAME OF CHILD Bernice Steeples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Nov 23 1920

FATHER	MOTHER
FULL NAME: John Steeples	FULL MAIDEN NAME: Rena Steeples
RESIDENCE: Shelby R-2 Idaho	RESIDENCE: Do
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Home Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr H. J. Simms

M D.

(Physician or midwife)

Address

Filed Dec 10 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-225-006-438

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Maryland Ida

Registration District No. 121 File No. 85636

No. ..... St.

Primary Registration District No. 2194 Registered No. 304

Hospital .....

FULL NAME OF CHILD Nellie Mae McBride

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Mead McBride	FULL MAIDEN NAME	Ida Luella McHinglet
RESIDENCE	Moreland Ida	RESIDENCE	Moreland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Ida

Filed Dec 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-102-006-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85637

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 365

FULL NAME OF CHILD Warren Evans Boker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. E. Boker	FULL MAIDEN NAME	Ida May Davidson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Ida

Filed Dec. 10 1920 Mrs Hallie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-104-006-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

CERTIFICATE OF BIRTH

City of Blackfoot

Registration District No. 121 File No. 85638

No. 6 St.

Primary Registration District No. 2194 Registered No. 306

Hospital

FULL NAME OF CHILD Bruce J. Garlick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov 4 1920

FATHER	MOTHER
FULL NAME Gustin Garlick	FULL MAIDEN NAME Era M Farnsworth
RESIDENCE Blackfoot Idaho	RESIDENCE Blackfoot Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 10 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1944

DEC 5 1955

619 - 214 - 006 - 942

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of

Registration District No.

File No. 85639

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Bulah Farnworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ivan Farnworth	FULL MAIDEN NAME	Myrtle Ida Randall
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:20 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Ida

Registrar

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FARNWORTH

565-215-006-713

PLACE OF BIRTH

County of Bingham

City of Thomas

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85640

Primary Registration District No. 2191 Registered No. 358

FULL NAME OF CHILD Amelia Novas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 15 1912

FATHER		MOTHER	
FULL NAME	Wm Novas	FULL MAIDEN NAME	Julia Patterson
RESIDENCE	Blackfoot Idaho #2	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Serbia	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ba. (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Dec 10 1920 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1952

414-221-006-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. W. Judicial St.

Hospital

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85641

Primary Registration District No. 1027 Registered No. 367

FULL NAME OF CHILD Clotel Maughan

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 21 1917

FATHER

FULL NAME Geo. Arthur Maughan

RESIDENCE Blackfoot Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Motion Picture Operator

MOTHER

FULL MAIDEN NAME Clotel Lundquist

RESIDENCE Do

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 10 P.M. on the date above stated.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 10 1917 Mrs. Nellie E. Patrie Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

FEB 4 1966

553-121-006-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Thomas

No. ..... St.

Hospital .....

Registration District No. 121 File No. 85642

Primary Registration District No. 2194 Registered No. 360

FULL NAME OF CHILD Merlin Arthur Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 21 1920

FATHER		MOTHER	
FULL NAME	Henry Arthur Nelson	FULL MAIDEN NAME	Ida Turpin
RESIDENCE	Thomas	RESIDENCE	do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) at 4 18 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot

Filed Dec 10 1920 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

672-201-006-916

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 175 North Ash St.

Registration District No. 121

File No. 85643

Primary Registration District No. 1007

Registered No. 361

Hospital

FULL NAME OF CHILD Francis Nellie Ogborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis E. Ogborn	FULL MAIDEN NAME	Mable M. Rowley
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	[redacted]	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) F. W. Mitchell M.D. (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 10 1920 [illegible]

Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1955
SEP 16 1960
JUL 15 1969

236-105-006-235

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Pingree St.

Hospital

Registration District No. 121

File No. 85644

Primary Registration District No. 2147

Registered No. 362

FULL NAME OF CHILD Franklin Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	Abe Scott	FULL MAIDEN NAME	Mabel Stewart
RESIDENCE	Pingree Idaho	RESIDENCE	Pingree Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Dec 10 1920 Wm Butler E. Patrick

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-209-006-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Hospital

Registration District No. 121

File No. 85645

Primary Registration District No. 1007

Registered No. 363

FULL NAME OF CHILD Marguerette Geneva Green

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Green	FULL MAIDEN NAME	Alice Young
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	MO
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed Dec 10 1920 Mrs Walter E. Patrick

Registrar

Registrar

S-Y-CO 38071

AUG 18 1956

OCT 28 1959

154-111-006-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121

File No. 85646

Primary Registration District No. 2194

Registered No. 364

Hospital

FULL NAME OF CHILD Glenn Stodard Anderson

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Anderson	FULL MAIDEN NAME	Della Stodard
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Dec 10 1920 Mrs Thalia E. Patrie

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

644 - 120 0006-844

Amended Jan 29, 1963

(Be sure the information is complete and accurate)

State File No. 85647
Local Reg. No. 365
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Merlin
b. (Middle): Everett
c. (Last): Womack

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: November 20, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Vern
b. (Middle): F.
c. (Last): Womack

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Humpherys

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 0
b. How many OTHER children were born alive but are now dead?:
c. How many children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. W. Mitchell, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Blackfoot, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec 10, 1920

20. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22.

Drawn in the interest of ... dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there bc attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person chai with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(c) State operations for delivery:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 18 1963
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 85647

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Merlin Everett Womack (Name on Original Certificate) who was born (Was Born or Died) on Nov 20, 1920 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Father	Vern F. Hansen	Vern F. Womack

Subscribed and sworn to before me this 14 day of January, 1963

Notary Public, residing at Idaho Falls Ida

My commission expires March 21-1963

(Seal)

Signed Vern F Womack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bx 152, Shelley Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of January, 1963

Notary Public, residing at Idaho Falls Ida

My commission expires March 21-1963

(Seal)

Signed X Myrtle Fisher
(Signature of Any Credible Person)

211 Shelley Ida
(Street Address, City, State)

FORM DH 60-155

Certified copy of Marriage License Affidavit issued by County Recorder of Bingham County Dec 21, 1962 gives name as V. F. Womack and Pearl Humpherys. Dated April 5, 1920. viewed by V.S.

Certificate of Baptism and Confirmation dated April 7, 1930, L.D. S. Church gives name as Merlan Womack born Nov 20, 1920 son of Vern Womack and Pearl Humphries. baptized March 29, 1930. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted] DAHO

Form V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ward #4 St.

Hospital

Registration District No. 121

File No. 85647

Primary Registration District No. 1007

Registered No. 365

FULL NAME OF CHILD Merlin Everett Womack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern F. Hansen	FULL MAIDEN NAME	Pearl Humphreys
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Dec 10 1920 Mrs Walter E. Pitts

Registrar

Registrar

S-Y-CO 38071

DEC 6 1952
MAR 3 1953
FEB 1 1 1965

864 - 206-006-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfr

Registration District No. 121 File No. 85648

No. 3 Miles East St.

Primary Registration District No. 217 Registered No. 266

Hospital

FULL NAME OF CHILD Millie Elizabeth Hodson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X		X	Yes	Nov 6 1920

FATHER		MOTHER	
FULL NAME	Albert Hodson	FULL MAIDEN NAME	Victoria Wood
RESIDENCE	Bekfr. 3 M. East	RESIDENCE	Bekfr. 3 Miles East
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) J. B. Davis M. D.

(Physician or midwife)

Address Blackfoot Ida Co.

Filed Dec 11 1920 Mrs Helen E. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 16 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 85648

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hodson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Millie Elizabeth Hodson

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 L 4-21-66. one copy pd.
L. 6-30-66.

Own Child's Birth Cert. on file: (Idaho Birth) #378009 gives full maiden name of mother as Millie Elizabeth Hodson - viewed by V.S.

Marriage License and Certificate, State of Montana, County of Beaverhead, license No. 4609 gives full name of groom as ~~William A. Hartwell~~ Joe Hartwell and full name of bride as Millie Elizabeth Hodson - married Nov. 27, 1942 at Dillon, Montana - viewed by V.S. William R. Hartwell is the father of Joe Hartwell -

in going through some old correspondence we found the attached notarized affidavit concerning this child's birth certificate which we have accepted. birth cert. corrected 1-24-67 and cert. copy sent -

Own Child's Birth Cert. on file: (Idaho Birth) #378009 gives full maiden name of mother as Millie Elizabeth Hodson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 85648

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hodson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Millie Elizabeth Hodson

Subscribed and sworn to before me this 31st day of March, 19 61

Charles C. Parkinson

Notary Public, residing at Blackfoot, Idaho

My commission expires 12-6-62

(Seal)

Signed Victoria Wood Hodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1 Firth Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 19 61

Charles C. Parkinson

Notary Public, residing at Blackfoot, Idaho

My commission expires 12-6-62

(Seal)

Signed Frank D Wood
(Signature of Any Credible Person)

264 West Sexton
(Street Address, City, State)
Blackfoot Idaho

FORM DH 60.155 (A) L 3-16-61. one copy pd. receipt #12293.

JAN 3 1 1957

366 - 202.006 - 443

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bellfoot

No. 80 Fisher Ave St.

Registration District No. 121 File No. 85649

Primary Registration District No. 1007 Registered No. 367

Hospital

FULL NAME OF CHILD VELMA OLIVE Unnamed Cooper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X		X	Yes	Nov 2 1920

FATHER

FULL NAME Frank Cooper

RESIDENCE 80 Fisher Av. Belfft

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mo

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Zeela Dulay

RESIDENCE 80 Fisher Av. Belfft

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) J B Davis M. D.

(Physician or midwife)

Address Blackfoot Ida.

Filed Dec 11 1920 Mrs Helen E. Paine
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 85649

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Velma Olive Cooper (Name on Original Certificate) who was born (Was Born or Died) on November 2, 1920 (Date of Event)
in Blackfoot Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by The Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 2, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Velma Olive Cooper

Subscribed and sworn to before me this 28th, day of August, 1943

Signed Mother Della Belle Duley Cooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Castro Valley Calif. 19250 Redwood Road Hayward Cal
(Street Address, City, State)

My commission expires My Commission Expires January 20, 1947
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th, day of August, 1943

Signed Frank Cooper Father
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Castro Valley Calif. 19250 Redwood Rd. Hayward Cal.
(Street Address, City, State)

My commission expires My Commission Expires January 20, 1947
(Seal)

SEP 4 1943

MAR 1 1 1968

952-106-006-842

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85650

No. ..... St.

Primary Registration District No. 2191 Registered No. 368

Hospital ——

FULL NAME OF CHILD ~~Norman~~ Dean Inskeep.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	12 (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oliver Donald Inskeep.	FULL MAIDEN NAME	Corda May (Rapp.) Inskeep.
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. McFarland D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho.

Filed Dec. 11 1920 Mrs Thalia E. Patrick Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 30, 1940. E.W.

557-102-006-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85651

Primary Registration District No. 2194 Registered No. 369

FULL NAME OF CHILD Unnamed England

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			X	Yes	11 (Month) 2 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M E England	FULL MAIDEN NAME	Susie Gedo
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Hatch

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moreland Idaho

Filed Dec 11 1920 Mrs Walter E. Patrick

Registrar

319 - 118 - 006 - 165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 85652

No. ..... St.

Primary Registration District No. 1007 Registered No. 370

Hospital .....

FULL NAME OF CHILD Clyde Wilbur Larson

Sex of Child Male | Twin / Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 18 1920 (Month) (Day) (Year)

FATHER

FULL NAME Richard W. Larson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Clerk in Furniture Store

MOTHER

FULL MAIDEN NAME Edna Mae Jones

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Oklahoma

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30a M. on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 11 1920 Mrs Julia E. Patrick Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-109-006-992

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

[illegible] St.

Registration District No. 121 File No. 85654

Primary Registration District No. 2194 Registered No. 2

Hospital

FULL NAME OF CHILD Earl Louis Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sterling Hansen	FULL MAIDEN NAME	Edith Louise Rekkendal
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Moen - Denmark
OCCUPATION	Farmer	OCCUPATION	H

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4.00 (Born alive or stillborn) at P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot. Idaho

Filed 1-4 1921 Mrs Walter E. Patrick

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1943

672-204-006-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bluefield

No. Ward # 4 St.

Hospital

Registration District No. 121 File No. 85655

Primary Registration District No. 1007 Registered No. 3

FULL NAME OF CHILD Melva Irene Ogborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Ogborn	FULL MAIDEN NAME	Montana Boice
RESIDENCE	Bluefield Idaho	RESIDENCE	Bluefield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed 1-4 1921 Mrs Thelma E. Palmer

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

118-228-006-162

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 121 File No. 85656

No. ..... St.

Primary Registration District No. 2194 Registered No. 4

Hospital .....

FULL NAME OF CHILD Hilda Almeta Day

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 28 1920

FATHER	MOTHER
FULL NAME Luther H Day	FULL MAIDEN NAME Ingus Josephson
RESIDENCE Pingree, Idaho	RESIDENCE Pingree, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot Ida. Idaho

Filed 1-4 1921 Mrs Hulda E. Palmer

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

FEB 4 1944

553-129-006-769

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rose

No. _____ St.

Registration District No. 121 File No. 85657

Primary Registration District No. 2194 Registered No. 5

Hospital _____

FULL NAME OF CHILD ~~Norma Luther~~ NORRIS NORTON Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 29 1920

FATHER		MOTHER	
FULL NAME	Carl L. Nelson	FULL MAIDEN NAME	Arvilla Porter
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Neb.	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:9 A.M. on the date above stated.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed 1-4 1921 Mrs Nalie E. Patrick

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85657

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Clerence L.	Norris Norton Nelson
Mother's name	Orvills	Arvilla
Father's name	Carl L.	Carl William Nelson

Subscribed and sworn to before me this 28th day of December, 1942.

C. C. Harris

Notary Public, residing at Blackfoot Idaho

My commission expires March 26—1946

(SEAL)

Signed Carl William Nelson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of December, 1942.

Leon J. Chapman

Notary Public, residing at Blackfoot Ida

My commission expires April 6—1946

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kennedy apt Blackfoot Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 4 1943

693-104-006-613

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85658

No. RD# 3 Cemetary St.

Primary Registration District No. 2194 Registered No. 6

Hospital

FULL NAME OF CHILD Emmanuel Wilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John G. Wilson	FULL MAIDEN NAME	Rhoda Mary Walters
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Utah
OCCUPATION	Sexton	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed 1-4 1921 Mrs Hulda E. Pubs

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141 - 210 -006 -864

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85659

Primary Registration District No. 2194 Registered No. 7

FULL NAME OF CHILD Iona Phyllis Adams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Maurice Wm. Adams	FULL MAIDEN NAME	Ellen Melissa Homer
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed 1-4 19 21 Mathalia E. Palmer

Registrar

Have you the Birth Certificate of Loa Phyllis Adams born Dec 10th 1920. The reason we are asking is because we have never received any blanks from you.

8659

RE
MA
BUREA

May 26, 1922.

Mrs. Maurice W. Adams,
Blackfoot, Idaho.
R.F.D. #2.

Dear Madam:

We note your inquiry as to whether or not a certificate of birth has been filed for Loa Phyllis Adams. You are advised that the certificate is on file to which we have added the name "Loa Phyllis"

Very respectfully,

F. W. Almond, M. D.
Medical Advisor.

381-221-006-994

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85660

Primary Registration District No. 214 Registered No. 8

FULL NAME OF CHILD Mildred Chaffin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 21 1920

FATHER		MOTHER	
FULL NAME	Lamond Chaffin	FULL MAIDEN NAME	Lenna May Rider
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 1-4 1921 Mrs Mallie E. Paine

Registrar

MAY 24 1967

MAY 25 1942

168-215-006-952

PLACE OF BIRTH amend 5-24-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 121 File No. 85661

No. ..... St.

Primary Registration District No. 2194 Registered No. 9

Hospital .....

FULL NAME OF CHILD Nita Nadine Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 15 1920

FATHER		MOTHER	
FULL NAME	Hugo Johnson	FULL MAIDEN NAME	Ina Pearl Inskeep
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed 1-4 1921 Mc Nalin E. Patrick Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3/2/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Yakima } ss.

Certificate No. 85661
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vera Madine Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 15, 1920 (Date of Event)

in Pingree, Id Bingham (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Vera Madine Johnson	Nita Nadine Johnson

Subscribed and sworn to before me this 16th day of May, 1982

Notary Public Jan Ross
Residing at Sunnyside
My commission expires June 1, 1985
(Seal)

Nita Nadine Enloe
Signature of Applicant

1050 S. Grant Moses Lake WA. 98837
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1982

Notary Public Jan Ross
Residing at Sunnyside
My commission expires June 1, 1985
(Seal)

Harold L Johnson
Supporting Signature

Rt 1 Box 1074 Sunnyside Wn 98944
Street Address, City, State

MAY 24 1982

Record of Baptism for Nita Nadine Johnson born 12-15-20 in Pingree Idaho to Ima Johnson and Hugo E Johnson gives baptism date as 5-22-21. Viewed by V.S.

MAY 24 [redacted]

Mapato Junior High School Diploma gives Nita Nadie Johnson completed course of study on 5-26-37. Viewed by V.S.

515-219-006-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85662

No. City St.

Primary Registration District No. 1007 Registered No. 10

Hospital

FULL NAME OF CHILD Unnamed. Vance

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 19 30 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum S. Vance	FULL MAIDEN NAME	Serena Broadbent
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed 1-4 1931 Mrs Walter E. Patrick Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

613 - 121 - 006 - 719

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of ~~Blackfoot~~

No. Pingree St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85663

Primary Registration District No. 2194 Registered No. 11

FULL NAME OF CHILD De Elden Tackrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 21 1920

FATHER	MOTHER
FULL NAME Trenor P. Tackrell	FULL MAIDEN NAME Henrietta L. Parsons
RESIDENCE Pingree	RESIDENCE Pingree
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed 1-4 19 21 Mrs Valeria E. Fabru
Registrar

236-224-006-926

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#3 St.

Registration District No. 121 File No. 85664

Primary Registration District No. 2194 Registered No. 12

Hospital

FULL NAME OF CHILD Winona Stocking

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burdette R. Stocking	FULL MAIDEN NAME	Mary Francis Ison
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed 1-4 1921 Mrs Helen E. Fabre Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

231-124-006-557

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 124 File No. 85665

No. RD # 2 St.

Primary Registration District No. 194 Registered No. 13

Hospital

FULL NAME OF CHILD Kenneth John Unnamed Stander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 24 1920

FATHER

FULL NAME: George H. Stander

RESIDENCE: Blackfoot

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Alta England

RESIDENCE: Blackfoot

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

19

Registrar

Filed 1-4 1921 Mabel E. Putnam Registrar

459-226-006-219

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 3 St.

Hospital

FULL NAME OF CHILD

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85666

Primary Registration District No. 2194 Registered No. 14

Emmanuel Merkley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 26 1920

FATHER		MOTHER	
FULL NAME	Marion Niels Merkley	FULL MAIDEN NAME	Annie Pearl Barker
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed 1-4 19 21 Mrs Hallie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-127-006-844

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Blackfoot~~ Moreland Registration District No. 121 File No. 85667

No. [illegible] St.

Primary Registration District No. 2194 Registered No. 15

Hospital

FULL NAME OF CHILD [redacted] Dean Farnsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and / Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 27 1920

FATHER		MOTHER	
FULL NAME	Earl D. Farnsworth	FULL MAIDEN NAME	Nora Leona Humphreys
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Grocer and Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed 1-4 19 21 Mrs Nellie E. Patten
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

539-129-006-319

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #1 St.

Hospital

Registration District No. 1211 File No. 85668

Primary Registration District No. 2194 Registered No. 16

FULL NAME OF CHILD Keith M. Elison

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 29 1930

FATHER

FULL NAME Orson Stanley Elison

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Maud Carson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed 1-4 19 31 Mrs Hallie E Paton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 6 - 1975
Bureau of Vital Statistics

State of Idaho } ss.
County of Bingham }

Certificate No. 85668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Elison (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Keith M. Elison

Subscribed and sworn to before me this 2nd day of January, 19 74

Notary Public, residing at Blackfoot Idaho
My commission expires Feb 1, 1978
(Seal)

Signed Orson Stanley Elison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 19 74

Notary Public, residing at Blackfoot, Idaho
My commission expires Feb 1, 1978
(Seal)

Signed Maude Elison
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN-60-155 CL 12/16/74

Certif. of Blessing from the LDS Church gives name as Keith M. Elison son of Irsen Stanley Elison and Maud Carson. Born Dec. 29, 1920 at Groveland, Idaho. Was Blessed April 3, 1921. viewed by V. S.

JAN 15 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Keith M. Elison son of Stanley Elison and Maud Carson. Born Dec. 29, 1920 at Groveland, Idaho. Was Baptized May 4, 1929. viewed by V. S.

689-231-006-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 1 St.

Registration District No. 121 File No. 85669

Primary Registration District No. 2194 Registered No. 17

Hospital

FULL NAME OF CHILD Unnamed Whitehead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 31 1920

FATHER		MOTHER	
FULL NAME	Amos Edwin Whitehead	FULL MAIDEN NAME	Sarah Irene Beck
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed 1-4 1921 Mrs Nellie E. Patten Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753 107-006-296

PLACE OF BIRTH

County of Bingham

City of Blackfoot R. 2

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85670

Primary Registration District No. 2194 Registered No. 18

FULL NAME OF CHILD ~~Arthur Petersen~~ LaMar K. Petersen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Dec. 3 1920

FATHER	MOTHER
FULL NAME Bertz Petersen	FULL MAIDEN NAME Clara Kruse
RESIDENCE Blackfoot R-2 Idaho	RESIDENCE Blackfoot Ida-R-2
COLOR white	AGE AT LAST BIRTHDAY 24 (Years)
COLOR white	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8.a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Dr H J Simmons.
M D.
(Physician or midwife)

Address Blackfoot. Ida.

Filed 1-8- 1921 Mrs Nellie E. Pate
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 85670

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arthur Petersen (Name on Original Certificate) who was born (Was Born or Died) on December 3rd, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Arthur	LaMar K. Petersen

Subscribed and sworn to before me this 2nd
day of August, 19 43.

Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 8th, 1945.
(Seal)

Signed Clara J. Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

109 S. Cleveland Ave; Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 6 1943

113-104-006-855

name added 11-13-85 dl

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R-2- St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 85671

Primary Registration District No. 2194 Registered No. 19

FULL NAME OF CHILD Donald Francis Jackson Baby Jackson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 4 1920

FATHER		MOTHER	
FULL NAME	Mark Jackson	FULL MAIDEN NAME	Marsh Hemfer
RESIDENCE	Blackfoot - R-2	RESIDENCE	Blackfoot R. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.30 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr H J Simons

M. D.

(Physician or midwife)

Address Blackfoot Idaho

Filed 1-8 1921 Mrs Nellie E. Patten

Registrar

9-24-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 14 10 19 AM '85

State of Idaho
County of Bingham } ss.

Certificate No. 85671
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jackson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 4, 1920 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald Francis Jackson

Subscribed and sworn to before me this 30 day of October, 1985.
Notary Public, Jay Martin
Residing at Blackfoot, Idaho
My commission expires May 9, 1988
(Seal)

X Donald Francis Jackson
Signature of Applicant
X Box 172 Firth Idaho 83236
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 1985.
Notary Public, Jay Martin
Residing at Blackfoot, Idaho
My commission expires May 9, 1988
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

BlessingRecord from LDS Church gives Donald Francis Jackson born Dec 4, 1920 in Blackfoot was blessed May 1, 1921.

Viewed by V.S.

Obituary for Marcia Jackson born Dec 22, 1888 died at age 84 listed survivor as son Donald F. Jackson. Viewed by V.S.

NOV 13 19

962-108-006-619

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Mareland

Registration District No. 121 File No. 85672

No. ..... St.

Primary Registration District No. 2194 Registered No. 20

Hospital .....

FULL NAME OF CHILD Lewis Leath Robbins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	DEC (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Robbins	FULL MAIDEN NAME	Jennie Farnsworth
RESIDENCE	Mareland Idaho	RESIDENCE	Mareland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed 1-8 1921 Mrs Thelma E. Patten

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 25 1941

231-123-006-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 85673

No. ..... St.

Primary Registration District No. 1007 Registered No. 21

Hospital .....

FULL NAME OF CHILD Babys Staynes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
on ~~Boys~~	Twin Triplet or other?	and	1st	yes	Dec. 23 1920

FATHER		MOTHER	
FULL NAME	Howard Stames	FULL MAIDEN NAME	Ruby Hilliard
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed 1-8 1921 Mrs Helen E. Patrick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685 - 126 - 006 - 291

PLACE OF BIRTH

AMENDED - JULY 11, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 85675

Hospital ..... Primary Registration District No. 1007 Registered No. 23

FULL NAME OF CHILD Carl Robert Wheatley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 26 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Robert Wheatley	FULL MAIDEN NAME: Elsie Brandt
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Sweden
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Simmon[illegible]

M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed January 8 1921 Mrs. Walter Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A F F A D A V I T

STATE OF IDAHO)
)SS
COUNTY OF BANNOCK)

ROBERT WHEATLEY, a citizen of the United States of America, being of lawful age, and first duly sworn, according to law, deposes and says:

That he is the father of CARL ROBERT WHEATLEY whose name is now on his birth certificate as ROBERT CARL WHEATLEY.

That he makes this affadavit for the purpose of clarifying said birth certificate.

That he was present at the time of the birth of his son, and that his name on the church record is CARL ROBERT WHEATLEY.

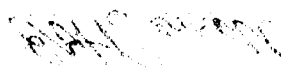
Therefore, he makes this affadavit to change the name on the Certificate Number 28405, State of Idaho, from ROBERT CARL WHEATLEY to CARL ROBERT WHEATLEY.

Robert Wheatley

Subscribed and sworn to before me this 9th day of July, 1949.

E A Berrett

Notary Public for State of Idaho
Residing in Pocatello, Idaho



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 85675

Primary Registration District No. 1007 Registered No. 23

FULL NAME OF CHILD Robert Carl Wheatley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert Wheatley	FULL MAIDEN NAME	Elsie Brandt
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed 1-8 1921 Mrs Hallie E. Patrick
Registrar

JUL 12 1949

944-217-006-483 amend 4-20-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 85677

Primary Registration District No. 2194 Registered No. 25

FULL NAME OF CHILD Hannah A. Rudolph.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Dec (Month) 17 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob J. Rudolph	FULL MAIDEN NAME	Caroline Mittlider
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	S. Dak.	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Jackson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot - Idaho

Filed 1-12 1921 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 85677
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rudolph (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-17-20 (Date of Event)
in Blackfoot, (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Hannah A Rudolph
mothers first name	Karoline	Caroline

Subscribed and sworn to before me this 20th day of April, 1982.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3, 1985
(Seal)

Hannah Rudolph
Signature of Applicant
Rt 1 Box 121 Hansen Idaho
Street Address, City, State 83334

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 20 1982

State of Idaho Public School Diploma Twin Falls County gives Hannah A Rudolph completed Elementary Education on 5-15-36. Viewed by V.S. parents name Caroline Rudolph.

Cert of Baptism gives Hannah Rudolph daughter of Carolina Rudolph and Jacob Rudolph was baptised Aug 8, 1937. Viewed by V.S.

815-224-006-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

name added 2-14-84 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bigham

City of Belfort

Registration District No. 121 File No. 85678

No. ..... St.

Primary Registration District No. 2194 Registered No. 26

Hospital .....

FULL NAME OF CHILD Myrtle Marguerite Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Nov 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Hansen	FULL MAIDEN NAME	Anna Steffensen
RESIDENCE	Wapello	RESIDENCE	Belfort
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] Bomalin, at 4:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed 1-12 1921 Mrs Thalia E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-8-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
NOV 9 10 24 AM '83

State of Idaho
County of Franklin } ss.

Certificate No. 85678
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 24, 1920 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
, childs name	Unnamed	Myrtle Marguerite Hansen

Subscribed and sworn to before me this 25 day of October 1983.

Notary Public, Daniel M. Kelly

Residing at Preston Ida.

My commission expires 1986

(Seal)

x Myrtle Marguerite Hansen
Signature of Applicant

x 655 N. Arthur, Pocatello Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of October 1983

Notary Public, Daniel M. Kelly

Residing at Preston Idaho

My commission expires 1986

(Seal)

x Edna Casperson
Supporting Signature

x 189 E 1 N Preston Id
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Myrtle Marguerite Hansen born Nov 24, 1920 in Bingham County was blesed Jan 2, 1921. Viewed by V.S.

FEB 14 1984

Marriage Certificate from State of Idaho County of Bannock lists Earl Jones and Myrtle Hansen were married in Pocatello on Jan 19, 1942. Viewed by V.S.

155-213-006-553

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfr

No. RFD 3 St.

Registration District No. 121 File No. 85679

Primary Registration District No. 2194 Registered No. 27

Hospital

FULL NAME OF CHILD Amy Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Dec 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Waldemar Jensen	FULL MAIDEN NAME	Geneva Nelson
RESIDENCE	Bekfr. RF 3	RESIDENCE	Bekfr RF 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housefe

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed 1-12 1921 Mrs Hallie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 8 1949

766-119
087-951

PLACE OF [redacted]

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85680

Primary Registration District No. 2022 Registered No. 105

FULL NAME OF CHILD ROBERT EMANUEL POWERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Dec 19 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Thomas L. Powers	FULL MAIDEN NAME: Elizabeth M. Inama
RESIDENCE: Hailey, Ida.	RESIDENCE: Hailey, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Montana.	BIRTHPLACE: Hailey, Ida.
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 P M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed Jan 1 1921 Robert H. Wright
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HTRIE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 85 680

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 19, 1920 (DATE OF EVENT)
in Hailey, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 13 - 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Robert Emanuel Powers

Subscribed and sworn to before me this 13
day of November, 1942
R. H. McCoy
Notary Public, residing at Hailey, Ida.
My commission expires 3-31-1943
(SEAL)

Signed Elizabeth M Powers
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Hailey, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 189, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of November, 1942
R. H. McCoy
Notary Public, residing at Hailey Idaho
My commission expires March 31 - 1943
(SEAL)

Signed H M Deaner
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hailey Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1943

451-121-007-391

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85681

Primary Registration District No. 2022 Registered No. 106

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 21 1920

FATHER		MOTHER	
FULL NAME	Robert Dealy	FULL MAIDEN NAME	Hattie Crawford
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed Jan-1 1921 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-221-007-951

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85682

Primary Registration District No. 2022 Registered No. 107

FULL NAME OF CHILD Billie Marie Powers.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin F. Powers.	Estes I. Inama
RESIDENCE	Hailey, Ida.	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Montana	Hailey, Ida
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Address Hailey, Ida

Filed Jan 1 1921 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/2/40 L. B.

246-122-007-331

PLACE OF BIRTH

County of Blaine

City of Gannett

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85683

Primary Registration District No. 2022 Registered No. 108

FULL NAME OF CHILD Earl Leon Bowlden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 22 1920

FATHER	MOTHER
FULL NAME James Farel Bowlden	FULL MAIDEN NAME Martha Clark
RESIDENCE Gannett, Ida.	RESIDENCE Gannett, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed Jan 1 19 21 Robert H. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at the home of Mrs. J. T. Bowlden
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years ~~8~~ months ~~X~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Gannett, Ida.

4. FULL NAME OF CHILD Earl Leon Bowlden

5. Date of Birth of Child (Month, day, year) Dec. 22 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Lavell Bowlden
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Clark
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Springville Utah (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I. T. Ointment
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9yrs.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive or stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Waralee Bowlden (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Gannett Date 1/12/20

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLACE OF BIRTH
713-30-7907-497

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
For U. S. No. 11-C—25m-9-17

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2075

File No. 85685

Registered No. 91

FULL NAME OF CHILD ..... Donna Katie Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 / 1920

FATHER		MOTHER	
FULL NAME	William O Patterson	FULL MAIDEN NAME	Ethel M. Lee
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 555P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annalon E Snyder

Physician (Physician or midwife)

Address Carey Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-1 1920 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Blaine } ss.

Certificate No. 85685

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Patterson (Name on Original Certificate) who was born (Was Born or Died) on 11-1-20 (Date of Event)
in Carey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on May 28, 1943 - Burley, Ida (Give Date) are:
Child's Birth Cert. #50-10664 Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Patterson	DONNA KATIE PATTERSON

Subscribed and sworn to before me this 15 day of June, 1943
Notary Public, residing at Alice A York Carey Idaho
My commission expires Feb 28, 1946
(Seal)

Signed Ethel M. Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Carey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1943
Notary Public, residing at Alice A York Carey, Idaho
My commission expires Feb 28, 1946
(Seal)

Signed Viola M. Peck
(Signature of Any Credible Person)
Box 25 Carey, Ida.
(Street Address, City, State)

FORM DPH 55.155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. 363-119-007-796 St.

Registration District No. 57

Primary Registration District No. 2075

File No. 85687

Registered No. 93

Hospital

FULL NAME OF CHILD Vernard Verron Cochran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Yes	11 19 1920

FATHER	MOTHER
FULL NAME Lorenzo D. Cochran	FULL MAIDEN NAME Grace Gifford
RESIDENCE Hamer Centerville Ida.	RESIDENCE Centerville Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12-1 1920 Robert H. Wright

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 3 05 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss

Certificate No. 85687

Date Filed 12-1-1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on November 19, 1920 (Date of Event)

in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 12-1-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vernard Verron Cochran

Subscribed and sworn to before me this 30th day of July, 1975

George M. Bingham

Notary Public, residing at Boise, Ida.

My commission expires 18 Feb 1978

(Seal)

Signed Vernard R. Cochran
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 N. 25th St. Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own child's name certif. on file in Idaho (49-1198) gives name as Ronald Verron Cochran born Feb. 16, 1949. gives his father's name as Vernard Verron Cochran and mother's name as Donna Bernice Peterson. viewed by V. S.

JUL 10 1975

Ins. Policy from Metropolitan Life Ins. Co gives name as Vernard V. Cochran Policy No. 570 480 373 A. M. signed March 18, 1957. viewed by V. S

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey
469-218-007-296
No. ..... St.

Registration District No. 57 File No. 85688

Primary Registration District No. 2025 Registered No. 94

Hospital .....

FULL NAME OF CHILD MERNA EMILY MORRIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 18 1920

FATHER	MOTHER
FULL NAME Arthur J. Morris	FULL MAIDEN NAME Golda Brown
RESIDENCE Carey	RESIDENCE Carey
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Houston C. Snyder
Physician
(Physician or midwife)
Address Carey Idaho

Filed 12-1 1920 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB
County of Blaine }

Certificate No. 85688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Merna Emily Morris (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 18, 1920 (DATE OF EVENT)
in Carey, Ida. (PLACE OF EVENT) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 1, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Merna Emily Morris

Subscribed and sworn to before me this 31 st
day of January, 1942

Notary Public, residing at Logan Utah

My commission expires
(SEAL)

Signed A. J. Morris
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

456 N. 6 E. Logan, Ut
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 st
day of January, 1942

Notary Public, residing at Logan Utah

My commission expires
(SEAL)

Signed Ruby Richards
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Logan Utah
464 5 N (STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By
(REGISTRAR'S SIGNATURE)

MAR 19 1973

PLACE OF BIRTH 155-211-007-796

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CHILD'S NAME ADDED 9-24-2010 CMW

County of Blaine

City of Carey

Registration District No. 57

File No. 85689

No. ..... St.

Primary Registration District No. 2075

Registered No. 95

Hospital .....

FULL NAME OF CHILD BETH JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 11 1920

FATHER		MOTHER	
FULL NAME	Wilmer C Jensen	FULL MAIDEN NAME	Isabella Grow
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Filed 12-1 1920 Robert A. Wright

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of TX
County of Bexar } SS

Certificate No. 1920-85689
Date Filed 12/01/1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for (unnamed Jensen) (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/11/1920 (Date of Event)
in Carey (Blaine Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Beth Jensen

Subscribed and sworn to before me this 16 day of September, 2010
Notary Public, Cassandra Bright
Residing at San Antonio, TX
My commission expires April 26, 2014
(Seal)

Beth J Gibson
Signature of Applicant
7100 John D. Ryan BLVD #2209
Street Address, City, State and Zip
san antonio TX 78245

CASSANDRA BRIGHT
Notary Public, State of Texas
My Commission Expires
April 26, 2014

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

September 13, 2010

LDS INDIVIDUAL ORDINANCE SUMMARY BETH JENSEN BAPTIZED: 2-3-1929
VIEWED BY VS
UTAH MARRIAGE CERTIFICATE WILLIAM JUNIOR GIBSON & BETH JENSEN
MARRIED 5-24-1946 VIEWED BY VS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey
168-208-007-132
No. ..... St.

Registration District No. 57

Primary Registration District No. 2075

File No. 85690

Registered No. 96

Hospital .....

FULL NAME OF CHILD Ruth Grace Johnstone

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 8 1920

FATHER		MOTHER	
FULL NAME	Ransom B. Johnstone	FULL MAIDEN NAME	Ruth J. Atkinson
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3.45 ~~P.M.~~ A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Carey Idaho

Filed 12-1 1920 Robert H. Wright
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of Carey

No. 869-102-007-255 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57

File No. 85691

Primary Registration District No. 2075

Registered No. 97

FULL NAME OF CHILD ROBERT AARON YORK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William R. York	FULL MAIDEN NAME	Alice A Bennett
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Penn.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Carey Idaho

19

Filed 12-1 1920 Robert H. Wright

Registrar

Registrar

NOV 3 194[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
County of Blaine)ss

Certificate No. 95691

Date Filed Sept. 11. 1941.

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Robert Aaron York (Name on original certificate) who was born (was born or died) on November 2, 1921 (Date of event) in Carey Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Bible record (Bible record, insurance plcy.etc.) prepared on November 1921 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Robert Aaron York
Robert Aaron York		
November 2, 1921		
Parents: William Roger and Alice Orville York		
born at, Carey, Idaho		

Subscribed and sworn to before me this 30 day of October 1941

Signed Alice A. York
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

M. P. Adamson
Notary Public

Residing at Carey Idaho (Street address, City, State)

My commission expires Feb 9th 1942

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
County of Blaine)ss

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October 1941

Signed Edw Bannon
(Signature of any credible person other than the previous affiant.)

M. P. Adamson
Notary Public

Residing at Carey Idaho (Street address, City, State)

My commission expires Feb. 9th 1943

(SEAL)

415-207-007-791

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85692

Primary Registration District No. 2022 Registered No. 98

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 7 1920

FATHER		MOTHER	
FULL NAME	Bryan Alvin Davy	FULL MAIDEN NAME	Cynthia M. Graham
RESIDENCE	Hailey, Ida.	RESIDENCE	Hailey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed 12-1 1920 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-230-007-364

PLACE OF BIRTH AMENDED 7/10/46

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 57 File No. 85693

Hospital ____ Primary Registration District No. 2022 Registered No. 99

FULL NAME OF CHILD Ruth Mae Storey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 30 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Bryan Storey	FULL MAIDEN NAME	Edith M. Cook
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M. D.

(Physician or ~~midwife~~)

Address Hailey, Idaho

Give names added from a supplemental report.

...., 192....

Filed 12/1/ 1920 Robert H. Wright
Registrar.

.... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 85693

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Story	Ruth Mae Storey
Surname	Story	Storey

Subscribed and sworn to before me this 11th day of July 1946

A. F. Van Voorhis

Notary Public, residing at Boise Ida

My commission expires Commission expires June 11, 1948

(Seal)

Signed × Mrs. G. B. Strey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 4 Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

JUL 11 1946

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85693

Primary Registration District No. 2022 Registered No. 99

FULL NAME OF CHILD .....

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: Nov (Month) 30 (Day) 191 20 (Year)

FATHER	MOTHER
FULL NAME: George Bryan Story	FULL MAIDEN NAME: Edith M. Cook
RESIDENCE: Hailey, Ida.	RESIDENCE: Hailey, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Montana.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Wright M. D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-1 19 20 Robert A. Wright

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-228-007-595

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85694

Primary Registration District No. 2022 Registered No. 100

FULL NAME OF CHILD BERTHA CLARA BERTRAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hermon Bertram	Laura Niedermeyer
RESIDENCE	Picabo, Ida	Picabo, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 12-1 1920 Robert H. Wright
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1951

819-122-007-314

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85695

Primary Registration District No. 2022 Registered No. 101

FULL NAME OF CHILD George Franklin Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 22 1920

FATHER	MOTHER
FULL NAME George Harrison	FULL MAIDEN NAME Edna Campbell
RESIDENCE Bellevue, Ida	RESIDENCE Bellevue, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE England	BIRTHPLACE Nova Scotia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed 12-1 1920 Robert H. Wright Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 0 8 2003

493-524-007-231

PLACE OF BIRTH

County of Blaine

City of Gannett

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85696

Primary Registration District No. 2022 Registered No. 102

FULL NAME OF CHILD MYRTLE STANFIELD RICH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Francis Rich	Emelie E. Stanfield
RESIDENCE	Gannett, Ida	Gannett, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

....19....

....
Registrar

Filed 12-1 1920 Robert H. Wright
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85696
Date Filed APR 21 194

The undersigned does solemnly swear that certain facts on the certificate of October 24/1920 (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 24/1920 (DATE OF EVENT)
in Gannett Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 20/1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", ~~"CAUSE OF DEATH"~~, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Myrtle Stanfield Rich

Subscribed and sworn to before me this 15th
day of April 1942, 19
Notary Public, residing at Venice, Calif.
My commission expires April 13/1946
(SEAL)

Signed Emmy Elizabeth Rich
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4183 Chase Ave, Venice, Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April 1942, 19
Notary Public, residing at Venice, Calif.
My commission expires April 13 1946
(SEAL)

Signed Robert F. Rich
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
4183 Chase Ave, Venice, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-220-007-385

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 85697

Primary Registration District No. 2022 Registered No. 103

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 20, 1920

FATHER		MOTHER	
FULL NAME	James C. Atkins	FULL MAIDEN NAME	Lona Lynch
RESIDENCE	Hailey, Ida.	RESIDENCE	Hailey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

(Signature) Robert H. Wright - M. D.

(Physician or midwife)

Address Hailey, Ida.

Filed 12-1 1920 Robert H. Wright - Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

954-204-007-813

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 54 File No. 85698

Primary Registration District No. 2022 Registered No. 104

FULL NAME OF CHILD Anna Ruth Redmon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Vernon Redmon	Ina Hackler
RESIDENCE	Ketchum, Ida	Ketchum, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Missouri	Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed Nov-7 1920 Robert H. Wright
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles County }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or death)
for Anna Ruth Redmon (Name on original certificate) who Born (Was born or ~~died~~) on November 4th 1920 (Date of event)
in Nelchuss (Place of event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by..... (Bible record, insurance policy, etc.) prepared on..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "~~birth date~~", "~~cause of death~~", etc.)	FROM (As on original)	TO (The correct facts)
Anna Ruth Redmon		Anna Ruth Redmon

Subscribed and sworn to before me this 25
day of July, 1941

Signed George W Redmon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Fareel Delamo
Notary Public, residing at South Gate

8919 Bowman Ave South Gate
(Street Address, City, State)

My commission expires MY COMMISSION EXPIRES OCT. 21 1942
[SEAL]

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles County }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of July, 1941

Signed Daisy Stanfield
(Signature of any credible person other than the previous affiant)

Fareel Delamo
Notary Public, residing at

3328 Michigan South Gate Calif.
(Street Address, City, State)

My commission expires MY COMMISSION EXPIRES OCT. 21 1942
[SEAL]

Received for filing on..... by.....
(Registrar's signature)

OCT 16 1962

267-102-009-38

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boner

City of Sandpoint

Registration District No. 78 File No. 85699

No. 303½ Boyer St.

Hospital Private Primary Registration District No. 215-3 Registered No.

FULL NAME OF CHILD Billy Eugene Bopp

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	11 – 2 1920

FATHER

FULL NAME Albert Valentine Bopp

RESIDENCE Sandpoint Ida

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Catherine Lynch

RESIDENCE Sandpoint Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Minn

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Wallentine

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec. 9 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-203-009 - 386

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 19 — File No. 85700

No. Sunnyside St.

Primary Registration District No. 2131 — Registered No.

Hospital

FULL NAME OF CHILD Mah Harriet Schroeder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	11-3-1920

FATHER		MOTHER	
FULL NAME	Robert William Schroeder	FULL MAIDEN NAME	Hattie Thomas
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive / stillborn, at 8 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) H R Wallentine

Physician

(Physician or midwife)

Address Sandpoint

Filed Dec 9 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-204-009-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 327 So Marion St.

Registration District No. 78 File No. 85701

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Mildred Louise Grimolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	11 - 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milford Frank Grimolds	FULL MAIDEN NAME	Jessie Mary Forgey
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint
COLOR	White	COLOR	Half-Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mont.
OCCUPATION	Clerk (Pool room)	OCCUPATION	Hsw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wollentine

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint

Filed Dec. 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

JAN 23 1943

249214.009.693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Main St.

Hospital

Registration District No. 78 File No. 85702

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Frances Burdick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 14 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Floyd Burdick	FULL MAIDEN NAME Valeria Wilkins
RESIDENCE Sandpoint, Idaho.	RESIDENCE Sandpoint, Idaho.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Minnesota.
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at I:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Page MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint

Filed Dec. 8. 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

55-13-1009-632 (Be sure the information is complete and accurate)

Amended 3-6-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85703
Local Reg. No.
Reg. Dist. No. 78

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: City Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location): N. Ruth Ave.

3. CHILD'S NAME (Type or print)
a. (First): Hans
b. (Middle): Thorval
c. (Last): Verdal

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 23, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Ole
b. (Middle):
c. (Last): Verdal

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Norway

10. USUAL OCCUPATION: Mill man

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Olena
b. (Middle):
c. (Last): Olson

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Norway

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. F. Page, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 8, 1920

22. REGISTRAR'S SIGNATURE: Floyd G. Wendle

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 15 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonner

Certificate No. 85703

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harold Verdal (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1920 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by attached documents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harold Verdal	Hans Thorval Verdal

Subscribed and sworn to before me this 16th day of March, 1968

Notary Public, residing at Sandpoint

My commission expires 1-18-1970

(Seal)

Signed Hans Thorval Verdal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Permanent-Final High School Record, Bonner County School District No. 82 - date entered 9/10/34 - gives full name of student as Hans Thorval Verdal, born Nov. 23, 1920, parent-Ole H. Verdal - viewed by V.S.

Bonner County School District No. 82, School Census Record, 1937-38 gives full name as Hans Thorval Verdal, born November 23, 1920, parent Ole H. Verdal, residence-Sandpoint, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 77 File No. 85703

Primary Registration District No. 2155 Registered No. .....

Hospital City Hospital.

FULL NAME OF CHILD Harold Verdal

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Nov. 22, 1920

FATHER	MOTHER
FULL NAME: Ole Verdal	FULL MAIDEN NAME: Olena Olson
RESIDENCE: N. Ruth Ave., Sandpoint, Idaho.	RESIDENCE: N. Ruth Ave., Sandpoint, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Norway
OCCUPATION: Mill man	OCCUPATION: Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn), at 1:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Payne M.D.

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

FEB 25 1966

A F F I D A V I T

MAGNER DANIELSON

TO:

BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
: ss
County of Bonner)

MAGNER DANIELSON, being first duly sworn, does aver on oath:

1. That he is personally and well acquainted with HANS THORVAL VERDAL, who presently resides at 120 S. Second Avenue, Sandpoint, Idaho.

2. Affiant is of the age of years and has, for more than forty-five years been personally acquainted with Ole Verdal and Olena (Olson) Verdal, parents of the said Hans Thorval Verdal. That affiant, for several years, resided next door to said Ole Verdal and Olena Verdal.

3. Of his own personal knowledge affiant states that the said Ole Verdal and Olena Verdal, husband and wife, had five children, to-wit:

Hans Thorval Verdal
Gustav Adolph Verdal
Carl Edward Verdal
Thelma Louise Verdal
Olga Olivia Verdal

4. All of said children were born at Sandpoint, Idaho, and Affiant is well acquainted with all of said children.

5. Affiant, of his own knowledge, is acquainted with the fact that the said Hans Thorval Verdal is more commonly known in the City of Sandpoint as "Thor" Verdal and Hans T. Verdal.

6. Affiant is the office manager for the Sandpoint Office of Pacific Power & Light Company. As hereinbefore mentioned affiant has known the said Verdal family for more than forty-five years. The Verdal family and affiant have been members of the Lutheran Church in Sandpoint for many years and have had frequent business and social contacts.

LYONS AND HOFMEISTER
ATTORNEYS AT LAW
FARMIN BUILDING
SANDPOINT, IDAHO

7. Of hiw own knowledge, affiant is well acquainted with the fact that the said Ole Verdal and Olena (Olson) Verdal did not have any child by the name of Harold Verdal. That the name Harold Verdal appearing on a birth certificate of a child born to Ole Verdal and Olena Verdal is manifestly an error. That the name of said child should be Hans Thorval Verdal.

DATED this 3rd day of March, 1966.

Magnus Lawson

SUBSCRIBED AND SWORN to before me this 3rd day of March, 1966.

Notary Public in and for the Sta
of Idaho, residing at Sandpoint.

LYONS AND HOFMEISTER
ATTORNEYS AT LAW
FARMIN BUILDING
SANDPOINT, IDAHO

55/122.009-458

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Glengary

Registration District No. 79 File No. 85704

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 22 1920

FATHER		MOTHER	
FULL NAME	Frank D Evans	FULL MAIDEN NAME	Nora Elizabeth Reynolds
RESIDENCE	Glengary	RESIDENCE	Glengary
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	N. Dak	BIRTHPLACE	Ia.
OCCUPATION	Job work	OCCUPATION	Hwf

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank D Evans

Father
(~~Physician or midwife~~)

Address Glengary. Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 8 1920

FLOYD G. WENDLI
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-117-009-431

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital —

Registration District No. 78 File No. 85705

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Hugh Burdette Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Merle Ross	FULL MAIDEN NAME	Elma Hazel McAllister
RESIDENCE	316 S. Euclid	RESIDENCE	316 S Euclid
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Colo.
OCCUPATION	Auto Mechanic	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stuckhouse

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Sandpoint

Filed Dec. 8 1920

FLOYD G. WENDLE
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 2[illegible], 1941 Z.J.

212-227.009.439

PLACE OF BIRTH

Form V. S. No. 11-S—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 48 — File No. 85706

No. 424 Superior St.

Hospital — Primary Registration District No. 2/55 — Registered No.

FULL NAME OF CHILD Jean Elizabeth Baker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 27 1920

FATHER		MOTHER	
FULL NAME	Paul Albert Baker.	FULL MAIDEN NAME	Mildred Mc. Intyre
RESIDENCE	Ponderay - Ida	RESIDENCE	Ponderay -
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denver, Colo.	BIRTHPLACE	Ashley, Pa.
OCCUPATION	R.R. Fireman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) C. P. Stackhouse

M.D.
(Physician or midwife)

Address Sandpoint

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of (Idaho) Wash. } ss.
County of (Bonner) Spokane }

Certificate No. 85706

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Jean Elizabeth Baker (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 27, 1920 (DATE OF EVENT)
in Sandpoint Ida. (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by mine Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) ~~prepared on~~ (GIVE DATE) of the aforementioned person, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Baker	Jean Elizabeth Baker

Subscribed and sworn to before me this 17th
day of April 1942

Notary Public, residing at Spokane, Wn.

My commission expires .....
(SEAL)

Signed Mildred M. Baker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5503 Commerce Parkwater Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April 1942

Notary Public, residing at Spokane Wn

My commission expires March 4, 1944
(SEAL)

Signed Albert Baker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5503 Commerce Parkwater Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 8 1945

OCT 29 1959

842-218-009-466

PLACE OF BIRTH

AMENDED - JANUARY 25, 1950

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 85707

Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD June Annabelle Hustead
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 18, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Daniel David Hustead	FULL MAIDEN NAME	Vera Olive Moore
RESIDENCE	Westmond, Idaho	RESIDENCE	Westmond, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M. D.
(Physician or midwife)

Address Sandpoint, Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed Dec. 8 1920 Lloyd Mendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonner }

Certificate No. 85707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Husted	Hustead

Subscribed and sworn to before me this 23rd day of January, 1950

L. M. Arthur
Notary Public, residing at Sandpoint, Idaho
My commission expires April 15, 1952
(Seal)

Signed Dan D Hustead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 657, Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 85707

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD June Annabelle Husted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 18 1920

FATHER		MOTHER	
FULL NAME	Daniel David Husted	FULL MAIDEN NAME	Vera Olive Moore.
RESIDENCE	Westmond, Ida	RESIDENCE	Westmond, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Laborer.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stockhouse

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sandpoint

Filed Dec 8. 1920

FLOYD G. WENDLE
Registrar

JAN

449.115:009.2 19

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 78 — File No. 85708

No. ____ St.

Hospital ____ — Primary Registration District No. 2/55 — Registered No. ____

FULL NAME OF CHILD Raymond Wm. Durston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Chester Durston	Mae Bernice Carpenter
RESIDENCE	Sandpoint	Sandpoint, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	20
BIRTHPLACE	Bozeman, Mont	Burnwood, Wis
OCCUPATION	Cement worker	Hswf

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

(Signature) C. P. Stackhouse

M D

(Physician or midwife)

Address Sandpoint

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

JAN 8 195

395-201-a09258

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Dover -

No. — St.

Hospital —

Registration District No. 78 File No. 85709

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Phyllis Jane Lindstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 1 1920

FATHER		MOTHER	
FULL NAME	August Carl Lindstrom	FULL MAIDEN NAME	Grace Jane Seymour
RESIDENCE	Dover, Ida.	RESIDENCE	Dover, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sandpoint, Ida.	BIRTHPLACE	Shullaka Wis
OCCUPATION	Lumber Grader -	OCCUPATION	Hsuf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Address Sandpoint

Filed Dec. 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1941

464-208-009-669

PLACE OF BIRTH
Amended 5-22-81

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 3rd St.

Hospital

Registration District No. 78 File No. 85710

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Annie Mae Morrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter Paul Morrell	FULL MAIDEN NAME	Pearl Immogene Forskey
RESIDENCE	Sagle R.F.D. #1	RESIDENCE	Sagle, R.F.D. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Newark Kearney Co. Nebraska
OCCUPATION	Rancher	OCCUPATION	Hwy.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint

Registrar

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-8-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonner } ss.

Rec'd 5-7-81

Certificate No. 85710
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Anna Mae Morrell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-8-20 (Date of Event)

in Sandpoint (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Anna	Annie
fathers age	35	38
mothers birth place	Kearney B. C.	Newark Kearney Co. Nebraska

Subscribed and sworn to before me this 4 day of May, 1981

Notary Public, Betty Grove

Residing at Bonners Ferry, Id

My commission expires Lifetime

(Seal)

Annie Mae Vernon
Signature of Applicant

Box 1145 Bonners Ferry, Idaho 83805
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

credit 1 cc

Certificate of Baptism gives name as Annie Mae Morrell born on the 8th day of Sept. 1920, at Sandpoint Idaho & baptized June 15, 1930, Sagle, Idaho, in L.D.S. Church.

MAY 26 1981

Viewed by V.S.

Certificate of birth for mother gives name as Pearl Immogene Forsley born Dec 4, 1896, born in Kearney County, Newark Nebraska.

Viewed by V.S.

Certificate of birth for father, Walter Paul Morrell born Dec. 31, 1882, in Dunlap, Iowa. Certificate # issued January, 1943 State of Iowa.

Viewed by V.S.

666-116-009-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 79 File No. 85711

No. 3rd St.

Primary Registration District No. 2/33 Registered No.

Hospital —

FULL NAME OF CHILD William James Woodard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	Noel Monroe Woodard.	FULL MAIDEN NAME	Elizabeth Nancy Troth
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colfax, Ill.	BIRTHPLACE	Kimball. N.D.
OCCUPATION	Laborer.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

19

Registrar

Filed Dec. 9 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-120-009-283

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85712

County of Bonner

City of Sandpoint

No. 324 S Huron St.

Hospital —

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Warren Schulze.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Aug (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Max Herman Schulze	FULL MAIDEN NAME	Edith Syler.
RESIDENCE	Hope, Ida.	RESIDENCE	Hope, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (~~Born~~ alive ~~or stillborn~~), at 3 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint.

Filed Dec. 9 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-220-009-662

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kootenai

Registration District No. 79 File No. 85713

No. ..... St.

Primary Registration District No. 2157 Registered No. .....

Hospital .....

FULL NAME OF CHILD IDA MARGARET Beeman.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes.	Aug 20 1920

FATHER	MOTHER
FULL NAME Arthur Eugene Beeman	FULL MAIDEN NAME Sarah Elizabeth Fowler.
RESIDENCE Kootenai	RESIDENCE Kootenai
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Ill.
OCCUPATION Rancher.	OCCUPATION Wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive —, at 7:45 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Strachauer M.D.

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of MALHEUR }

Certificate No. 85713

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for Ida Margaret Beeman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 20th, 1920 (DATE OF EVENT)
in Kootenai, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ida Margaret Beeman
Ida Margaret Beeman		

Subscribed and sworn to before me this 2nd, day of March, 19 43

Edward E. Boswell

Notary Public, residing at Vale, Oregon

My commission expires July 18th, 1943

(SEAL)

Signed Arthur C. Beeman

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D.#2, Vale, Ore, Box 34

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 6 1943

SEP 10 1957

713231-009-468

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 3 Ave St.

Registration District No. 78 File No. 85715

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Betty Mae Patrick.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	David Richard Patrick	FULL MAIDEN NAME	Josephine Doyle.
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	W. Va.	BIRTHPLACE	S. Dak.
OCCUPATION	Cook.	OCCUPATION	Hsf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. P. Strackhouse M.D.

(Physician or midwife)

Address Sandpoint.

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-102 1009-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 78 File No. 85716

Primary Registration District No. 2137 Registered No.

Hospital

FULL NAME OF CHILD BARNEY SWOFFORD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 2 1920

FATHER	MOTHER
FULL NAME Victor A Swofford	FULL MAIDEN NAME Florence Crawford
RESIDENCE Rural Sandpoint	RESIDENCE Sandpoint Rural
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Texas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Floyd G Wendle M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed Dec. 8 1920

FLOYD G. WENDLE
Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 85716
Date Filed OCT 7 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Barney Swofford (Name on original certificate) who born (Was born or died) on Nov 2nd 1920. (Date of event)
in Sandpoint, Idaho (Place of event) are ~~erroneous or were omitted, and that,~~ to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Swafford	Barney Swofford
Name showed be spelled with O instead of A.		

Subscribed and sworn to before me this 4th
day of October, 1941
Edith Kerns
Notary Public, residing at Yakima
My commission expires Aug 6, 1945
[SEAL]

Signed Mrs. Florence Swofford Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1324 So. 18th Ave Yakima, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of October, 1941.
Edith Kerns
Notary Public, residing at Yakima
My commission expires 1948 - Aug
[SEAL]

Signed Urban Montgomery
(Signature of any credible person other than the previous affiant.)
Yakima Wash R R 8.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV 23 1943

893-19-0009-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kootenai

Registration District No. 78 File No. 85717

No. ..... St.

Primary Registration District No. 2151 Registered No. .....

Hospital .....

FULL NAME OF CHILD CHARLES ADAIR Hilligoss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 19 1920

FATHER	MOTHER
FULL NAME Thos. L. Hilligoss	FULL MAIDEN NAME Ada May Latterell
RESIDENCE Kootenai Ida.	RESIDENCE Kootenai Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Preston Wilson	BIRTHPLACE Foley Illinois
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2-30 A M. on the date above stated.

(Signature) Floyd G Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Dec 8 - 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 85717
Date Filed 3/16/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for ~~[illegible]~~ unnamed Hilligoss (Name on Original Certificate) who was Born (Was Born or Died) on November, 19, 1920 (Date of Event) in Kootenai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Hilligoss	Charles Adair Hilligoss

Subscribed and sworn to before me this 16th. day of Mar. 1942
Ricka M Lean
Notary Public, residing at Priest River
My commission expires May 15—1943.
(Seal)

Signed Mrs Ada M. Hilligoss
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bx 104 Kootenai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Bonner. }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Mar., 1942
Ricka M Lean.
Notary Public, residing at Priest River
My commission expires May 15—1943.
(Seal)

Signed Mrs Olive Anderson
(Signature of Any Credible Person Other Than Previous Year)
Bx 3. Priest River, Idaho.
(Street Address, City, State)

FEB 0 1 1989

MAR 24 1942

819-129-009-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Washington St.

Hospital

Registration District No. 78 File No. 85719

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD George Watson Haines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Watson Haines	FULL MAIDEN NAME	Myra Wallace
RESIDENCE	Colburn Ida	RESIDENCE	Colburn Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Trail Okla	BIRTHPLACE	Broken Bow, Neb.
OCCUPATION	Section hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint Idaho

Filed Dec. 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1948

AUG 23 1948

849-105-1009-625

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 516 S Florence St.

Registration District No. 78 File No. 85720

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Earl Wendell Hurlbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank S Hurlbert	Eunice Olert
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Eugene Ore.	Star Lake Wash.
OCCUPATION	Woodsman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12-30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Floyd G Wendle M D
(Physician or midwife)

Address Sandpoint Idaho

Filed Dec 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1945

275-119-309-415

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85721

County of Bonner

City of Edgemere Registration District No. 81 File No. 13

No. x x x x St.

Primary Registration District No. 2158 Registered No. 166

Hospital x x x x

FULL NAME OF CHILD Robt Ingram Spence

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	2	yes	Dec 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm C Spence	FULL MAIDEN NAME	Carrie Virginia Davis
RESIDENCE	Edgemere Ida	RESIDENCE	Edgemere Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 19 20 at 10 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier
Laclede Ida
(Physician or midwife)

Given names added from a supplemental report.

x x x x 19

F W Didier
Registrar

Address Laclede Ida

Filed Dec 19 1920 F W Didier
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/21/41 rmf

Name Robert Ingram SPENCE

Date of birth (as given) December 19, 1920

Parents name (father) William C. Spence

(mother) Carrie V. Spence (Nee Davis)

Place of birth Edgemere County Bonner, State of Idaho

165-111-009-986

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85722

County of Bonner

City of Laclede Ida.

Registration District No. 81

File No. 12

No. x x x x St.

Primary Registration District No. 2158

Registered No. 165

Hospital x x x x

THOMAS JAMES

FULL NAME OF CHILD Tom Donahue

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	1	yes	Dec 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Donahue	FULL MAIDEN NAME	Rive Rhodes.
RESIDENCE	Bonner County	RESIDENCE	Bonner County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	minnesota	BIRTHPLACE	Michigan
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 11/20 at 9 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fco Didier MD.

Laclede Idaho
(Physician or midwife)

Given names added from a supplemental report.

Tom Donahue 12/11 1920

Fco Didier
Registrar

Address Laclede Ida

Filed 12/11 1920

Fco Didier
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1951

852-107-009-795

PLACE OF BIRTH

Form V. S. No. 11—25m-6-5-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1 85723

County of Bonner

City of Laclede, Ida. Registration District No. 81

No. ____ St. Primary Registration District No. 2158 Registered No. 165

Hospital ____

FULL NAME OF CHILD Albert Samuel Yesensky

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	Single	3	yes	Dec 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas J. Yesensky	FULL MAIDEN NAME	Katie Predney
RESIDENCE	Laclede Ida.	RESIDENCE	Laclede
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Presburg, Czechoslovakia	BIRTHPLACE	Czechoslovakia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 3, 1920 at 4:15 p M. on the date above stated.
(Born alive or stillborn)

(Signature) F. W. Didier M.D.

Laclede Ida
(Physician or midwife)

Address Laclede Ida

Filed Dec 6 1920 F W Didier
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Dec 6 1920

F. W. Didier
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

12-15-41

MAY 7 1957

JAN 16 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] BIRTH

396-[illegible]4-010-6[illegible]3

County of Bonneville

City of Iona, Ida.

No. Seek Face Rd. St.

Registration District No. 73

Primary Registration District No. 21-1-0

File No. 85724

Registered No. 332

Hospital

FULL NAME OF CHILD Sarah Crook

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Dec 14 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Crook	FULL MAIDEN NAME	Elzada Walker
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Fish Haven, Idaho	BIRTHPLACE	Bloomington, Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:25 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wheat M.D.

Idaho Falls
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed Dec 31 1920 [signature]
Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend A Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 20 4 50 PM '76

State of Idaho [redacted}
County of Bonneville } ss.

Certificate No. 85724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crook (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1920 (Date of Event)
in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sarah Crook

Subscribed and sworn to before me this 3rd day of February, 1975.

[illegible]
Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-18-78
(Seal)

Signed Mrs Orilla Malone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1975.

[illegible]
Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-18-78
(Seal)

Signed Lucian Willard Crook
(Signature of Any Credible Person)

644 Lomax Idaho Falls, Idaho P3401
(Street Address, City, State)

Form DH 60-155 CL 2/25/74 nm

Blessing record from the LDS Church gives name as Sarah Crook Allred born Dec 14, 1920 at Iona, Idaho. Blessed march 6, 1921. father's name given as Willard Hyrum Crook and mother's nameas Alzada Angeline Welker, viewed by V. S.

MAR 2 1976

Insurance policy applicatin from Pacific National Life Assurance Co. gives name as Sarah C. Allred born Dec 14, 1920. dated June 2, 1943. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida

632-128-009-864

No. * * * * * * St.

Registration District No. 81

File No. 1485725

Primary Registration District No. 2158

Registered No. 167

Hospital * * * *

FULL NAME OF CHILD Elmer ~~Olson~~ CARL OLSEN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	5"	Yes	Dec 28 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward A. Olson OLSEN	FULL MAIDEN NAME	Ella Haukass
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Stamsund Norway	BIRTHPLACE	Trondhaem Norway
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 28, 1920, at 3:00 a. M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

Laclede Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

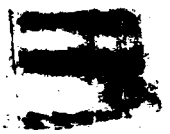
Registrar

Address Laclede Ida

Filed 17/31 1920 F. W. Didier

Registrar

S-Y-CO. 38071



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 85725

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmer Carl Olsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1920 (Date of Event)
in Laclede, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by myself (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname of father and son	Oleson	Olsen
Name	Unnamed	Elmer Carl Olsen

Subscribed and sworn to before me this 1st
day of May, 19 42

Francis J Long
Probate Judge
Notary Public, residing at Sandpoint

My commission expires
(Seal)

Signed Ella Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2, Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of May, 19 42

Francis J Long
Probate Judge
Notary Public, residing at Sandpoint

My commission expires
(Seal)

Signed Clifford C. Olsen
(Signature of Any Credible Person Other Than Previous Year)

R#2, Sandpoint, Idaho
(Street Address, City, State)

MAY 4 1942

666-123-

PLACE OF BIRTH

010-547

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85726

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 331

FULL NAME OF CHILD Woolf

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fenton Woolf	FULL MAIDEN NAME	Edna Empey
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	N.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ucon	BIRTHPLACE	Ammon
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wolf M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed Dec 31 1920 [illegible]
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-119-010-666

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85727

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 330

FULL NAME OF CHILD Leach

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos D Leach	FULL MAIDEN NAME	Mary Woods
RESIDENCE	359½ Cliff St	RESIDENCE	~~St~~ 359½ Cliff St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kokomo Ind.	BIRTHPLACE	Ida
OCCUPATION	Salesman	OCCUPATION	Hill wife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez L Pratt

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Dec 31 1920 W Kennard

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-115-90-993

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85728

No. ..... St.

Primary Registration District No. 2150 Registered No. 329

Hospital .....

FULL NAME OF CHILD Harold George Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 15 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Butler	FULL MAIDEN NAME	Flora Ritter (Ritter)
RESIDENCE	J St. Idaho Falls	RESIDENCE	General Delivery
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Illinois ~~Ohio~~ ~~Utah~~
OCCUPATION	Laborer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wash M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Registrar.

Filed Dec 31 1920 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 30 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

JAN 16 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * *

Place of Birth (CITY Idaho Falls.
(ST. H o Center.
(COUNTY Bonneville

FILE NO. 107503

DATE OF BIRTH Dec. 15. 1920.

SEX OF CHILD ~~Female~~ Male

FATHER G. W. Butler.

MOTHER Flora Ritter.
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Harold George Butler.

G. W. Butler.

Signature of Father or Mother.

613-118-010-665

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85729

Primary Registration District No. 2140 Registered No. 328

FULL NAME OF CHILD Ivan Anthon Wallace

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 18 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B Butler Wallace	FULL MAIDEN NAME	R Olive Owen
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kentucky	BIRTHPLACE	Ammon, Idaho
OCCUPATION	Postoffice Clerk	OCCUPATION	HW

Number of child of this mother including present birth III Number of children of this mother now living including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 15 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jahn Stest

MA

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar.

Filed Dec 31 1920 [signature]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1942 8

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 85729

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Ivan Anthon Wallace who was born on Dec. 18, 1920 in Idaho Falls, Ida are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by prepared on , are:

(BIRTH OR DEATH) (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) (PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Wallace	Ivan Anthon Wallace

Subscribed and sworn to before me this 25 day of June, 1942

W. J. Brennan
~~Notary Public~~, CLERK OF THE DISTRICT COURT residing at

My commission expires
(SEAL)

Signed R. E. Wallace
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1942

Myrtle N. Christensen
Notary Public, residing at Idaho Falls, Idaho

My commission expires June 26th, 1942
(SEAL)

Signed Oline Wallace
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R 3 Idaho Falls, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 16 1942 By
(REGISTRAR'S SIGNATURE)

JUN 18 1957

JUL 13 1962

993-123-010-815

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD #2 St.

Hospital

Registration District No. 73 File No. 85730

Primary Registration District No. 21 Registered No. 327

FULL NAME OF CHILD Fay Clinton Riley

Sex of Child Male | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford J Riley	FULL MAIDEN NAME	Elnore Hanson
RESIDENCE	Idaho Falls RFD #2	RESIDENCE	Idaho Falls RFD #2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho Falls
OCCUPATION	Farmer	OCCUPATION	H.W. Ofc

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez W Stest

MD (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar.

Filed Dec 31 1920 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1963

145-229-010-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85731

County of Bonneville

City of Idaho Falls Registration District No. 23 File No.

No. St.

Primary Registration District No. 210 Registered No. 326

Hospital

FULL NAME OF CHILD Margaret Frances McKeen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female				Yes	July 29 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard D. McKeen	Eva Alice Silcox
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Iowa	Province Ont. Canada
OCCUPATION	Physician & Surgeon	R. N. Illinois

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ralph I. Merrill
Physician
(Physician or midwife)

Address Idaho Falls Ida.

Filed Sep 20 1920 W. Hammond
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-272318

JUNKIN

414225-010-345

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85732

Primary Registration District No. 2150 Registered No. 325

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Marker	FULL MAIDEN NAME	Bertha Lundquist
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wash Co. Utah	BIRTHPLACE	Sweedin
OCCUPATION	Wholesale Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Dec 28 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349.209.010-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 85733

Primary Registration District No. 2.1.V-0 Registered No. 824

FULL NAME OF CHILD .....

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of Birth
F.	Yes		2	Yes	May 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Curtis	FULL MAIDEN NAME	Elizabeth Ellsworth
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby, Ida

Filed Dec 20 1920 [signature]

Registrar

Registrar

349.109.010-533

PLACE OF BIRTH name added 2-26-82

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2140

File No. 85734

Registered No. 323

FULL NAME OF CHILD Oral Curtis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	yes	May 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Curtis	FULL MAIDEN NAME	Elizabeth Ellsworth
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby, Idaho

Filed Dec 28 1920 W Kimball

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 85734
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Curtis (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-9-20 (Date of Event)

in Ucon (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Oral Curtis

Subscribed and sworn to before me this 22 day of February, 1982.
Notary Public, Zina J. Jenkins
Residing at Lehi, Utah
My commission expires 1-7-84
(Seal)

Oral Curtis
Signature of Applicant
1037 No. 2nd West Lehi, Utah 84043
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of February, 1982.
Notary Public, Zina J. Jenkins
Residing at Lehi, Utah
My commission expires 1-7-84
(Seal)

Thelda B. Turner
Supporting Signature
111 So 2nd St.
Street Address, City, State
Farmington, Utah

FEB 26 1982

Cert of Blessing from LDS Church gives Oral Curtis born 5-9-20 at Ucon to Wm C Curtis and Elizabeth Ellsworth was blessed 8-1-20. Viewed by V.S.

Cert of Baptism from LDS Church gives Oral Curtis born 5-9-20 at Ucon to Wm C Curtis and Elizabeth Ellsworth was baptised 5-20-28. Viewed by V.S.

863-213-20102 19

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85735

No. ..... St.

Primary Registration District No. 210 Registered No. 322

Hospital

FULL NAME OF CHILD Lillian Keith Holden

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 13, 20

	FATHER	MOTHER
FULL NAME	Joseph N. Holden	FULL MAIDEN NAME Lillian Parsons
RESIDENCE	Idaho Falls	RESIDENCE Idaho Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 0. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) John O Millar M.D.
(Physician or midwife)

Address Idaho Falls, Ida.

Filed Jan 24 19 20 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

572-127-010-663

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73 File No. 85736

No. ..... St.

Primary Registration District No. 2 N 0 Registered No. 3 21

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 27, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cleveland Egbert	FULL MAIDEN NAME	
RESIDENCE	Ammon	RESIDENCE	Mobel Wald Ammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John O. Millar

Idaho Falls Ida.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Dec 27 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15X-225-010-455

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85737

No. Lomax St.

Primary Registration District No. 2150 Registered No. 320

Hospital

FULL NAME OF CHILD Myrtle Fern Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyrus Andrews	FULL MAIDEN NAME	Ella Deveraux (Ella)
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Salem Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 10-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed Dec 27 1920 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 85737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Myrtle Fern Andrews (Name on Original Certificate) who was born (Was Born or Died) on December 25, 1920 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Andrews	Myrtle Andrews
		Myrtle Fern Andrews

Subscribed and sworn to before me this 27th
day of June, 1945
Mina Pond
Notary Public, residing at Island Park
My commission expires May 7 - 1949
(Seal)

Signed Ella Weveraup Andrews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Macks Inn Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Fremont Co., } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of June, 1945
Mina Pond
Notary Public, residing at Island Park
My commission expires May 7 - 1949
(Seal)

Signed Cyrus Andrews
(Signature of Any Credible Person)
Macks Inn,
(Street Address, City, State)
Idaho

JUL 3 1945

DEC 16 1960

213-109-010-814

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 85738

No. ..... St.

Primary Registration District No. 2 1 0 Registered No. 319

Hospital .....

FULL NAME OF CHILD Takeo Sato

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 9th, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Buhei Sato	FULL MAIDEN NAME	Yoshio Hangawa
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls,
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Tomdron (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Buhei Sato

Parent
(Physician or midwife)

Given names added from a supplemental report.

DEC 18 1920 19....

Address Idaho Falls Ida

The Idaho Japanese Association

2 Photostat copies 11/21/41

Registrar

Filed Dec 21 1920 [signature] Registrar

1 Photostat copy 12/18/41

1 Photostat copy 5-24-45

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

MAY 24 1945

MAY 7 1963

762-206-010-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85739

Primary Registration District No. 2170 Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Gober	FULL MAIDEN NAME	Francis Leeds
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Georgetown, Ohio
OCCUPATION	Proffessional Base Ball Player	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Registrar

Filed Dec 21 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-209-010-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho Registration District No. 73 File No. 85740

No. ..... St.

Primary Registration District No. 217 Registered No. 317

Hospital .....

FULL NAME OF CHILD Mildred Pearl Melton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 9 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover C. Melton	Martha Statcup
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 18 1920 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-206-010-494

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida. Registration District No. 73 File No. 85741

No. ..... St.

Primary Registration District No. 210 Registered No. 316

Hospital .....

FULL NAME OF CHILD Hope Catherine Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Anderson	Margaret Muir
RESIDENCE	Idaho Falls, Idaho.	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Stock Buyer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls Idaho

Filed Dec 10 19 20 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-226-010-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73

File No. 85742

No. ..... St.

Primary Registration District No. 2150

Registered No. 31

Hospital .....

FULL NAME OF CHILD Kayano

Sex of Child Female

Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Kayano	FULL MAIDEN NAME	Y. Yahunchi
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Dead 10 min) at 12:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Nelson

Idaho Falls (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

..... 19.....

Filed Dec 15 1920 W. Kennard

..... Registrar

Registrar

296 A27 010-666

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85743

No. 347 Cleft St.

Primary Registration District No. 2150 Registered No. 314

Hospital Peoples Hosp.

FULL NAME OF CHILD Brown, Keith Woolsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Nov 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Brown	FULL MAIDEN NAME	Clara Woolsey
RESIDENCE	347 Cleft Str.	RESIDENCE	347 Cleft Str.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Payson, Utah	BIRTHPLACE	Tennington, Ut.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Med.

Idaho Falls
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

.....19.....

Filed Dec 15 1920 W Kennard

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1973

JAN 26 1949

693-203-010-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2100

File No. 85744

Registered No. 312

FULL NAME OF CHILD Wilde, Carma LaRue

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Dec 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Wilde	FULL MAIDEN NAME	Carrie Nelson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hunt Creek, Ida	BIRTHPLACE	Iona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mest.

Idaho Falls

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Ida

Filed Dec 15 1920 W. Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1972

335-227-010-866

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH Amended 5/17/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls, Ida

Registration District No. 73

File No. 85745

No. 447-14th St.

Primary Registration District No. 2150

Registered No. 311

Hospital

FULL NAME OF CHILD Alice Maxine Cleverley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\ \	Yes	Nov 27 1920

FATHER		MOTHER	
FULL NAME	John H. Cleverley	FULL MAIDEN NAME	Alta Hoover
RESIDENCE	447-14th Ste.	RESIDENCE	447-14th St, Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House mfr

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mest

Idaho Falls (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Filed Dec 14 19 20 W. Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 13 2 26 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 85745

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Cleverley (Female) (Name on Original Certificate) who was born (Was Born or Died) on November 27, 1920 (Date of Event)
in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Alice Maxine Cleverley

Subscribed and sworn to before me this 6th day of February, 19 79

Margaret N. Bunker

Notary Public, residing at Portland, Ore.

My commission expires My Commission Expires Oct. 14, 1980

(Seal)

Signed Edith L. Miller Cleverley Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7105 N. Leavitt Portland Oreg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 19 79

Margaret N. Bunker

Notary Public, residing at Portland, Ore.

My commission expires My Commission Expires Oct. 14, 1980

(Seal)

Signed Eva Faye Carpenter Cousin
(Signature of Any Credible Person)

7704 S.E. 128 ave Portland Ore
(Street Address, City, State)

FORM DH 60-155

12-13-78

Certif of Live birth from Ordgon gives name as Robert Alan Roberts (#61-14176) born May 10,1961. father's name as Thomas Augustus Roberts and mother's namd as Alice Maxine Cleverley. viewed by V. S. MAY 17 1979

Certif of Marriage from Washington gives namdes as Melvin Poe and Alice M. Roberts dated Nov 28, 1975. viewed by V. S.

714.106.010-394

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida. Registration District No. 73 File No. 85746

No. _____ St.

Primary Registration District No. 2170 Registered No. 310

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 6 1920

FATHER	MOTHER
FULL NAME ? Padilla	FULL MAIDEN NAME Mary Trujillo
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Idaho
COLOR Mexican	COLOR Mexican
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Mexico	BIRTHPLACE Mexico
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Harry L. Willson

M.D.

(Physician or midwife)

Address Idaho Falls

Filed Dec 14 1920 _____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-110-010-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

. No. 11-C.-25m-7-21-19

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida. Registration District No. 73 File No. 85747

No. _____ St.

Primary Registration District No. 2107 Registered No. 309

Hospital _____

FULL NAME OF CHILD Veral De Monte Chadburne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 10 1920

FATHER		MOTHER	
FULL NAME	John Henry Chadburne	FULL MAIDEN NAME	Isabell Hardy
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Weber Co Utah	BIRTHPLACE	Weber Co. Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 22 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____ Registrar

(Signature) Laura L. Willson M D
(Physician or midwife)

Address Rexburg Ida.

Filed Dec 11 1920 _____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-119-010-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 73 File No. 85748

No. 10th St.

Primary Registration District No. 214-0 Registered No. 308

Hospital

FULL NAME OF CHILD George Maurice Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 19 (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Victor Thornton	FULL MAIDEN NAME	Winnie May Fitts.
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Leeds, England	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address [illegible]

Filed Dec 15 1920 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-116-010-251

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 73 File No. 85749

No. 520 - N. St.

Primary Registration District No. 2170 Registered No. 307

Hospital

FULL NAME OF CHILD Champ Bear Tanner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Nov.	16	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bertrand M. Tanner	Orea Bear
RESIDENCE	520 - N. St. Idaho Falls, Ida	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Provo, Utah	Provo, Utah
OCCUPATION	Cement Contractor	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Harry L. Wilson M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Filed Dec 1 19 20 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1949

249-226-010-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 85750

No. ..... St.

Primary Registration District No. 2150 Registered No. 306

Hospital .....

FULL NAME OF CHILD Marion Burnham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard A. Burnham	FULL MAIDEN NAME	Leone A. Mortensen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Morgan, Utah
OCCUPATION	Manager Grocery Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy R. Willson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sack Falls Ida

Filed Dec 15 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-224.010-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

[redacted] F IDAHO
AL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho Registration District No. 73 File No. 85751

No. ..... St.

Primary Registration District No. 21V-D Registered No. 30V-

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Nov. 24 1920

FATHER		MOTHER	
FULL NAME	Louis C. Moberg.	FULL MAIDEN NAME	Ruth H. Widmer
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson
Physician
(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 14 19 20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

672-129-010-665

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 85752

No. ..... St.

Primary Registration District No. 2150 Registered No. 304

Hospital .....

FULL NAME OF CHILD Harry Adolph Olsen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Oct (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Adolph O. Olsen	FULL MAIDEN NAME	Lois May Owen
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Brigham City, Utah	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sect Fares Ida.

Filed Nov 15 1920 W Kimmel

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10

413-212-010-214

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. 3. St.

Hospital

Registration District No. 73 File No. 85756

Primary Registration District No. 2150 Registered No. 300

FULL NAME OF CHILD BERNICE VIOLA MATTESON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H. Matteson	FULL MAIDEN NAME	Lillie M. Sams
RESIDENCE	Idaho Falls R F D 3.	RESIDENCE	Idaho Falls R F D 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida.

Filed Dec 14 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 8 12 36 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85756

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Matteson (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 12, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Bernice Viola Matteson

Subscribed and sworn to before me this 4th day of APRIL, 1976.

Florence Cartright

Notary Public, residing at Rural

My commission expires 4-20-78

(Seal)

Signed Julia M Matteson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 3/26/76

Family record gives name ofBernice Viola Matteson born December 12, 1920 in Ammon, Idaho (Idaho Falls to Lillie M. Matteson and William H. Matteson.
Record obviously old.
Viewed by V.S.

Record of Blessing in the L.D.S.Church gives name as Bernice Viola Matteson born December 12, 1920 in Ammon, Idaho. Blessed April 3, 1927. Father is William Harwood Matteson and mother is Lillie May Sams.
Viewed by V.S.

285-209-010-844

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R-7 D 7 St.

Hospital

Registration District No. 73 File No. 85757

Primary Registration District No. 2150 Registered No. 299

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Archie W. Sherwood	FULL MAIDEN NAME	Lillie Hudson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Cloverdale, Kan.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida.

Filed Dec 11 1920 Wm Kennard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-212-010-156

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85758

Primary Registration District No. 2150 Registered No. 296

FULL NAME OF CHILD Ethel Irene Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 12 1920

FATHER		MOTHER	
FULL NAME	Z. D. Green	FULL MAIDEN NAME	Bernice Jeffery
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Macomb. Illinois	BIRTHPLACE	Waverly Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls. Idaho

Filed Dec 7 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 2 1943

433-106010-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85759

Primary Registration District No. 2 N D Registered No. 297

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 6 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: John Stanley McCarty	FULL MAIDEN NAME: Mildred MacRae Cook
RESIDENCE: Idaho Falls Ida	RESIDENCE: Idaho Falls Ida
COLOR: White AGE AT LAST BIRTHDAY 27 (Years)	COLOR: White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE: Cincinnati Ohio	BIRTHPLACE: Plainfield Ohio
OCCUPATION: Painter	OCCUPATION: Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Freeman Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Dec 8 1920 W. Freeman Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-202-010-213

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

FULL NAME OF CHILD Misa Sato

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

Registration District No. 73

File No. 85760

Primary Registration District No. 2170

Registered No. 296

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 2nd 1920.

FATHER	MOTHER
FULL NAME Seikichi Sato	FULL MAIDEN NAME Iwo Sato
RESIDENCE Idaho Falls, Idaho.	RESIDENCE Idaho Falls, Idaho.
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 2/4/42

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Seikichi Sato.

~~(Physician or midwife)~~

Address Idaho Falls Idaho

Given names added from a supplemental report.

Dec 4, 1920.

The Idaho Japanese Association

Registrar

Filed Dec. 6 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-203-010-855

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH NAME ADDED 8-23-85

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville fc

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 85761

No. ..... St.

Primary Registration District No. 2150 Registered No. 295

Hospital .....

FULL NAME OF CHILD INEZ RUTH HOLVERSON

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	Dec 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jerry Holverson	FULL MAIDEN NAME	Jane Ann Henrie
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Portland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Dec 3 1920 Wm Kinnaird Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1921 - 365952

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF

State of _____ } ss.
County of _____ }

AUG 23 4 22 PM '85

Certificate No. 85762
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Halverson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 3, 1920 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Inez Ruth Halverson

Subscribed and sworn to before me this 23rd day of August, 1985.

Notary Public, Florence Curtright
Residing at Boise, Id.
My commission expires 4-20-86
(Seal)

Inez Ruth Halverson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with vital Statistics shows name as Inez Ruth Holverson, mother of Carol Hargrove born March 13, 1942 , in Idano Falls, ID.
Viewed by V.S.

Family record shows name as Inez Ruth Holverson born December 3, 1920 in Idaho Falls, Idaho to Jerry Preston Holverson and Jane Ann Henrie.
Family Record obviously old.
Viewed by V.S.

AUG 2 5 1985

813-203-010-855 Added child's name 12-27-95 ms

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85762

No. ..... St.

Primary Registration District No. 215-0 Registered No. 294

Hospital .....

FULL NAME OF CHILD Ina Edna Holverson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1	Yes	Dec 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jerry H Holverson	FULL MAIDEN NAME	Jane Ann Hanrie
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Scotland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Ida.

Filed Dec 3 1920 Wm Kinnaird Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DUP OF 1921 - 365951

12-13-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 20 1995
VITAL STATISTICS UNIT

State of Idaho
County of Bonneville } ss.

Certificate No. 85762
Date Filed DEC. 3, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Holverson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 3, 1920 (Date of Event)

in Idaho Falls (Bonneville) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Holverson	Ina Edna Holverson
(Twin)		

Subscribed and sworn to before me this 19th day of December, 19 95.

Notary Public, [signature]
Residing at Idaho Falls
My commission expires 10-20-97

(Seal)

Ina E. Nash
Signature of Applicant

1550 Teton A-2 Id Falls Id 83402
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 19 95.

Notary Public, [signature]
Residing at Idaho Falls
My commission expires 10-20-97

(Seal)

[signature]
Supporting Signature

1550 Teton A-2 Idaho Falls ID 85402
Street Address, City, State

1 Heirloom Pd

DEC 2 7 1995

State of Idaho Certificate of Birth filed FEB. 13, 1951 file #51-285 shows Richard Brent Naef born Jan. 2, 1951 in Idaho Falls (Bonneville) ID to Raple Arnold Naef and Ina Edna Holverson viewed VS.

Health Insurance Social Security Act card shows Ina E Naef with the effective date of 8/1/80 viewed VS.

313-218-1010-753

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 85763

Primary Registration District No. 2150 Registered No. 293

FULL NAME OF CHILD Janet Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrison M. Call	FULL MAIDEN NAME	Louise Peterson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Beachburg Ky.	BIRTHPLACE	Rigby, Idaho.
OCCUPATION	Waiter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Dec 31 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515·212·011·239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 85764

No. ..... St.

Hospital Bonners Ferry Primary Registration District No. 215-6 Registered No. .....

FULL NAME OF CHILD Norma Irene Van Ettor.

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Dec. 12th 1920.

FATHER		MOTHER	
FULL NAME	Jos. Earl Van Ettor	FULL MAIDEN NAME	Alta Bliss
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 12/15/1920. E. D. Fry
Registrar

BUREAU (

762-120-010-662

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 39 File No. 85765

No. ____ St.

Primary Registration District No. 215-6 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marcus Eugene Poston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Dec. 20 1920

FATHER		MOTHER	
FULL NAME	Marcus Scott Poston	FULL MAIDEN NAME	Annie Foss.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Virg.	BIRTHPLACE	N. Dak.
OCCUPATION	Laborer in Sawmill.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 12/20/1920 E. E. Fry (Registrar)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1942

413-221-011-343

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 79 — File No. 85766

No. ____ St.

Hospital Bonners Ferry — Primary Registration District No. 2156 — Registered No. ____

FULL NAME OF CHILD Myrtle Mackie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female	—		—	yes	Dec 21 - 20

FATHER		MOTHER	
FULL NAME	Wm S. Mackie	FULL MAIDEN NAME	Ivy Lucha
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Wis
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 12/21/ 19 20. E E Fry

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-128-011-385

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 85767

No. ..... St.

Primary Registration District No. 315-6 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilfred Francis Smith.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec. 28 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Smith	FULL MAIDEN NAME	Francis Cherovenska
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Hungary.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed Dec. 28. 1920. E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1974

AUG 5

1/14/41/ EF

265-207-011-266

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85768

County of Boundary

City of Bonners Ferry Registration District No. 71 File No.

No. St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Hazel Eldrice Sweeney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	yes.	Mar. 7th 1920

FATHER		MOTHER	
FULL NAME	Albert Henry Sweeney	FULL MAIDEN NAME	Lucile Bowler
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E E Fry.

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed Dec. 15 1920. E E Fry.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1943

666-107011-653

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 85769

No. ..... St.

Hospital Bonners Ferry

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Charles David Woods.

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Nov. 7 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. H. Woods.	FULL MAIDEN NAME	Edith Welby
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30. (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Texas.
OCCUPATION	Prop. - "Movie" Theatre	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed Nov. 15 1920. E. E. Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 0 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. ... 6-20-11

PLACE OF BIRTH 296-20-009-815

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Eastport

Registration District No. 79

File No. 85770

No. ..... St.

Primary Registration District No. 2156.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Alice Brown

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov 1, 1920

FATHER		MOTHER	
FULL NAME	Andrew John Brown	FULL MAIDEN NAME	Letta Marie Hanratty ~~Marie Letta Hanratty~~
RESIDENCE	Eastport	RESIDENCE	Eastport
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Gravenhurst Muskoka Canada	BIRTHPLACE	Quebec, Canada
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 S M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Slaunbery

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Eastport, Ida.

Filed Nov. 26th 1920. E. E. Fry Registrar

..... Registrar

S-Y CO., 16670

JAN 16 1970

FEB 1 1965

866-19-011-261

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Meadow Creek Registration District No. 79 File No. 85771

No. ____ St.

Primary Registration District No. 315-6. Registered No. ____

Hospital ____

FULL NAME OF CHILD Boyd Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Nov. 19th 1920.

FATHER		MOTHER	
FULL NAME	John Clyde Howard	FULL MAIDEN NAME	Mary Swanson
RESIDENCE	Meadow Creek, Ida	RESIDENCE	Meadow Creek, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wash.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov. 19 19 20. E E Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 11, 1940.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[illegible] 349

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 11-C—15m-6-20-11

County of Boundary

City of Round Prairie Registration District No. 79 File No. 85772

No. ....., ... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Larry Grady Laurie Stockton

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept 18, 1920

FATHER		MOTHER	
FULL NAME	Grady Harris Larry Stacklan	FULL MAIDEN NAME	May Smith
RESIDENCE	Round Prairie, Ne	RESIDENCE	Round Prairie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	N. Car.	BIRTHPLACE	Scotland
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Slamberg

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19..

Address Eastport, Idaho

Filed Nov. 5 1920.

Registrar

Registrar

S-Y CO., 16670

Certified Copy issued October 29, 1940. E.W.

JUL 2 1942

366-120-011-466

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 85773

No. ____ St.

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Barney Blanchard Loomis Jr.

Sex of Child: Male | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Nov. 20 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Barney B. Loomis	FULL MAIDEN NAME: Carrie Estes Dowdell
RESIDENCE: Bonners Ferry, Ida	RESIDENCE: Bonners Ferry, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Maine,
OCCUPATION: Farmer	OCCUPATION: Housewife,

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov. 24 1920.

E E Fry.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

629-126-011-265

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 85774

No. ____ St.

Hospital Bonners Ferry Primary Registration District No. 315-6 Registered No. ____

FULL NAME OF CHILD Eugene Harry O'Brien.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	May 26 1930.

FATHER		MOTHER	
FULL NAME	Harry E. E. O'Brien	FULL MAIDEN NAME	Beatrice B. Bonnington
RESIDENCE	Spokane, Wn	RESIDENCE	Spokane, Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	"Milk Driver"	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician.
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov. 3 1930. E E Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555·106·011-863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 85775

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec. 6th 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Everitt.	Sarah Hollow.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Wis.	Minn.
OCCUPATION	Sawmill Laborer.	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report. ____ 19____

Registrar

Filed 12/7/ 1920. E.E. Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-126-012-958

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 85776

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Wallace Eugene Crandall

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Nov. 26 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Wallace Crandall	FULL MAIDEN NAME	Norma Reynolds.
RESIDENCE	Arco Ida	RESIDENCE	Arco, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 11-28 1920 E. W. Fox Registrar

Registrar

DECEASED

Idaho 28 2011 11-1126

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1942

391-113-012-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Butte

City of Berenice

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 85777

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Crabb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 13 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: William Ray Crabb	FULL MAIDEN NAME: Ora Edith Thompson
RESIDENCE: Berenice, Idaho	RESIDENCE: Berenice, Idaho
COLOR: White AGE AT LAST BIRTHDAY 34 (Years)	COLOR: White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE: Kilgore, Idaho	BIRTHPLACE: Carl Co, Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 330 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Ida

Filed 11-14 1920

E. W. Fox Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1967

295-107-012-293

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 85778

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Daniel Rees King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David King	FULL MAIDEN NAME	Lottie Mary Bills
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Rivertown Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 11-7 1920 E W Fox Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1962

231-1071012-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 85779

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Francis Blattner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 - 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Henry Blattner	FULL MAIDEN NAME	Maud Evelen Anderson
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 11-8 1920

[signature]
Registrar

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-205-012-291 (Name added 10-27-81)

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 85780

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Terry

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Terry	FULL MAIDEN NAME	Jane Stanzel Bradford
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Registrar

Filed 11-6 1920 E W Fox Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 26 8 11 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Terry (Name on Original Certificate) who was born (Was Born or Died) on November 5, 1920 (Date of Event)

in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	omitted	Thelma Terry

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1980

John R. Janson

Notary Public, residing at S.L.C.

My commission expires 1-23-83

(Seal)

Signed Alta M. Dean
(Signature of Any Credible Person)

2861 E. 3335 So
(Street Address, City, State)
Salt Lake City, Utah

FORM DH 60-155 1 cc paid rec. 11372 4/30/76 84109

Cert of birth from LDS Church gives Thelma Terry born 11-5-20 in Arco to Oscar Terry and Jane Hazel Bradford. Entered on record 1-2-21. Viewed by V.S.

OCT 27 1981

Certi. of Blessing from LDS Church gives Thelma Terry born 11-5-20 in Arco to, Oscar Terry and Jane Bradford was blessed on 1-2-21. Viewed by V.S.

268-203-012-259

Form S. No. 1-C--25m-7-21-19

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 85781

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD BERYL IONA Boyack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov. 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sylvanus Boyack	FULL MAIDEN NAME	Hilda Berlin
RESIDENCE	Moore, Ida	RESIDENCE	Moore, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsw f.

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Mannan

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Ida

Filed 11/15 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

85 781

MAY 23 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 15-
Reg. Dist. No. 670

1. PLACE OF BIRTH:
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address (For registration notice):
Darlington (Street or R.F.D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Beryl Iona Boyack

5. DATE OF BIRTH (Month, day, year) Nov 3 1920

6. Sex Girl

7. Twin or Triplet ~~one~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sylvanus Boyack

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Spanish Fork Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda F Berlin

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Huntsville Utah
(City or Town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry Business

JUN 1 1942

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 1230 A M. on the date and at the place stated above, and that personal particulars were furnished by Elva F. Beal (First name) (Last name), who is related to this child as neighbor (Mother, etc.)

26. (a) May-21-1942 (Date received) (b) Mary G. Dietrich (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Sylvanus Boyack Father M.D. (D.O., Midwife, etc.)
and address Darlington, Idaho Date May 21 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

613-229-014-515

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital .....

Form [redacted] 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 85782

Primary Registration District No. 2003 Registered No. 292

FULL NAME OF CHILD Betty Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 29, 1920

FATHER	MOTHER
FULL NAME: Jesse Ward Watson	FULL MAIDEN NAME: Elizabeth Vanderpool
RESIDENCE: Wilder	RESIDENCE: Wilder
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Indiana
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 31 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 22 2 19 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... Certificate No. 85782

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Watson (Female)- (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1920 (Date of Event)

in Wilder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Betty Watson

Subscribed and sworn to before me this 15th day of February, 1972

Robert Wheler

Notary Public, residing at Corvallis Oregon

My commission expires 3-13-72

(Seal)

Signed X Jessie W Watson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

520 SE Richland Ave Corvallis Or 97330

(Street Address, City, State)

ROBERT W. LEBER NOTARY PUBLIC - OREGON My Commission Expires 3-13-72

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon

County of Benton

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of February, 1972

Robert Wheler

Notary Public, residing at Robert Wheler

My commission expires 3-13-72

(Seal)

ROBERT W. LEBER NOTARY PUBLIC - OREGON My Commission Expires 3-13-72

Signed XX Joycelyn Custer

(Signature of Any Credible Person)

909 NW Beca Ave Corvallis Or 97330

(Street Address, City, State)

FORM DH 60-155 CL 2/10/72 nm RUSH

Adoption paper issued by the Circuit Court of Jackson County, Missouri at Kansas City: Juvenile Division lists name as Betty Watson. Issued June 29, 1931. Lynn G. Buford, Clerk Osceola Holland, Deputy. Viewed by V.S.

Family Record states that Betty Watson was born Dec. 29, 1920 to Jesse Ward Watson znd Elizabeth Vanderpool. Record obviously old. Viewed by V.S.

FEB 2 4 1972

792-028-014-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell, Canyon

No. R. # 5 Str.

Hospital

Registration District No. 3 File No. 85783

Primary Registration District No. 2005 Registered No. 291

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12/28/ 1920

FATHER	MOTHER
FULL NAME: William L. Gibbens	FULL MAIDEN NAME: Isabelle Stoddard
RESIDENCE: Caldwell, Idaho, R. # 5	RESIDENCE: Caldwell, Idaho, R. # 5
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Nebraska
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) C. M. Yaley
M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 12-29- 1920 John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-22-0014-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. 3 File No. 85784

Primary Registration District No. 2005 Registered No. 290

FULL NAME OF CHILD Fern Coffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec 27, (Month) (Day) 19 20 (Year)

FATHER	MOTHER
FULL NAME: Roy Coffman	FULL MAIDEN NAME: Gladys Tatum
RESIDENCE: Notus, Idaho	RESIDENCE: Notus, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Valey M. D.

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 28 19 20 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 4 1970

812-221-014-813

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85785

County of Canyon

City of Caldwell

No. 1418 Blaine St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 289

FULL NAME OF CHILD June Maradell Haskins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Scott Haskins	FULL MAIDEN NAME	Myrtle May Hall
RESIDENCE	Caldwell Idaho	RESIDENCE	1418 Blaine Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Tekoa Wash.	BIRTHPLACE	Petersville Ky.
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Dora A. Weymouth
Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Caldwell Idaho

Filed Dec. 30 1920 [illegible] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

JUN 8 1976

734-221-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Yes

Registration District No. 3 File No. 85786

Primary Registration District No. 1005 Registered No. 288

FULL NAME OF CHILD EILEEN GERTRUDE PLUMB

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 21 19 20

FATHER	MOTHER
FULL NAME: Roy M. Plumb	FULL MAIDEN NAME: Nettie Joy
RESIDENCE: 307 Cleveland, Caldwell, Idaho	RESIDENCE: 307 Cleveland, Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Colorado
OCCUPATION: Truck Driver	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) F.M.Cole

M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Dec. 23- 1920 John T. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Owyhee }

SEP 22 1943

Certificate No. 85786

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for incomplete (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 21, 1920 (DATE OF EVENT) in Caldwell (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by birth record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 21, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Eileen Gertrude Plumb

Subscribed and sworn to before me this 15th day of Septe er, 19 43

Notary Public, residing at Marsing, Idaho

My commission expires 9-10-44

(SEAL)

Signed Mrs Nettie Plumb
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Marsing, daho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Sept., 19 43

Notary Public, residing at Marsing, Ida

My commission expires 9-10-44

(SEAL)

Signed L A Jay
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Marsing Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 23 1943

719-118-014-155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 5th Chicago St.

Hospital na

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 85787

Primary Registration District No. 1005 Registered No. 287

FULL NAME OF CHILD

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec. 18 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Melvin Gardner	FULL MAIDEN NAME	Lizzie J. Jenkins
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 or 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 18 1920 John S. Meyer
Registrar

one other document which
gives name as
Homer mark Gardner
one other person to
sign it
copy paid
mail to

Sis birth cert. Jane Gardner
#1791 83 gives mothers name
as Ellen Gardner
name Homer Mark
Garner
10-29-73

NEW ADDRESS _____

CURRENT DIAGNOSIS Min ☐ Mod Adv ☐ Far Adv ☐ Oth Tbc ☐ ACTIVITY Active ☐ Inac ☐ Unk ☐ Diagnosis Reserved ☐

CURRENT SPUTUM: Positive ☐ Negative ☐ No Expectoration ☐ Not Done ☐

DATE OF NEXT OBSERVATION Mo___ Day___ Yr___ For Sputum ☐ X-Ray ☐ Other ☐

Under Medical Supervision of _____

Remarks and Recommendations _____

_____

This Observation reported by _____

Date: Mo___ Day___ Yr___ _____, Idaho

9719 Waller Rd.
Tacoma. Wash

NEW ADDRESS _____

CURRENT DIAGNOSIS: Min ☐ Mod Adv ☐ Far Adv ☐ Oth Tbc ☐ ACTIVITY Active ☐ Inac ☐ Unk ☐ Diagnosis Reserved ☐

CURRENT SPUTUM: Positive ☐ Negative ☐ No Expectoration ☐ Not Done ☐

DATE OF NEXT OBSERVATION Mo____ Day_____ Yr_____ For Sputum ☐ X-Ray ☐ Other ☐

Under Medical Supervision of _____

Remarks and Recommendations _____

_____

This Observation reported by _____

Date: Mo___ Day___ Yr____ _____, Idaho

456-218-014-453

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

CERTIFICATE OF BIRTH

City of Caldwell

Registration District No. 3 File No. 85788

No. 1520 Blaine St.

Primary Registration District No. 1005 Registered No. 286

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 18 1920

FATHER	MOTHER
FULL NAME: George Dewey	FULL MAIDEN NAME: Helen Metcalf
RESIDENCE: 1520 Blaine St. Caldwell, Idaho	RESIDENCE: 1520 Blaine St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mich	BIRTHPLACE: Montana
OCCUPATION: Director Farm Bureau	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Dec 19

I hereby certify that I attended the birth of this child, who was ~~alive~~ Died ~~at~~ 5:30 A.M., at 2:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.B.Dudley M.D.
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 21 1920 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-216014-549

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85789

County of Canyon

City of Caldwell

No. 1515 Cleveland St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 285

FULL NAME OF CHILD Vaiden Hendon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 16 1920

FATHER	MOTHER
FULL NAME: Edwin Mabson Hendon	FULL MAIDEN NAME: Floie Leola Hurtt
RESIDENCE: Caldwell, Idaho, 1515 Cleveland	RESIDENCE: Caldwell, Idaho, 1515 Cleveland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Ala bama	BIRTHPLACE: Nebraska
OCCUPATION: Banker	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:02 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.M. Kaley
M.D.
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 15 - 1920 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1962

795-116-014-125

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 85790

No. Gen. Del. St.

Primary Registration District No. 1095 — Registered No. 284

Hospital

FULL NAME OF CHILD Charles Henry Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 16 1920

FATHER

FULL NAME: W.C. Green

RESIDENCE: Caldwell, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: South Dakota

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Edith Akes

RESIDENCE: Caldwell, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.H. Cole M.D.

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report. 19

Registrar

Filed Dec. 17 1920 John V. Graves Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 85790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Charles Henry Green (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 16, 1920 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Charles Henry Green

Subscribed and sworn to before me this 15th day of May, 1942

Notary Public, residing at Portland, Ore.

My commission expires Jan. 17, 1944
(SEAL)

Signed Warren Charles Henry Green
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 1-Box 160 Portland Ore
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Warren Charles Henry Green
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. 1, Box 160 Portland Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By
(REGISTRAR'S SIGNATURE)

MAY 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

493212 30 14 -284

County of Canyon

City of Caldwell

No. City — St.

Hospital

Form V. H. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 85791

Primary Registration District No. 1005 Registered No. 283

FULL NAME OF CHILD May Elizabeth Dilley

Sex of Child Female | ~~Twin Triplet~~ or other? | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 12 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clyde A. Dilley	FULL MAIDEN NAME	Cora Elizabeth Shuee
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Waco Texas	COLOR	White
OCCUPATION	Painter	AGE AT LAST BIRTHDAY	20 (Years)
		BIRTHPLACE	Mo.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 6 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Henry

(Physician ~~or midwife~~)

Address Caldwell Ida.

Filed Dec 16 1920

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5751061014-142

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 85792

Primary Registration District No. 2005 Registered No. 282

FULL NAME OF CHILD Ronald V Benjamin Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec 6 1920

FATHER		MOTHER	
FULL NAME	Robert Grover Cleveland Vance	FULL MAIDEN NAME	Iona Camilla Curtis
RESIDENCE	Caldwell, Ida Rt	RESIDENCE	Caldwell Rt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tennessee - Grant	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. O. Montgomery M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

..... Registrar

Filed Dec 13 1920 John L. Meyer Registrar

213-103-014-239

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Huston Rt Registration District No. 3 File No. 85793

No. ..... St. Primary Registration District No. 2005 Registered No. 781

Hospital .....

FULL NAME OF CHILD Philip Curtis Salsbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec 3 1920

FATHER		MOTHER	
FULL NAME	Herbert Leslie Salsbury	FULL MAIDEN NAME	Anna Bell Stites
RESIDENCE	Huston Rt Ida	RESIDENCE	Huston Ida Rt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Coburn Colo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Montgomery M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Caldwell Idaho

Filed Dec. 15 1920 John H. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1973

DECEASED

213-216-014-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 85794

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 101

FULL NAME OF CHILD Margaret Louise Batt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roger W. Batt	FULL MAIDEN NAME	Irene McDonald
RESIDENCE	Parma Ida. R1.	RESIDENCE	Parma R1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Chico Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas. Berkeley

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Parma Ida. R1.

Filed Dec. 13 1920 Lulu Walchop

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Parma Ida R1.
Rec. 7-1-20.

Mrs N. E. Waldrop
Parma

Dear Mrs Waldrop-

In answer to your letter regarding Mrs Berkley I will say that I presume I made a mistake in signing her name as midwife. We engaged her as a nurse and not as a midwife but I signed her name to the paper because she was the only attendant here when the baby arrived. Mr Bell went for the doctor but the baby came before they got back. Dr Boeck left the

next morning for a two weeks vacation and asked his partner to call here and get a record of the baby but thru some misunderstanding he failed to do so.

Dr. Bock learned of it later and sent me the record to fill out and I suppose I should have put his name to it instead of Mrs Berkeley's.

Yours truly,

Mrs Roger Batt.

MAY 28 1953

259-123.014-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. ..... St.

Hospital .....

Registration District No. 3 File No. 85795

Primary Registration District No. 2007 Registered No. 102

FULL NAME OF CHILD Cecil Seiber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	Thomas J. Seiber	FULL MAIDEN NAME	Margaret Brown
RESIDENCE	Parma R. 1	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Seiber

father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec. 15 1920 Lulu Waldrop Registrar

(over)

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

This father is in the habit of attending his wife during labor.
Lulu Waldrop
(Reg)

FEB 7 1964

952-103-014-495

PLACE OF BIRTH

County of Canyon.

City of Parma R.D.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 85796

Primary Registration District No. 2007

Registered No. 109

Full Name of Child Donald Merl Rekow

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		1st	Yes	Dec 3 1920

FATHER

FULL NAME Wm H. Rekow

RESIDENCE Parma R.D.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marie Dresser

RESIDENCE Parma R.D.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ Born ____ (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Address Parma

Filed Dec 5 1920 Lucius Baldwin Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

952-103-014-495

PLACE OF BIRTH

County of Canyon

City of Parma RD

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 85797

Primary Registration District No. 2007

Registered No. 104

Full Name of Child Ronald Earl Rekow

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		2nd	Yes	Dec 3 1920

FATHER	MOTHER
FULL NAME Wm H. Rekow	FULL MAIDEN NAME Marie Dresser
RESIDENCE Parma RD	RESIDENCE Parma RD
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born ..... at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Address Parma

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12-5 19 20 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-107-014-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 85798

No. ____ St.

Primary Registration District No. 2007 Registered No. 105

Hospital Home

FULL NAME OF CHILD Wallace Reed Fink

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Dec	7	1920

	FATHER	MOTHER
FULL NAME	J. Fink	Ida Mae Decker
RESIDENCE	Wilder Ida	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Badgerton Iowa	Marshalltown Iowa
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Brown MD

(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 30 1920 Lulu Waldrop Registrar

Authorization received by telephone from Dr. Boeck, Apr. 22, 1941, to make change in date and insert boy's name. PBA

Bureau of Vital Statistics

OCT 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Apple Valley Precinct

No. 865.202.014-791 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 2

File No. 85799

Primary Registration District No. 2007

Registered No. 106

Full Name of Child Virginia June Hovis

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
fem.		yes.	12 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Herbert C. Hovis	FULL MAIDEN NAME	Maryrose Graham
RESIDENCE	Parma R. 2.	RESIDENCE	Parma R. 2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	farm laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed Jan 1 1921 Lulu Waldorf

Registrar

SEP 15 1958
AUG 7 1973

296 112 014 865

PLACE OF BIRTH

County of Canyon

City of Caldwell Valley Precinct

St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 85800

Primary Registration District No. 2007 Registered No. 107

Full Name of Child Charles Irving Krouse

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
m.			yes.	Dec. (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Krouse	FULL MAIDEN NAME	Ruth M. Harris
RESIDENCE	Robinette, Ore.	RESIDENCE	Robinette, Ore.
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address

Given names added from a supplemental report

....19....

Registrar

Filed Jan. 1, 1921 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1976

459-217-014-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

No. ..... St.

Hospital Home

Registration District No. .....

File No. 85801

Primary Registration District No. .....

Registered No. 108

FULL NAME OF CHILD Meridith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C. Meridith	FULL MAIDEN NAME	Sadie Borgman
RESIDENCE	Roswell Ida	RESIDENCE	Roswell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Deming Ind.	BIRTHPLACE	Lincoln Co. Neb.
OCCUPATION	Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Dec 30 1920 Lulu Galdrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-117:014-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 8 File No. 85802

No. ..... St.

Primary Registration District No. 2007 Registered No. 109

Hospital Home

FULL NAME OF CHILD ROBERT HAROLD EVANS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. H. Evans	FULL MAIDEN NAME	Helen Brown
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hibbard Ida	BIRTHPLACE	Labell Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boach

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Dec 30 1920 Lulu Matchoff
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 85802
Date Filed OCT 6 1941
RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Robert Harold Evans (Name on original certificate) who was born (Was born or died) on Dec. 17, 1920 (Date of event)
in Wilder (Place of event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by mother's affidavit (Bible record, insurance policy, etc.) prepared on this date 10/3/41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Robert Harold Evans		
to the correct name	←	

Subscribed and sworn to before me this 3rd
day of October, 19 41

Notary Public, residing at Culver City, Calif.
My commission expires Apr. 14, 1943
[SEAL]

Signed Mrs. Mary Helen Evans
(Signature of parent or ~~attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person~~)
4221 Van Buren Pl.
(Street Address, City, State)
Culver C., Calif.

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

OCT 24 19

692-1191 014-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ____

City of ____

Registration District No. 9

File No. 85803

No. ____ St.

Primary Registration District No. 2007

Registered No. 110

Hospital ____

FULL NAME OF CHILD Cherley Campbell Frisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 19 1920

FATHER

FULL NAME K. Lee Frisk

RESIDENCE Parma

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill.

OCCUPATION Hardware & Plumbing

MOTHER

FULL MAIDEN NAME Gleora E. Campbell

RESIDENCE Parma

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill.

OCCUPATION Hswf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Waldron

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 22 1920 Lulu Waldron Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

415-725-

[redacted] 20m-2-15-12

PLACE OF BIRTH

014-813

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 3

File No. 85804

Primary Registration District No. 2007

Registered No. 111

FULL NAME OF CHILD Harley Cyrus Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 25, 1920 (Month) (Day) (Year) 191

FATHER		MOTHER	
FULL NAME	Geo. C. Davis	FULL MAIDEN NAME	Josie M. Hall
RESIDENCE	5 mi. No. of Parma	RESIDENCE	5 mi. No. of Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. C. Clark Lafferty

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Nyssa, Ore.

Filed Jan 1 1921 Thulu Walchop Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each; in order of birth stated.

689-123.014-000

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Route #5 St.

Registration District No. 7 File No. 85805

Primary Registration District No. 2004 Registered No.

Hospital —

FULL NAME OF CHILD John Samuel White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	12 23 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam White	Charlotte Mc
RESIDENCE	Nampa, Ida R#5	Nampa Ida R#5
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan. 10 1921 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

JAN 4 195?

252-12301X-466

PLACE OF BIRTH

Amended 10-24-78

County of Canon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85806

Primary Registration District No. 2006 Registered No. ____

Full Name of Child Earl Raymond Kessler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	Frank Kessler	FULL MAIDEN NAME	Elva Moore
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis

Osteopathic Physician (Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan. 15 1921 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1955

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 20 2 48 PM '78
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Canyon } ss.

Certificate No. 85806

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Earl Raymond Kesler (Name on Original Certificate) who was born (Was Born or Died) on Nov 23 1920 (Date of Event) in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Frank Kesler	Frank Kessler
child s name	Earl Raymond Kesler	Earl Raymond Kessler
mother's name	Iona Moore	Lola Iona Moore

Subscribed and sworn to before me this 6th day of September, 1978.

Notary Public, residing at Caldwell, Idaho

My commission expires Life

(Seal)

Signed Iona F. Gehert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT#1 Wilder Idaho 83676

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1978.

Notary Public, residing at Caldwell, Idaho

My commission expires Life

(Seal)

Signed Catherine H. Klatt

(Signature of Any Credible Person)

2205 East Linden, Space 5, Caldwell, ID

(Street Address, City, State)

FORM DH 60-155

CL 7/28/77 nm

Certificate of birth for mother gives name as Lola Iona Moore born in the State of Missouri, Certificate # 291705. Certificate issued Apr. 28, 1947. Birthdate of mother not ledgible.
Viewed by V.S.

High School Diploma issued to Earl Kessler gives name spelled correctly. Graduated from the Canyon County Elementary School System on May 14, 1936.
Viewed by V.S.

Social Security card issued to Earl Raymond Kessler gives name spelled correctly. # 519 10 0160. Issued 1942.
Viewed by V.S.
Grade School card issued to Earl Kessler on September 9, 1929 gives name of parents as Mr. & Mrs. Frank Kessler.
Viewed by V.S.

Teacher's report to parents gives father's name as Frank Kessler. Report card date May 18, 1928. Herbert Holsinger, Teacher.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-220-014-286

PLACE OF BIRTH

amend 6-28-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.R. 4 St.

Registration District No. 7 File No. 85807

Primary Registration District No. 2006 Registered No.

Hospital

Full Name of Child Almeta Hilty

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
F.		3	yes	Dec 20 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo B. Hilty	FULL MAIDEN NAME	Hanna Showalter
RESIDENCE	Nampa RR4	RESIDENCE	Nampa
COLOR		COLOR	
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

.....19....

.....
Registrar

Address .....

Filed Jan 10 1921 Pearle Dodds
Registrar

K

FEB 21 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 85807
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for _____ Almeta Hilty (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 20, 1921 (Date of Event)

in Nampa (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Dec 20, 1921	Dec 20, 1920

Subscribed and sworn to before me this 1st day of January, 1983.

Notary Public, Darlene Leavitt

Residing at Boise, Ada, Idaho

My commission expires Jan 30-1987

(Seal)

Carol Hanst
Signature of Applicant

521 N Loma Dr. Lodi CA 95240
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Carol Hanst
Supporting Signature

521 N Loma Dr. Lodi CA 95240
Street Address, City, State

School Record from Nampa School District gives Almeta Hilty enrolled for first grade on Sept 7, 1926 and birth date was recorded as Dec 15, 1920. Notarized and signed by School district. Viewed by V.S.

JUN 28 1983

Birth Certificate from Elmore Memorial Hospital in Mountain Home, Idaho lists Philip Ray Good born to Almeta and Dan Good on 4-7-57 lists mothers birth date as Dec 20, 1920. Signed and notarized by Hospital. Viewed by V.S.

294-d19-014-662

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 7 File No. 85808

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Marie Simpson.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12-18-1920

FATHER		MOTHER	
FULL NAME	Oscar Cleaveland Simpson	FULL MAIDEN NAME	Mary Ida Foster
RESIDENCE	Melba, Ida — 6 Mi. S. E.	RESIDENCE	Melba, Ida — 6 mi. S. E.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Samuel A Swayne M.D.

(Physician or Midwife), Ida,

Address .....

Filed Jan. 10 1921 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-109-014-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 85809

No. ____ St.

Primary Registration District No. 1006 Registered No. ____

Hospital Sisters of Mercy

FULL NAME OF CHILD John Heilman Bayden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 9 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter B. Bayden	Florence Heilman
RESIDENCE	Nampa	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Nevada	Michigan
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

(Signature) Dr B. Smith M.D. By A.R.

(Physician or midwife)

Address ____

Filed Jan. 10 1921 Pearle Dodds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

S-Y-CO 38071

FEB 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

236-227 014-433

County of Canyon

City of Nampa

No. 515, 17th ave So.

Hospital Mercy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

For No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 85810

Primary Registration District No. 1006

Registered No.

Full Name of Child ~~Betty Jean~~ BETTY GERALDINE Scott

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm O. Scott	FULL MAIDEN NAME	Ella McLeod
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Miller	OCCUPATION	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was 2 alive (Born alive or stillborn), at 9, A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Jan. 10 1921 Pearle Dodds

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 85810

State of _____ }ss.
County of _____ }

JUN 1 1943

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bettie Scott (Name on Original Certificate) who born (Was Born or Died) on Dec. 27 1920 (Date of Event)
in Wenpo Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 27, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bettie	Betty Geraldine Scott
Betty		Betty Geraldine Scott

Subscribed and sworn to before me this 1st
day of December, 1942
Elizabeth M. Ogden
Notary Public, residing at Oakland Calif.
My commission expires My Commission Expires Sept. 29, 1945
(Seal)

Signed Ella M Scott (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3307 Bruce St. Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }ss.
County of Alameda }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1943
Elizabeth M. Ogden
Notary Public, residing at Oakland, Calif.
My commission expires My Commission Expires Sept. 29, 1945
(Seal)

Signed Frank M Scott
(Signature of Any Credible Person Other Than Previous Year)
685 Calmar Ave. Oakland, California
(Street Address, City, State)

JUN 1 1943

JUN 8 1933

819-106-014-285

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 209, 16 ave N.

Hospital

Registration District No. 7

File No. 85812

Primary Registration District No. 1004

Registered No.

Full Name of Child Dominick Sherlock Harn

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 6 (Day) 1928 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Harn	FULL MAIDEN NAME	Maggie Sherlock
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	teamster	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H E Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Jan 10 1921 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944.204.014-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 713 15th Ave S

Registration District No. 7

Primary Registration District No. 1006

File No. 85813

Registered No.

Hospital

Full Name of Child Bruce E. Rudge

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		3	yes	4 — 4 — 1920

FATHER

FULL NAME: C. A. Rudge

RESIDENCE: Nampa

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Penn

OCCUPATION: Plumber

MOTHER

FULL MAIDEN NAME: Eva Hornbeck

RESIDENCE: Nampa

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address

Given names added from a supplemental report

.....19....

Registrar

Filed Jan 15 1921 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 8 1942

MAR 20 1957

165-230-014-355

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 128-13th Ave N St.

Hospital

Registration District No. 7 File No. 85814

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD DOROTHY JULIA Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec. 30 1920

FATHER		MOTHER	
FULL NAME	G. W. Johnson	FULL MAIDEN NAME	Ora Lee
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) Fred R Wooten

(Physician or midwife)

Address

Filed Jan 10 1924 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Rogers }

Certificate No. 85814
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Johnson (Name on original certificate) who was born (Was born or died) on December 30, 1921 (Date of event)
in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on January 3rd, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Unnamed Johnson	Dorothy Julia Johnson

Subscribed and sworn to before me this 17 day of January, 19 42

Georgia Mae Lawson

Notary Public, residing at Chelsea, Oklahoma

My commission expires 4-6-44

[SEAL]

Signed Oral Lee Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chelsea, Oklahoma
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Rogers }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of January, 19 42

Georgia Mae Lawson

Notary Public, residing at Chelsea, Oklahoma

My commission expires 4-6-44

[SEAL]

Signed W. M. Lee
(Signature of any credible person other than the previous affiant.)

Chelsea, Oklahoma
(Street Address, City, State)

Received for filing on JAN 21, By
(Registrar's signature)

JAN 24 1942

693117-014-995

PLACE OF BIRTH

County of Canyon

City of Nampa

No. RFD #4 St.

Hospital at Residence

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85816

Primary Registration District No. 1006 Registered No.

Full Name of Child William Albert Otis Wilson

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Dec 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Albert Otis Wilson	Ora Olive Finch
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Missouri	Indiana
OCCUPATION	Student (Theological)	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 11 o'clock A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Davis

Osteopathic Physician
(Physician or midwife)

Address Smallwood Bldg. Nampa, Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan 10 1921 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a separate RETURN must be made for each and the number of each, in order of birth stated.

563-217-014-632 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 513 11th Ave. S. St.

Hospital

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85818

Primary Registration District No. 1006 Registered No.

Full Name of Child Dorothea Lamoyne Volkmer

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X		X	Yes	Dec. 17 1920

	FATHER	MOTHER
FULL NAME	Walter W. Volkmer	FULL MAIDEN NAME Lena M. Olsen
RESIDENCE	Nampa Idaho	RESIDENCE Nampa Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Idaho
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D. (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 10 1921 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

513.123.014-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 85819

No. 423-5th Ave So. St.

Primary Registration District No. 1006 — Registered No. —

Hospital —

FULL NAME OF CHILD — Valentine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	12 23 1920

FATHER	MOTHER
FULL NAME: Leonard Valentine	FULL MAIDEN NAME: Bertha Soulon
RESIDENCE: 423-5th Ave So	RESIDENCE: 423-5th Ave So
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Illinois
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Jan 10 1920 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-110-01X-453

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 212 - No 11th Ave

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 85822

Primary Registration District No. 1206

Registered No.

FULL NAME OF CHILD David Lonnie Kelly

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: Dec 10 (Month) (Day) 1920 (Year)	

FATHER

FULL NAME: Louis F. Kelly

RESIDENCE: Nampa

COLOR: Wh. AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Bluffton O.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Martha Dedweiler

RESIDENCE: Nampa Ida

COLOR: Wh AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Londerton Pa

OCCUPATION: H-W.

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D. Smith M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address .....

Filed Jan. 10 1921 Pearle Dodd

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-126014-595

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 85823

No. 523-7th Ave So St.

Hospital — Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Robt. Edward Linscott

Sex of Child Male | Twin Triplet or other? — (To be answered only in event of plural births) | and | Number in order of birth — | Legitimate? Yes | Date of Birth 12 (Month) 26 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Oscar Robert Linscott	FULL MAIDEN NAME Lola Nielson
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Ohio	COLOR White
OCCUPATION Grain Fryer & Co (produce)	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Utah
	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) Leo M. Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Jan. 10 1921 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1966

238-125-014-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 85824

No. 1517-9th Ave So St.

Primary Registration District No. 1886 Registered No.

Hospital —

FULL NAME OF CHILD Wm Alva Schwartz

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	—		—	Yes	12 - 25 - 20

FATHER		MOTHER	
FULL NAME	Arthur Earl Schwartz	FULL MAIDEN NAME	Alpha White
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Kansas
OCCUPATION	Dressman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 45 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Jan 10 19 21 Pearle Dodd
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1959

SEP 22 1942

393 - 213014-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 85825

No. 1105-12th Ave So.

Hospital — Primary Registration District No. 1056 Registered No.

FULL NAME OF CHILD Vivian Alice Tiller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	12 13 1920

	FATHER	MOTHER
FULL NAME	Paul Tiller	FULL MAIDEN NAME Alice Park
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Ohio	Idaho
OCCUPATION	Real Estate	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 P. M. (Born alive or stillborn) on the date above stated.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Jan 10 1921 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8-3-72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85825

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Tiller (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1920 (Date of Event)

in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Vivian Alice Tiller

Subscribed and sworn to before me this 2nd day of August, 19 72

Notary Public, residing at Boise

My commission expires 4-1-74

(Seal)

Signed Anna M. Rickert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

507 - 18th Ave. N. Nampa

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

AUG 3 1972

Social Security Card issued April 1956 gives name as Vivian Alice Tiller Rodig. # 549 16 5611
Viewed by V.S.

School Record issued by High School Record Dept. of Nampa Public Schools. Attended 1937. Name given as Vivian Alice Tiller . Darrel Reisch, Principal.
Viewed by V.S.

[redacted] BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

369 125 015 316

County of Caribou

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11 82

Primary Registration District No. 2048

File No. 85826

Registered No. 32

Full Name of Child ROBERT CALVIN TORGESEN

SEX OF CHILD	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		yes	Dec. 25, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph T. Torgesen	FULL MAIDEN NAME	Rose L. Law
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Banker	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kock, E.T.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Ellis Kock, E.T.
Registrar

Address Soda Springs, Idaho

Filed Jan 25, 1920 Ellis Kock, E.T.
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Caribou

Certificate No. 85826

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) or (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Calvin Torgesen

Subscribed and sworn to before me this 14th
day of March, 1942

Notary Public residing at Soda Springs, Idaho.

My commission expires March 4th 1944
(Seal)

Signed J. O. Torgesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of March, 1942

Notary Public, residing at Soda Springs, Idaho.

My commission expires March 4th 1944
(Seal)

Signed F. W. Engelbrecht
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Form V. S. No. 11-C—25m-7-21-19

PLACE OF [redacted]
413-114-016-195

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85927

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 296 Registered No. 166

Hospital

FULL NAME OF CHILD ELMER CARROLL Mallory

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov 14 1920

FATHER	MOTHER
FULL NAME Elmer Mallory	FULL MAIDEN NAME Nora Stewart
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Glenrock. Wyoming	BIRTHPLACE Colonia Diaz - Chihuahua - Mexico
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Storey
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 22, 1920 Dr. J. C. Porter
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Fresno } ss.

Certificate No. 85827

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmer Carroll Mallory (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1920 (Date of Event)
in Burley, Cassia Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 30, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elmer Carroll Mallory

Subscribed and sworn to before me this 22nd
day of June, 19 42

Edith C. Wray
Notary Public, residing at Fresno, California
My commission expires March 25, 1944
(Seal)

Signed Nora Mallory
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#4 Box 134 Fresno, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Fresno } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that ~~he~~ she
are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 22nd
day of June, 19 42.

Edith C. Wray.
Notary Public, residing at Fresno, California
My commission expires March 25, 1944
(Seal)

Signed Laura Bailey
(Signature of Any Credible Person Other Than Previous Year)

537 W 3rd st Burley Idaho
(Street Address, City, State)

~~Visiting in Fresno at present time~~
E.C.W.

JUN 26 1942

APR 3 0 1970

JUN 3 0 1942

866-114-016-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 85828

No. ..... St.

Primary Registration District No. 2196 Registered No. 1765

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes	Nov 14 1920

	FATHER	MOTHER
FULL NAME	Ralph B. Hoopes	Edna Wilson
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	2	17
BIRTHPLACE	Burley, Ida.	Oakley, Ida
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) C. H. Cooper
Physician
(Physician or midwife)

Address Burley, Ida.

Filed 11-16-1920 W. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-214-016-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85829

Primary Registration District No. 2196 Registered No. 1768

FULL NAME OF CHILD Marian Myrl Smith

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Allen Monroe Smith	FULL MAIDEN NAME	Mary Wardell
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed ~~Dec. 2 1920~~ Ett Elmore
Dec. 4, 1920 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1974

NOT

133-201-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

Registration District No. 117 File No. 85830

No. ____ St.

Primary Registration District No. 296 Registered No. 1763

Hospital —

FULL NAME OF CHILD Joyce ~~Baby~~ Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	Nov. 1 1920

FATHER		MOTHER	
FULL NAME	Howard Allen	FULL MAIDEN NAME	Katherine Dayley
RESIDENCE	Bruneau, Ida	RESIDENCE	Bruneau, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ogden, Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Oakley, Ida
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) G. H. Cooper

Physician

(Physician or midwife)

Address Bruneau, Ida

Filed 11-16-1920 Dan. E. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1944

412-229.016-452

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 85831

No. ____ St. — Primary Registration District No. 296 — Registered No. 772

Hospital ____

FULL NAME OF CHILD Venetia Masters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 29 1920

FATHER	MOTHER
FULL NAME W. A. Masters	FULL MAIDEN NAME Audrey Alexsain
RESIDENCE Burley - Idaho	RESIDENCE Burley - Idaho
COLOR White — AGE AT LAST BIRTHDAY 47 (Years)	COLOR White — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Birmingham England	BIRTHPLACE Granite, Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 4, 1920

Dr. J. C. Patten
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

437-101-016-497

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85832

Primary Registration District No. 2196 Registered No. 1769

FULL NAME OF CHILD GLEN EVERETT McGARRAUGH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	yes	12 1 1920

FATHER		MOTHER	
FULL NAME	Walter J. McGarraugh	FULL MAIDEN NAME	Martha Lethia Mix
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho

Filed Dec. 4, 1920 Dr. J. L. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No 85832
)ss
County of Minidoka) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....(birth or death) for.....(Name on original certificate) who.....(was born or died) on.....(Date of event) in.....(Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by.....(Bible record, insurance plcy.etc.) prepared on.....(Give date) are

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Glen Everett McGarraugh

Subscribed and sworn to before me this 11 day of September 1941

Signed M. L. Hoffman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public

Residing at Rupert, Idaho

Rupert, Idaho - Route #3
(Street address, City, State)

My commission expires June 21 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PEPSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Minidoka)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Sept 1941

Signed
(Signature of any credible person other than the previous affiant,)

Notary Public

Residing at Rupert Ida

Rupert, Idaho
(Street address, City, State)

My commission expires June 21 1943
(SEAL)

815-226-016-294

PLACE OF BIRTH

Form V. S. No. 1-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85833

Primary Registration District No. 2196 Registered No. 1773

FULL NAME OF CHILD Myrtle Joy Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 28, 1920

FATHER		MOTHER	
FULL NAME	Heber L. Hansen	FULL MAIDEN NAME	Myrtle Jane Simmons
RESIDENCE	Burley - Idaho.	RESIDENCE	Burley - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Shelley - Idaho	BIRTHPLACE	Yukon, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12 - 4 - 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 85853

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Un-Named (Name on Original Certificate) who Was Born (Was Born or Died) on Nov. 29 - 1920 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on JAN. 1. 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Myrtle Joy Hansen
Date	Nov. 29th	Nov. 26, 1920

Subscribed and sworn to before me this 26th
day of August, 1942
Martha E. Orr
Notary Public, residing at Burley, Idaho
My commission expires 4-24-45
(Seal)

Signed Heber L. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

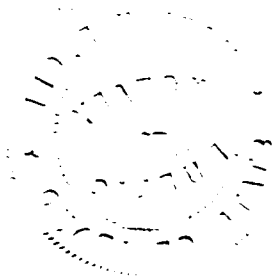
Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 12 1956



113-126-016-893

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

Registration District No. 117 File No. 85834

Primary Registration District No. 2196 Registered No. 1771

FULL NAME OF CHILD SIDNEY MONTA JACOBS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	11 (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard Jacobs	FULL MAIDEN NAME	Margaret Hitt
RESIDENCE	Malta, Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salem Ida.	BIRTHPLACE	Malta Ida
OCCUPATION	Rancher.	OCCUPATION	School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Frimstad.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed Dec 5 1920 Dr. J. C. Patterson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Lewis } ss.

Certificate No. 85834
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Jacobs (Name on original certificate) who was born (Was born or died) on Nov. 26, 1920 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on Nov. 26, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jacobs	Sidney Monta Jacobs

Subscribed and sworn to before me this 14
day of October, 19 41
Henry W. Bucher
Notary Public, residing at Burley,
My commission expires June 1, 1942
[SEAL]

Signed Margaret Jacobs, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 16 1941

693-113-016-156

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85835

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 164

FULL NAME OF CHILD Verdis Montell Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 13 1920

FATHER		MOTHER	
FULL NAME	Geo. Wilson	FULL MAIDEN NAME	Stella Hess
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mt. Pleasant, Utah
OCCUPATION	Painter Burley, Idaho	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

(Signature) W. H. Cooper

Physician

(Physician or midwife)

Address Burley, Idaho

Filed 11-16-20 Dr. J. C. Patterson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1943

799-114-016-364

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Rupert

No. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85836

Primary Registration District No. 216 Registered No. 170

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	1	yes	11 - 14 - 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lionigio L. Fisenti	Maria Tomasi
RESIDENCE	Rupert	Rupert
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Italy	Italy
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) F. H. Kenagy M.D.

(Physician or midwife)

Address Rupert Idaho

Filed Dec 4 1920 Dr. J. C. Patterson

Registrar

APR 5 1972

863-117-016-414

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 85837

No. 319 So Almo St.

Hospital None — Primary Registration District No. 2196 — Registered No. 767

FULL NAME OF CHILD Howard Wilson Holcombe, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 17 1920

FATHER	MOTHER
FULL NAME: Howard Wilson Holcombe	FULL MAIDEN NAME: Mary May Manby Holcombe
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Trenton, New Jersey	BIRTHPLACE: Reading Pennsylvania
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) Dr. C R. Whittenberger

(Physician or midwife)

Address

Filed Nov 20 1920 — Mrs. J. C. Patterson, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-201-016-154

PLACE OF BIRTH

Amended June 13, 1955

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85838

Primary Registration District No. 2196 Registered No. 1774

FULL NAME OF CHILD HELEN MAE ANDERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Nov. 1 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: A. J. Anderson	FULL MAIDEN NAME: Mary Ellen Andersen
RESIDENCE: Burley, Idaho	RESIDENCE: Same
COLOR: W AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Address Burley, Idaho

Filed Nov. 4 1920 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 31 [illegible]5
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 85838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Anderson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on 1938-39 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Baby Anderson	Helen Mae Anderson
~~Birth date~~	~~Nov. 1, 1920~~	~~Nov. 2, 1920~~

Subscribed and sworn to before me this 27th day of May, 19 55

La Vere Dean
Notary Public, residing at Burley, Idaho
My commission expires May 25, 1957
(Seal)

Signed Mary E. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 19 55

La Vere Dean
Notary Public, residing at Burley, Idaho
My commission expires May 25, 1957
(Seal)

Signed Lillie V. Smith
(Signature of Any Credible Person)

Burley, Idaho
(Street Address, City, State)

DPH 52.155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85838

Primary Registration District No. 296 Registered No. 774

FULL NAME OF CHILD Boby Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Nov 1 1920

FATHER		MOTHER	
FULL NAME	A. J. Anderson	FULL MAIDEN NAME	Mary Ellen Anderson
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida

Filed Dec. 4 1920 Dr. J. C. Patterson
Registrar

JUN 14 '955

346-205-016-351

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2192

File No. 85839

Registered No. 1773

FULL NAME OF CHILD Baby Crossman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Nov 3 [illegible]

FATHER		MOTHER	
FULL NAME	A. Crossman	FULL MAIDEN NAME	Jennie Leatham
RESIDENCE	Ruth, Nevada	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Engineer	OCCUPATION	Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 11-6 19 20

Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-20716-469

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 11 File No. 85840

Primary Registration District No. 216 Registered No. 776

FULL NAME OF CHILD GOLDIE MARIE Sekaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Nov. 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd Sekaw	Goldie Norton
RESIDENCE	Burley Idaho	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 8 1920 Dr. J. C. Patterson
Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka

Certificate No. 85840
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Goldie Marie Schow (Name on original certificate) who was born (Was born or died) on Nov. 7, 1920 (Date of event)

in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (Bible record, insurance policy, etc.) prepared on Jan. 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Schow	Goldie Marie Schow

Subscribed and sworn to before me this 28 day of Nov., 1941.

H B Redford
Notary Public, residing at Rupert Idaho

My commission expires Feb. 9, 1942
[SEAL]

Signed Floyd Schow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

223 Second St. Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Nov., 1941.

H B Redford
Notary Public, residing at Rupert, Idaho

My commission expires Feb. 9, 1942
[SEAL]

Signed Susan McCloy
(Signature of any credible person other than the previous affiant.)

813 Third St., Rupert, Idaho
(Street Address, City, State)

Received for filing on NOV 22 1941 By
(Registrar's signature)

FEB 9 1943

36212-016-845 added given name amend last name 12-13-83 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 85841

No. ..... St.

Primary Registration District No. 296 Registered No. 1774

Hospital .....

FULL NAME OF CHILD ~~Baby Tollman~~ Elsie Lenora Tolman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 12 1920

FATHER	MOTHER
FULL NAME C. O. ~~Tollman~~ Tolman	FULL MAIDEN NAME Sarah Hunt
RESIDENCE Burley Ida.	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Home

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11-13-20 19.....

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1968

11-16-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 12 9 15 AM '83

State of _____ } ss.
County of _____

Certificate No. 85841
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Tollman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 12, 1920 (Date of Event)
in Burley, (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Tollman	Elsie Lenora Tolman
fathers last name	Tollman	Tolman

Subscribed and sworn to before me this 8th day of December, 1983.
Notary Public, Roland E Bateman
Residing at Burley Idaho
My commission expires 4-10-84
(Seal)

x Elsie T. Peterson
Signature of Applicant
x 1250 Conant [illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December, 1983.
Notary Public, Roland E Bateman
Residing at Burley Idaho
My commission expires 4-10-84
(Seal)

Dola M. Christensen
Supporting Signature
Rt #1 Box 1750, Burley, Ida
Street Address, City, State

Certificate of Baptism from LDS Church gives Elsie Lenora Tolman daughter of Cyrus O Tolman and Sarah Hunt born Nov 12, 1920 in Cassia County was baptised Jan 6, 1929. Viewed by V.S.

DEC 13 1983

Letter written Dec 3, 1937 for Patriarchal Blessing lists Elsie Lenora Tolman daughter of Cyrus O Tolman and Sarah H. Hunt born Nov 12, 1920 Viewed by V.S.

693-102-016-336

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. 85842

Primary Registration District No. 2,96 Registered No. 178

*FULL NAME OF CHILD Ray Laurel Fillmore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Nov 12 1920

FATHER	MOTHER
FULL NAME L. D. Fillmore	FULL MAIDEN NAME Marvel Howard
RESIDENCE Burley Ida	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 11-15 19 20 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11 28 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 6 1 35 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 85842

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Fillmore (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1920 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ray Laurel Fillmore

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed C. E. Black

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5421 Paulson Cir. Boise Id.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 1 Cp Pd Rec-#01185

11-28-75

Counter No Corres.

Own childs birth certificate Linda Kaye Fillmore born Mar. 28, 1947
File # 434809 gives fathers name as Ray Laurel Fillmore .
Viewed by VS JAN 6 1976

US Army Discharge- Ray L. Fillmore enlisted Jan. 17, 1939 at Burley, Idahoage 19 10/12 years of age discharged Jan. 27, 1944 , by A. R. Gaines Colonel, Medical Corps, Commanding.
Viewed by VS

859-113016-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85843

Primary Registration District No. 2196 Registered No. 1779

FULL NAME OF CHILD Robert L. Herrick ~~Baby~~ Herrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	R.L. Herrick	FULL MAIDEN NAME	Blanche Thomas
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wisconsin
OCCUPATION	Clerk	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida.

Filed 11-15 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 85843

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Herrick (Name on Original Certificate) who born (Was Born or Died) on November 13, 1920 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Cert. (Bible Record, Insurance Policy, Etc.) prepared on March 13, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Herrick	Robert L. Herrick

Subscribed and sworn to before me this 28th day of February, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires Oct. 24, 1944 (Seal)

Signed R L Herrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

335 West Halliday (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Mar, 1942.

A B Chase

Notary Public, residing at Pocatello Ida

My commission expires 6-20-42 (Seal)

Signed R Blackhurst
(Signature of Any Credible Person Other Than Previous Year)

444 W Center St Pocatello Ida (Street Address, City, State)

MAR 3 1942

363-117-016-789

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85844

Primary Registration District No. 296 Registered No. 780

FULL NAME OF CHILD Baby Collett, Alton Wm

Sex of Child M. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Nov 17 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. H. Collett	FULL MAIDEN NAME	Lottie Phillips
RESIDENCE	Burley Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

19____

Registrar

Filed Nov. 20 1920

Dr. J. C. Patterson
Registrar

1/14/41/ W.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449118-016-15K

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 11

File No. 85845

Primary Registration District No. 296

Registered No. 78

FULL NAME OF CHILD Baby Durran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				No	Nov. 8 1920

FATHER		MOTHER	
FULL NAME	Neal Durran	FULL MAIDEN NAME	Myrtle Andrews
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	✓	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	✓	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	[illegible]	BIRTHPLACE	Idaho
OCCUPATION	✓	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Filed 11-19 1920 Dr. J. C. Patterson

Registrar

255-120-016-593

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85846

Primary Registration District No. 214 Registered No. 1782

FULL NAME OF CHILD George Dorr Keen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Nov. 20 1920

FATHER		MOTHER	
FULL NAME	G. E. Keen	FULL MAIDEN NAME	Minnie Nichols
RESIDENCE	Burley Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich.	BIRTHPLACE	Wash
OCCUPATION	Optician	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

19 .....

Registrar

Filed Dec. 1 1920 Dr. J. C. Patterson
Registrar

FEB 19 1942

613-120-016-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85847

Primary Registration District No. 2196 Registered No. 1783

FULL NAME OF CHILD ~~Burley~~ Waters Donald Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. S. Waters	FULL MAIDEN NAME	Mary Whiting
RESIDENCE	Burley, Ida.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida.

Filed 1[redacted]-22 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1943

419-223-016-391

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

Registration District No. 117

File No. 85848

No. ..... St.

Primary Registration District No. 2196

Registered No. 78

Hospital

FULL NAME OF CHILD Leona May ~~Baby~~ Harrington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Nov. 23 1920

FATHER	MOTHER
FULL NAME: Clark Harrington	FULL MAIDEN NAME: Emma Cramer
RESIDENCE: Declo Idaho	RESIDENCE: Same
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho.

Filed Nov. 25 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

4 7 71

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 7 1971
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 85848

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Darrington (Name on Original Certificate) who born (Was Born or Died) on Nov. 23, 1920 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Darrington	Leona May Darrington

Subscribed and sworn to before me this 7th day of April, 1971

Florence Courtright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Elden Jesse Larson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elden Jesse Larson 1112 W 18th Ave

(Street Address, City, State) Lewiston Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

APR 7 1971

LDS Church record Burley, Idaho dated Jan. 2, 1921 gives name as Leona May Darrington

Viewed by VS

Own childs birth certificate Idaho State file # 333720 child born Jan. 25, 1942 gives name as Leona May Darrington.

Viewed by VS

645-124-016-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 11 — File No. 85849

No. ..... St.

Hospital ..... Primary Registration District No. 296 — Registered No. 183

FULL NAME OF CHILD Martin [redacted] Funk

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Nov 24 1920

FATHER	MOTHER
FULL NAME A M. Funk	FULL MAIDEN NAME Esther Miller
RESIDENCE Burley Ida	RESIDENCE Same
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Iowa.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed 11-26 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 2 [illegible]

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-230-016-966

name added 7-18-84 dl

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 85850

No. ..... St.

Primary Registration District No. 296

Registered No. 787

Hospital .....

FULL NAME OF CHILD Baby Gurr ~~Baby Gurr~~ Zella Gurr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Nov 30 1920

FATHER		MOTHER	
FULL NAME	J. M. Gurr	FULL MAIDEN NAME	Alice Crowley
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed 12-1-20 19.... Dr. J. C. Patterson

Registrar

6-12-84

RECEIVED
JUL 17 1984
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 85850
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gurr (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 30, 1920 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Zella Gurr

Subscribed and sworn to before me this 17th day of July, 1984
Notary Public, Phyllis C. Finlayson
Residing at Salt Lake Co. Utah
My commission expires March 21, 1988
(Seal)

Zella Gurr Roberts
Signature of Applicant
3195 W 6200 S Kearns
Street Address, City, State
Utah 84118

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1984
Notary Public, Phyllis C. Finlayson
Residing at Salt Lake Co. Utah
My commission expires March 21, 1988
(Seal)

Loy DeVan Roberts
Supporting Signature
3196 W. 6200 S. Kearns, Utah
Street Address, City, State
84118

1 cc pd

Certificate of Baptism from LDS Church gives Zella Gurr daughter of John M Gurr and Alice Rowley born 11-30-20 at Burley was baptised Dec 2, 1928. Viewed by V.S.

JUL 18 1984

Seminary Certificate lists Zella Gurr was given award on May 16, 1938. Viewed by V.S.

613-126-016-731

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Registration District No. 11 File No. 85861

Primary Registration District No. 2196 Registered No. 186

Hospital _____

FULL NAME OF CHILD ~~Baby~~ Walker, Arthur Planck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov. 26 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C.C. Walker	Opal Planck
RESIDENCE	Burley, Ida.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Broker	Housf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed 11-27 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 21 1940

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. .....

FULL NAME OF CHILD Arthur Blanch Walker

(Certificate of no value without full name of child.)

Sex of Child Male	~~Twin, Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes.	Date of birth Nov. 26 (Month) (Day) 1920 (Year)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C. C. Walker	**FULL MAIDEN NAME**	Ida Blanch
RESIDENCE	Burley, Ida.	**RESIDENCE**	Burley, Ida.
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	27 (Years)	**AGE AT LAST BIRTHDAY**	27 (Years)
BIRTHPLACE	Iowa	**BIRTHPLACE**	Nebraska
OCCUPATION	Broker	**OCCUPATION**	Housewife

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. J. S. Patterson

Physician
(Physician or midwife)

Address Burley, Idaho

Filed Dec. 4 1920 Dr. J. S. Patterson By S. S. Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-130-016-26.6

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 11 7 File No. 85852

Primary Registration District No. 2,96 Registered No. 18 10

FULL NAME OF CHILD ~~Baby~~ Call, Keith D.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	12-30-1920

FATHER	MOTHER
FULL NAME J. P. Call	FULL MAIDEN NAME Laurene Bowcutt
RESIDENCE Burley Ida	RESIDENCE Burley Ida
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Keep.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Filed Jan 3, 1921 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-219-016-289

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~XXXXXX~~ Brown Nancy Esther

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 85853

Primary Registration District No. 196 Registered No. 107

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	12 - 19 - 1920

FATHER		MOTHER	
FULL NAME	E. S. Brown	FULL MAIDEN NAME	Harriet Shields
RESIDENCE	Declo Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed 12-20-1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-219-016-318

[redacted] 1-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85854

Primary Registration District No. 2196 Registered No. 1806

FULL NAME OF CHILD MARGARET GAIL ~~XXXXXXXX~~ Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) - 19 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	D. P. Smith	FULL MAIDEN NAME	Altha Taylor
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida.

Filed Dec 20 - 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. N.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 27 1942
County of Cassia }

Certificate No. 5854

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on ____ (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Smith	Margaret Gail Smith

Subscribed and sworn to before me this 30th day of January, 19 42.

S. H. Kunau

Notary Public, residing at Burley, Idaho

My commission expires March 1st, 1943.

(SEAL)

Signed Mrs Althea Sudmundsen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Burley Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 19 42.

Irene F. Thorson

Notary Public, residing at Burley, Idaho

My commission expires Feb. 1, 1942

(SEAL)

Signed Mrs Rose Bowers

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

212 N. Burton Ave., Burley, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____

(REGISTRAR'S SIGNATURE)

366-118016-859

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85855

Primary Registration District No. 2196 Registered No. 1805

FULL NAME OF CHILD ~~Baby~~ Coorough, Donald Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	12 (Month) - 18 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	G. R. Coorough	FULL MAIDEN NAME	Virginia Hershberger
RESIDENCE	Burley Ida.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Indiana
OCCUPATION	Telegrapher	OCCUPATION	Hswf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida.

Filed 12-20-20 19.... Dr. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Salt Lake City, Utah High School Diploma, June 9, 1938 gives full name as Donald Ellis Coorough - viewed by V.S. and Honorable Discharge Papers from the United States Navy, August 17, 1944 gives full name as Donald Ellis Coorough, born Dec. 18, 1920 at Burley, Idaho - enlisted as Apprentice Seaman on Feb. 14, 1939 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85855

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Coorough (Name on Original Certificate) who born (Was Born or Died) on Dec. 18, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Donald Ellis Coorough

Subscribed and sworn to before me this 29 day of July, 1960

Signed Virginia H. Coorough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C. M. Mahan
Notary Public, residing at 322½ W. Colorado
My commission expires May 9, 1961
(Seal)

Glendale 4 Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL 7-26-60. 2 copies pd. receipt #05076.

AUG 3 1960

236-216016-843

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley Registration District No. 117 File No. 85856

No. ..... St.

Primary Registration District No. 2196 Registered No. 8 4

Hospital .....

FULL NAME OF CHILD Bernice Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	12 16 1920

FATHER	MOTHER
FULL NAME L. V. Scott	FULL MAIDEN NAME Lua Hull
RESIDENCE Burley Ida	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Real Estate	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 17 1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette }

Certificate No. 85856
Date Filed 12-17-20

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Baby Scott (Name on original certificate) who born (Was born or died) on Dec. 16, 1920 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by the mother-record book (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Baby Scott	Bernice Scott
		Bernice Scott

Subscribed and sworn to before me this 12th
day of August, 19 41
Lillian Watson
Notary Public, residing at Payette,
My commission expires Jan. 1943
[SEAL]

County Recorder

Signed Mrs Iva Chisa Hull Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Mother
Mrs Iva Grant
(Street Address, City, State) Payette, Idaho Box 535

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAR 7 1962

APR 20 1965

993-116-016453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 85857

No. ..... St.

Primary Registration District No. 296

Registered No. 813

Hospital .....

FULL NAME OF CHILD Baby Rick Elwood Melendy Rick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	12 - 16 - 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. C. Rick	Helen Melendy
RESIDENCE	Burley Ida.	Lorne
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Utah	Kansas
OCCUPATION	Stockman	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Dec. 16 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

965-212 1016-295

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 85858

Primary Registration District No. 216 Registered No. 1801

FULL NAME OF CHILD ~~Baby~~ Wanielson, Caryolin Virginia

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Dec. 12 1920

FATHER	MOTHER
FULL NAME Fred Wanielson	FULL MAIDEN NAME Latta Bruce
RESIDENCE Burley Ida.	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ill.
OCCUPATION Livestock	OCCUPATION Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida.

Filed Dec. 13 1920 Dr. J. C. Patterson
Registrar

JAN 24 1959

799-212 1016-275

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 85859

Primary Registration District No. 2196

Registered No. 1802

FULL NAME OF CHILD Baby Pritchett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec 12 1920

FATHER		MOTHER	
FULL NAME	J. L. Pritchett	FULL MAIDEN NAME	Mildred Spencer
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

(Signature) Dr. J. C. Pattison M. D.

(Physician or midwife)

Address Burley, Ida

Filed Dec. 13 1920 Dr. J. C. Pattison Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363210-016-236

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 85860

No. ____ St.

Primary Registration District No. 296 — Registered No. 1800

Hospital ____

FULL NAME OF CHILD Baby Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	A. M. Cole	FULL MAIDEN NAME	Mabel Stoffield
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Dec-11 1920 Dr. J. C. Patterson

Registrar

966-106-016-235

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 17

File No. 85861

No. ..... St.

Primary Registration District No. 296

Registered No. 1799

Hospital .....

FULL NAME OF CHILD Delo Marvin Rowley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec. 6, 1920

FATHER		MOTHER	
FULL NAME	D. L. Rowley	FULL MAIDEN NAME	Clara Steiner
RESIDENCE	Burley Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 7 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 - 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 4 12 02 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85861

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rowley (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1920 (Date of Event)
in Burley, Idaho (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing certificate Feb 6, 1921 (Bible Record, Insurance Policy, Etc.) prepared on Oct 15, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Delo Marvin Rowley

Subscribed and sworn to before me this 28 day of Nov. 1972

Notary Public, residing at Provo, Utah
My commission expires Jan. 27, 1973
(Seal)

Signed David L. Rowley Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

357 West 700 South, Orem, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of November, 1972

Notary Public, residing at Provo, Utah
My commission expires Jan. 27, 1973
(Seal)

Signed Hermann Harney
(Signature of Any Credible Person)

688 East 600 North, Provo, Utah
(Street Address, City, State)

FORM DH 60-155

CL 11/9/72

Certif. of Blessing from LDS Church gives name as Delo Marvin Rowley son of D. L. Rowley and Clara Steiner. Born Dec 6, 1921. Was Blessed Feb. 6, 1921. Viewed byVS

Honorable Discharge from Army gives name as Delo M. Rowley. Born Dec.6, 1920
Date of separation: Oct. 15, 1945. Viewed by V. S.

DEC 13 1972

345-ID2-016-763

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 85862

No. ..... St.

Primary Registration District No. 216 Registered No. 1798

Hospital .....

FULL NAME OF CHILD ELDON BULON Cunningham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Dec. 2 1920

FATHER		MOTHER	
FULL NAME	Joshua Cunningham	FULL MAIDEN NAME	Fannie Solomon
RESIDENCE	Burley Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Dec. 4 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 35862

JAN 26

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Eldon Rulon Cunningham (Baby) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 2, 1920 (DATE OF EVENT)
in Burley (Via Burley) Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Cunningham	Eldon Rulon Cunningham

Subscribed and sworn to before me this 23 day of January, 1942

Henry W. Lurker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed Fannie B. Tolman Cunningham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of January, 1942

Henry W. Lurker
Notary Public, residing at Burley, Id.
My commission expires June 1, 1942
(SEAL)

Signed Joshua Cunningham
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

APR 7 1967

JAN 31 1942

FEB 11 1942

614-2011016-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85863

Primary Registration District No. 2196 Registered No. 197

FULL NAME OF CHILD ~~XXXXXXXX~~ Faure Ernestine Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec. 1st 1920

FATHER		MOTHER	
FULL NAME	Jo Faure	FULL MAIDEN NAME	Katie Sharp
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	France	BIRTHPLACE	Va.
OCCUPATION	Laborer	OCCUPATION	Housf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

19....

Registrar

Filed Dec. 10 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Kitsap }

Certificate No. 85863
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ernestine Elizabeth Faure (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1920 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cradle Roll Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec. 27, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ernestine Elizabeth Faure

Subscribed and sworn to before me this 27th day of July, 1944

Victoria Zenks
Notary Public, residing at E. Port Orchard, Wn.

My commission expires June 12, 1948
(Seal)

Signed Catherine (Sharp) Faure
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Kitsap }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1944

Frank Hickman
Notary Public, residing at East Port Orchard Wn

My commission expires June 5 - 1948
(Seal)

Signed Izetta Osborn
(Signature of Any Credible Person)

Manchester, Washington
(Street Address, City, State)

AUG 4 1944

554-201-016=169

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. 85864

Primary Registration District No. 2196 Registered No. 1796

FULL NAME OF CHILD VIRGINIA PEARL NEUMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec. 1, 1920

FATHER	MOTHER
FULL NAME O. E. Neuman	FULL MAIDEN NAME Carrie Jorgensen
RESIDENCE Burley Ida	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mass.	BIRTHPLACE Denmark
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Dec. 10 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 85864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Infant Newman, (Girl) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 1st. 1920 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by attending Dr. Patterson (BIBLE RECORD, INSURANCE POLICY, ETC.) pared on December 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Virginia Pearl
Surname	Newman	Neuman

Subscribed and sworn to before me this 11th. day of March 1943

Signed O. E. Neuman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

~~Notary Public~~, residing at Salt Lake City

270 E. 13th South.
(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of March, 1943

Signed Mrs. O.E. Neuman.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

~~Notary Public~~, residing at Salt Lake City

270 East 13 So
(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Salt Lake City, Utah.

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 3 1943

356-102-016-366

PLACE OF BIRTH

Form V. S. No. 11-C—2m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. 85865

Primary Registration District No. 2196

Registered No. 775

Hospital .....

FULL NAME OF CHILD ~~Baby Lewis~~ Jean Clayton Lewis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Dec. 2 1926

FATHER		MOTHER	
FULL NAME	Will T. Lewis	FULL MAIDEN NAME	Mary Nina Lowry
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. T. Cutler M. D. (Physician or midwife)

Address Burley, Idaho

Filed ..... 19..... Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

State of CALIFORNIA }
County of LOS ANGELES } ss.

Certificate No. 85865

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lewis (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jean Clayton Lewis

Subscribed and sworn to before me this 22 day of June 1966

Horace N. Stratford
Notary Public, residing at Compton, California
My commission expires October 7, 1967.
(Seal)

Signed John E. Lowry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

15717 So. Woodruff Bellflower, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June 1966

Horace N. Stratford
Notary Public, residing at Compton, California
My commission expires October 7, 1967.
(Seal)

Signed Minnie H. Lowry
(Signature of Any Credible Person)

15717 So. Woodruff Bellflower, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 6-14-66. one copy pd. rec. #14026.

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 22, 1930 gives full name as Jean Clayton Lewis, son of Isaac W. Lewis and Nina Lowry, born Dec. 2, 1920 at Burley, Idaho - viewed by V.S.

JUL 28 1967

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Priest, June 25, 1939 gives full name as Jean Clayton Lewis - viewed by V.S.

689-216-016-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

File No. 85866

Primary Registration District No. 21

Registered No. 1774

FULL NAME OF CHILD Marguerite W. Whitehead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
G.		yes	Dec. 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel S. Whitehead	FULL MAIDEN NAME	Alta Waite
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	H.w.f.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Idaho

..... Registrar

Filed Jan 1 1921 D. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1953

613.1 C7.016-153

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. No Number St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 85868

Primary Registration District No. 296 Registered No. 192

FULL NAME OF CHILD [redacted] Walker Clyde

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Dec. 7 1920

FATHER		MOTHER	
FULL NAME	Geo. Walker	FULL MAIDEN NAME	Mildred Author
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present births 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

....., 19....

Registrar

Filed Jan 3rd 1921 Dr. J. C. Patterson

Registrar

569-214-816-231

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 85869

No. 127 No Hansen Ave

Primary Registration District No. 296 — Registered No. 191

Hospital —

FULL NAME OF CHILD Ruth Nordstrom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	Yes	Dec. 14 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John G. Nordstrom	Jane Blake
RESIDENCE	Burley	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farm	Nurse

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) G. H. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Filed Jan 3, 1921 — H. J. C. Patterson, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

FEB 13 1970

845·101·016-533

~~Form H~~ S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. RFD I St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85870

Primary Registration District No. 2196 Registered No. 1790

FULL NAME OF CHILD DONALD E. Hunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Dec. 1st 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Hunt	FULL MAIDEN NAME	Emma Ellibee
RESIDENCE	Burley R#I	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo.	BIRTHPLACE	Colo.
OCCUPATION	Farm.	OCCUPATION	Hswfe

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Registrar

Filed Jan 3, 1921 Dr J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Cassia)

Certificate No. 85870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for no name (Name on original certificate) who was born (was born or died) on Dec. 1, 1920 (Date of event) in Burley, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Metropolitan (~~Bible record~~, insurance plcy.etc.) prepared on Mar 12 1923 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given (Donald E. Hunt)	Donald E. Hunt

Subscribed and sworn to before me this 22 day of October 1941

Henry W. Lucker
Notary Public
Residing at Burley, Ida.

My commission expires June 1, 1942

(SEAL)

Signed Earl E. Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul Idaho
(Street address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Cassia)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 22 day of October 1941

Henry W. Lucker
Notary Public
Residing at Burley, Id.

My commission expires June 1, 1942
(SEAL)

Signed Mrs. Earl E. Hunt
(Signature of any credible person other than the previous affiant.)

Paul Idaho
(Street address, City, State)

266-118016-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R # 2 St.

Registration District No. 117 File No. 85871

Primary Registration District No. 2196 Registered No. 1789

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Bowers REX MERRILL BOWERS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Dec. 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Bowers	FULL MAIDEN NAME	Hannah Anderson
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farm	OCCUPATION	Hswfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Idaho

Filed Jan 3, 1921 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 85871

APR 19 1944

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Rex Merrill Bowers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 18, 1920 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Rex Merrill Bowers

Subscribed and sworn to before me this 2
day of March, 19 44

Notary Public, residing at Burley, Idaho

My commission expires 6-1-46
(SEAL)

Signed Elias D Bowers
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

N. Malta Ave.
Burley, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 19 44

Notary Public, residing at Burley, Ida.

My commission expires 6-1-46
(SEAL)

Signed Hannah A Bowers
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Burley, Idaho.
K 3
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 21 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31-K-118-016-386

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 85872

Primary Registration District No. 2196 Registered No. 1788

FULL NAME OF CHILD Baby Tams, Vance

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Dec. 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. Floyd Tams	FULL MAIDEN NAME	Elizabeth Thomas
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Live Stock & Real Estate	OCCUPATION	Hawfl

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Idaho

Filed Jan 3, 1921 J. C. Patterson

Registrar

OCT 8 1971

MAY 2 4 1945

165-127-016-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2191

File No. 85873

Registered No. 1812

FULL NAME OF CHILD Baby Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyrus Jones	FULL MAIDEN NAME	Martha Annie Hill
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Jan 11 1921 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESE... BINDING

WRITE PLAINLY WITH UNFADING ... THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-122-016-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 11 File No. 85874

Primary Registration District No. 216 Registered No. 108

FULL NAME OF CHILD ~~Baby~~ Fisher, Lewis Marshall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	12 - 22 - 1920

FATHER		MOTHER	
FULL NAME	L. M. Fisher	FULL MAIDEN NAME	Lena May Sims
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Auto Mechanic	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed 12-23-1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 19 1954

493-125-016-645

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. 85875

Primary Registration District No. 296 Registered No. 1808

FULL NAME OF CHILD Baby Miller DONALD ORVILLE MILLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	12-23-1920

FATHER		MOTHER	
FULL NAME	J. O. Miller	FULL MAIDEN NAME	Annie Funk
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed 12-27-1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 17, 1945.

399-22-016-132

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

FULL NAME OF CHILD Helen Mae Criswell

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 85876

Primary Registration District No. 216 Registered No. 1811

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? yes. | Date of Birth Dec. 22 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Nimrod Criswell	FULL MAIDEN NAME Luetta Atkinson
RESIDENCE Burley, Idaho.	RESIDENCE Burley, Idaho
COLOR White	AGE AT LAST BIRTHDAY 46 (Years)
	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. R. J. Story

(Physician or midwife)

Address Burley, Ida.

Filed Jan 10, 1921 Dr. J. E. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 - 1965

366-107-016-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

Registration District No. 119 File No. 85877

No. ..... St.

Hospital at home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Frank Durfee Lowe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Dec (Month) 7 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asael Lowe	FULL MAIDEN NAME	Cecil Durfee
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Almo Idaho	BIRTHPLACE	Almo Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sates M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed 12/31 1920 C. I. Sates Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/11/41 L. B.

7-12-41

632-110-016-847

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Bridge

Registration District No. 119 File No. 85878

No. ..... St.

Hospital At Home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Andrew Olson	FULL MAIDEN NAME	Pauline Hugentobler
RESIDENCE	Bridge Idaho	RESIDENCE	Bridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Salt Lake Cy. Utah	BIRTHPLACE	Gunnison Utah
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 P.M. on the date above stated.

(Signature) E J Slater M D

(Physician or midwife)

Address Malta Idaho

Filed 12/31 1920 E J Slater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691.203.016-556

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
Name added 5-18-79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119 File No. 85879

No. ____ St.

Hospital At Home

Primary Registration District No. 298 Registered No. ____

FULL NAME OF CHILD Gladys Thelma Frazier

Sex of Child Female | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 3 (Month) (Day) 19 20 (Year)

FATHER

FULL NAME Anthony Frazier

RESIDENCE Malta Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Floyd Co. Kentucky

OCCUPATION Trapper

MOTHER

FULL MAIDEN NAME Isabel Newsome

RESIDENCE Malta Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Curtis Co. Kentucky

OCCUPATION Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Satterwhite M D

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

Dec 31 19 20

Registrar

Filed 12/31 19 24

C I Satterwhite
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/19/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 5 9 28 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 85879
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Frazier (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12/3/20 (Date of Event)
in Malta, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Frazier	Gladys Thelma Frazier

Subscribed and sworn to before me this 19th day of January, 1979.
Notary Public, Margaret D. Davis
Residing at Boise
My commission expires Lifetime
(Seal)

x Gladys T. Mead
Signature of Applicant
x 3270 Durenes Rd. N.W. Alb, New Mex. 87104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ICL Pd. Rec # 01557

Own child's birth certificate on file with Vital Statistics gives name as Fawn La Rae Rupe, child of Gladys Thelma Frazier. Child born Nov. 25, 1937. Viewed by V. S.

Family Record lists name as Gladys Thelma Frazier born Dec. 3, 1920 in Cassia County, Idaho. Record dated November 1940.
Viewed by V.S.

266101-016154

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 150 File No. 85880

Primary Registration District No. 2199 Registered No. 25

FULL NAME OF CHILD Grant Roy Bowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 1 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Edward Bowles	Margaret Anna Ludwig
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Idaho	Switzerland
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6-15 A. M. on the date above stated.

(Signature) Jesse L. Rains M.D.

(Physician or midwife)

Address Oakley, Idaho

Filed Jan 10 1921 W. P. C. Sheldon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonneville } ss.

Certificate No. 85880

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grant Roy Bowles (Name on Original Certificate) who Born (Was Born or Died) on Nov 1 (Date of Event) 1920
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Grant Roy Bowles

Subscribed and sworn to before me this 16th
day of September 1942

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept 6, 1943
(Seal)

Signed Margaret Bowles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

465 N 5th Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 31 1971

SEP 18 1942

SEP 16 1955

JUL 12 1945

391-205-016-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85881

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXVI

Primary Registration District No. 2144

Registered No. 1

FULL NAME OF CHILD Carner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov 15 1927

FATHER		MOTHER	
FULL NAME	Joseph Carner	FULL MAIDEN NAME	Bertha Moyle
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

..... 19.....

Registrar

Filed Jan 11 1927 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418407016-434

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

85882

Registration District No. 170 File No. XXVI

Primary Registration District No. 2199 Registered No. —

FULL NAME OF CHILD ..... MAC CLAIR Dayley

Sex of Child Male | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 7 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME James Dayley	FULL MAIDEN NAME Helena McMurray
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	COLOR White
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 18 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 16 1918 .....
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 85882

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Mac G. Dayley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 7, 1920 (DATE OF EVENT)

in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 21, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Dayley	Mac C. Dayley
~~Mac Dayley~~		
Mac Clair Dayley		

Subscribed and sworn to before me this 22nd day of ~~22nd~~ April, 1942

Dyer Sampson

Notary Public, residing at Burley Idaho

My commission expires Aug. 1st, 1944 (SEAL)

Signed Thelma Dayley

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Romney apts. Burley, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1942

Dyer Sampson

Notary Public, residing at Burley, Idaho

My commission expires Aug 1st, 1944 (SEAL)

Signed Raymond McMurray

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Burley, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By

(REGISTRAR'S SIGNATURE)

APR 2 9 1942

319-107-016-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85883

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXV

Primary Registration District No. 2144

Registered No. 3

FULL NAME OF CHILD Catlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis D. Catlin	FULL MAIDEN NAME	Emma Tanner
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.50 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Registrar

Filed Jan 10 1921 A. J. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

CATLIN

764-208-016-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 85884 XVII

Primary Registration District No. 2196 Registered No. 4

FULL NAME OF CHILD THORA LOUISE POULTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 8 1920

FATHER		MOTHER	
FULL NAME	Lafayette Poulton	FULL MAIDEN NAME	Louisa May Haight
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 10 P. M. on the date above stated.

(Signature) Jesse L. Rawlins M.D.

(Physician ~~or midwife~~)

Address Oakley, Idaho

Filed Jan 10 1921 W. H. Nicholson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 85884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Death~~ Birth (Birth or Death)
for Unnamed Poulton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1930 (Date of Event)
in Churchill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Thora Louise Poulton

Subscribed and sworn to before me this 9th
day of March, 1942

Henry H. Tucker
Notary Public, residing at Burley, Id.
My commission expires June 1, 1942
(Seal)

Signed Mary Haight Poulton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942

Henry H. Tucker
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942
(Seal)

Signed Lafayette Poulton
(Signature of Any Credible Person Other Than Previous Year)

Oakley, Idaho
(Street Address, City, State)

363-208-016-363

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 12

Primary Registration District No. 264

File No. 85885

Registered No. 5

FULL NAME OF CHILD ..... Bernice Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 8 1920

FATHER		MOTHER	
FULL NAME	W A Tolman	FULL MAIDEN NAME	Hattie Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:24 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1921 A. O. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Baptism and Confirmation, Jan. 6, 1929 gives full name as Bernice Tolman, daughter of William A. Tolman and Hattie Tolman, born Nov. 8, 1920 at Marion, Idaho. - viewed by V.S. Marriage Certificate, State of Oregon, County of Multnomah, married Jan. 11, 1943 at Portland, Oregon gives full name of bride as Bernice Tolman and full name of groom as Ezariah A. Williams - viewed by V.S.

AFFIDAVIT

STATE OF Idaho

COUNTY OF Cassia

To Whom it may concern:

I, Parley L. Tolman, do hereby swear that the following statements are true as to the birth of Bernice Tolman.

1. Birth date: 8 November 1920
2. Birth Place: Marion, Oakley, Cassia, Idaho
3. Parent's Names:

   Father William Alvin Tolman

   Mother Hattie Naomi Tolman (Didn't Change her name by Marriage.)

4. Age of person signing affidavit: 77 years
5. Reason of knowledge of this birth: Brother of William Alvin Tolman and were neighbors for 30 years, so would know this individual personally.

Signed Parley L. Tolman

Suscribed and sworn to before me this 25th day of August 1965

Lin R. Straus

Notary Public, Residing at Burley, Idaho

My Notary Commission expires My Commission Expires July 15, 1966 19 .

NOV 4 1965

449-116016-459

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of near Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85886

Registration District No. 120 File No. [illegible]

Primary Registration District No. 2199 Registered No. 6

FULL NAME OF CHILD JESSE DURFEE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Miles Durfee	FULL MAIDEN NAME	Leola Allene Merriman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Florida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician [redacted])

Oakley, Idaho

Given names added from a supplemental report.

..... 19....

Address

Filed Jan 10 1921

[illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 85886
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death) for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event) in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Durfee	Jesse Durfee

Subscribed and sworn to before me this 10th day of November, 1941

Winsley M. Gray
Notary Public, residing at Burley, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Jesse Durfee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ustick, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1941

Winsley M. Gray
Notary Public, residing at Burley, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Mrs. A. H. Pelton
(Signature of any credible person other than the previous affiant.)

Ustick, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

413.118.016213

~~PLACE OF BIRTH~~

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

Primary Registration District No. 2199

File No. 85887 XXV

Registered No. 7

FULL NAME OF CHILD Maurice J. Matthews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 18 1920

FATHER		MOTHER	
FULL NAME	Parley Matthews	FULL MAIDEN NAME	Clara Bate
RESIDENCE	Oakley Id	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. O. Nielson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Id.

Registrar

Filed Jan 11 1921

H. T. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 85887

County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Matthews (Name on Original Certificate) who born (Was Born or Died) on Nov. 18, 1920 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Maurice J. Matthews

Subscribed and sworn to before me this 11 day of September, 1942.

A R Brown

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944.

(Seal)

Signed Hal R Matthews

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

432 East Court Weiser, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September, 1942.

A R Brown

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944.

(Seal)

Signed Robert Baker

(Signature of Any Credible Person Other Than Previous Year)

1309 West 2nd St. Weiser Idaho

(Street Address, City, State)

453127.016-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

85888

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXV

Primary Registration District No. 2199 Registered No. 8

FULL NAME OF CHILD John Byron De La Mare

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford De La Mare	FULL MAIDEN NAME	May Reed
RESIDENCE	Oakley	RESIDENCE	Oakley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Garage Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2159 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Ida

Filed Nov 27 1920 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

APR 20 3 50 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85888

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed DeLaMare (Name on Original Certificate) who was born (Was Born or Died) on November 27, 1920 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed DeLaMare	John B. Byron DeLaMare
		Helga Vinning

Subscribed and sworn to before me this 20 day of April, 19 77

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own childs birth certificate on file with Idaho gives name of father as John Byron DeLaMare. Child born May 29, 1942 in Wendell, Idaho to John B. and Imogene Vining. Certificate # 373540
Viewed by V.S.

Certificate of record of membership in the L. D. S. Church gives name as John Byron DeLaMare born November 27, 1920 at Oakley, Idaho. Blessed Feb. 6, 1921 and Baptized March 10, 1929.
Viewed by V.S.

813-101-016-951

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 1 Bn

File No. 85889

Primary Registration District No. 2199

Registered No. 9

FULL NAME OF CHILD VERNON KENT Spell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rosel Spell	FULL MAIDEN NAME	Jennie Read
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mail-Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10 1921 M. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Ada }

Certificate No. 85889

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Vernon Kent Hale
mother's maiden name	Jennie Reid	Jennie READ

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Ada }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of August 19 42

W. B. Foy

Notary Public, residing at Boise, Ida.

My commission expires 9/14/45
(Seal)

Signed Myrtle Larman
(Signature of Any Credible Person Other Than Previous Year)

402 E. Jefferson Boise Ida.
(Street Address, City, State)

AUG 12 1942

399-102-016-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85890

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXVI

Primary Registration District No. 2199

Registered No. 11

FULL NAME OF CHILD Cutchfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Cutchfield	FULL MAIDEN NAME	Levina Cook
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Id.

Filed Jan 10 1921 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-27-61
PLACE OF BIRTH
363-108-16-363

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 85891

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD Grant Gorringe Tolman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 8, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Parley Tolman	FULL MAIDEN NAME	Vilate Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:26 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson

Physician
(Physician or midwife)

Address Oakley, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan. 10, 1921 A.F.O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85891

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death),

for Unnamed Tolman (Name on Original Certificate) who was born (Was Born or Died) on 12-7-1920 (Date of Event)

in Oakley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Grant Gorringe Tolman
Birthdate	December 7, 1920	December 8, 1920

Subscribed and sworn to before me this 24 day of June - 24, 1960

Vance M Sayler
Notary Public, residing at PORTLAND, ORE.
My commission expires November 13, 1960
(Seal)

Signed Parley L Tolman (FATHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

824 Oakley ave Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of MULTNOMAH

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of June/24, 1960

Vance M Sayler
Notary Public, residing at Portland, Oregon
My commission expires November 13, 1960
(Seal)

Signed Lydia Vilate Tolman (MOTHER)
(Signature of Any Credible Person)

~~[illegible]~~ 824 Oakley ave
(Street Address, City, State)
Burley, Idaho.

FORM DPH 55.155

Enlisted Record and Report of Separation, Honorable Discharge, Feb. 19, 1947 gives full name as Grant G. Tolman, born Dec. 8, 1920 at Oakley, Idaho - date of Induction, Nov. 30, 1945 - viewed by V.S.

Beneficial Life Insurance Company Policy, #435426, May 27, 1956 gives full name as Grant G. Tolman, born Dec. 8, 1920 at Oakley, Idaho - viewed by V.S.

Social Security Card, #519-16-3473 gives full name as Grant Gorringe Tolman- viewed by V.S.

State of Idaho Marriage License and Certificate, license obtained Sept. 9, 1944, married Sept. 10, 1944 at Marion, Idaho gives full name of groom as Grant Gorringe Tolman and full maiden name of bride as Wilma Wills - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mar-9-8-17

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120

File No. 85891

Primary Registration District No. 2197

Registered No. 11

FULL NAME OF CHILD Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 7 1920

FATHER		MOTHER	
FULL NAME	Carley Tolman	FULL MAIDEN NAME	Vilate Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Id

Filed Jan 10 1921 [signature] Registrar

Registrar

JAN 27 1961

897-113-016-259

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. 85892

Primary Registration District No. 2194 Registered No. 13

FULL NAME OF CHILD Highley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will Highley	FULL MAIDEN NAME	Cora Birch
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Oakley Idaho

Filed Dec 10 1920 M. H. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76904-016-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85893

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 137

Primary Registration District No. 299

File No. XVI

Registered No. 13

Hospital .....

FULL NAME OF CHILD Garnett Russell Post

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 4, 1926

	FATHER	MOTHER
FULL NAME	Garnett Post	FULL MAIDEN NAME Juanita Ross
RESIDENCE	Oakley	RESIDENCE Oakley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Sheep-grower	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Nelson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 11 1926

A. L. Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1952

863-123-016-753

PLACE OF BIRTH name added 9-7-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2Mm-9-8-17

CERTIFICATE OF BIRTH

85894

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 1 20

Primary Registration District No. 2 199

File No. XXVI

Registered No. 14

FULL NAME OF CHILD Scott Howard Holtman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. H. Holtman	FULL MAIDEN NAME	Myrtle Peterson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. T. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Jan 10 1921

N. T. Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-82

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

SEP 2 1982

State of _____ } ss.
County of _____ }

Bureau of Vital Statistics

Certificate No. 85894
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Holtman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 23, 1920 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Scott Howard Holtman

Subscribed and sworn to before me this 30th day of August, 1982

Notary Public, Norrene Smernoff

Residing at Salt Lake Co.

My commission expires May 29 1983

(Seal)

Scott H Holtman
Signature of Applicant

4310 W 4835 So Kearns Utah 84118
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August, 1982

Notary Public, [illegible]

Residing at [illegible]

My commission expires 2-1-84

(Seal)

Robert A. Holtman
Supporting Signature

5178 West Moore Rd S.L.C. Utah
Street Address, City, State

1 cc pd

Application for License to Marry # 109708 gives Scott Howard Holtman and Betty June Tennison applied for license on 2-26-47. in State of Utah County of Salt Lake. Viewed by V.S.

SEP 7 1982

Honorable Discharge from U.S. Army gives Scott H Holtman born 12-23-20 in Oakley, Idaho and was discharged 9-15-45. Viewed by V.S.

962425-016-212

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85895

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 122

File No. XXXX

Primary Registration District No. 2199

Registered No. 15

FULL NAME OF CHILD Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loren Robinson	FULL MAIDEN NAME	Rosella Baker
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	3 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Insurance Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Ida

Registrar

Filed Jan 10 1921 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-125-016-818

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85896

County of Cassia

City of Almo

Registration District No. 120 File No. XXVI

No. ..... St.

Primary Registration District No. 2199 Registered No. 16

Hospital .....

FULL NAME OF CHILD Ellis Ira Durfee

Sex of Child Boy. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes Date of Birth Dec. 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan Leo Durfee	FULL MAIDEN NAME	Mary Ann Cahoon Durfee
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho.
COLOR	light	COLOR	light
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Almo Ida.	BIRTHPLACE	Almo Ida.
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn), at 3.30. p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie green
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mrs a green Almo Idaho

Filed Jan 6 1921 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-104-
018-462

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 85897

Primary Registration District No. 2168

Registered No. 81

FULL NAME OF CHILD Frank Homer Rider Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	December 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Homer Rider	FULL MAIDEN NAME	Mildred Dobbs
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tainly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

..... Registrar

Filed Dec 4 1920 J. M. Tainly Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 2 , 1940. A.L.

386-205-018-753

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Tikan

Registration District No. 90 File No. 85898

No. ..... St.

Primary Registration District No. 2168 Registered No. 82

Hospital .....

FULL NAME OF CHILD Ruby Ellen Choate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Dec 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward J. Choate	FULL MAIDEN NAME	Lilly Peterson
RESIDENCE	Tikan Idaho.	RESIDENCE	Tikan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Horswell

Physician (Physician or midwife)

Address Kalmo Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jany 5 1920 J. H. Tainley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-106-035-355

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

Registration District No. 90 File No. 85899

No. ..... St.

Primary Registration District No. 2168 Registered No. 83

Hospital .....

FULL NAME OF CHILD Elmo LaVerne Johnston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Dec 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur W. Johnston	FULL MAIDEN NAME	Ansey Lee
RESIDENCE	Lenore Idaho	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth [Number of children of this mother now living, including present birth]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horsewell

Orofino Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jany 5 1920 J H Tainly

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 619-208-018-569

County of Nearwater

City of Orofino

No. ..... St.

Hospital .....

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 85900

Primary Registration District No. 2168

Registered No. 84

FULL NAME OF CHILD Olive Erma Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	December 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Tillman Ward	FULL MAIDEN NAME	Cara Abbie Norris
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Timberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faily

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Jany 1 1920 J. M. Faily

Registrar

Registrar

BUREAU

546-208-018-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 85901

Registered No. .....

FULL NAME OF CHILD Margaret Lee Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	December 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil W Edwards	FULL MAIDEN NAME	Bertha Brehm
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Dec. 8 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 '94

132-108-01X-843

Amended 9-17-63 (Be sure the information is complete and accurate)

State File No. 85902
Local Reg. No. 86
Reg. Dist. No. 90

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Clearwater	a. STATE: Idaho b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Evert	LeRoy	Atkinson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Dec. 8, 1920

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Roy	E.	Atkinson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Ill.	Railroad Brakeman	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nellie		Hutchins	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
19 YEARS	Oregon	1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
	Erle W. Horswill	M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS: Orofino, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Jan. 6, 1921	J.M. Fairly	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red. to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, ir case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1963 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Jefferson

Certificate No. 85902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Everett Leroy Atkinson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 8, 1920 (Date of Event) in Greer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Everett Leroy Atkinson	Evert LeRoy Atkinson
Mother's Maiden Name	Nellie Hutchins	Nellie Hutchens

Subscribed and sworn to before me this 16 day of Aug 1963

L. F. Moseler

Notary Public, residing at Port Townsend

My commission expires 1/20/65

(Seal)

Signed Nellie Crumrine

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dir & M - Port Townsend Wash 98368

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of August, 1963

L. F. Moseler

Notary Public, residing at Port Townsend

My commission expires 1/20/65

(Seal)

Signed Nellie Crumrine

(Signature of Any Credible Person)

Dir & M - Port Townsend Wash 98368

(Street Address, City, State)

FORM DH 60-155 CL 7-31-63. ~~mm~~ one copy pd. rec. #09207.

Child's Birth Cert., State of California, born June 21, 1950 at Oakland, California to Eva Mabel Lash, age 32, born in Kansas and Evert LeRoy Atkinson, age 29, born in Idaho - viewed by V.S.

State of Oregon, Elementary School Diploma, dated May 24, 1935 gives full name as Evert LeRoy Atkinson - viewed by V.S.

Rec. Letter Sept. 12, 1963 requesting that mother's full maiden name be left as it is -

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grier

Registration District No. 90 File No. 85902

No. ..... St.

Primary Registration District No. 2168 Registered No. 86

Hospital .....

FULL NAME OF CHILD Everett Leroy Atkinson

Sex of Child Boy | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Atkinson	FULL MAIDEN NAME	Nellie Hutchins
RESIDENCE	Grier	RESIDENCE	Grier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Oregon
OCCUPATION	Railroad Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horsevier
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Registrar

Filed Jany 6 1920 J H Tainey
Registrar

SEP 18 1963

819-21-018-253

PLACE OF BIRTH

County of Bearwater

City of Grangemont

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85903

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 87

FULL NAME OF CHILD SHIRLEY BELL HARKNESS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	December 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Harkness	FULL MAIDEN NAME	Grace Bell
RESIDENCE	Grangemont Ida	RESIDENCE	Grangemont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Dec 11 1920

J. M. Fairly
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

UNITED STATES OF AMERICA
TERRITORY OF ALASKA } ss.

Certificate No. 85903

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Shirley Bell Harkness (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1920 (Date of Event)

in Grangemont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Shirley Bell Harkness

Subscribed and sworn to before me this 23rd day of May 1942.

Mary M. Burglin
Notary Public, residing at Fairbanks, Alaska

My commission expires August 6, 1944.
(Seal)

Signed Grace M. Harkness.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

627-9th Ave., Fairbanks, Alaska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

UNITED STATES OF AMERICA
TERRITORY OF ALASKA } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May 1942.

Mary M. Burglin
Notary Public, residing at Fairbanks, Alaska

My commission expires August 6, 1944.
(Seal)

Signed Mildred Burglin
(Signature of Any Credible Person Other Than Previous Year)

Fairbanks, Alaska
(Street Address, City, State)

JUN 1 1942

JUN 3

619-119-018-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 85904

Primary Registration District No. 2168 Registered No. 88

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	December 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	U G Warden	FULL MAIDEN NAME	Minerva Carson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Ida
OCCUPATION	City Marshal	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Fairley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Dec 26 1920 J H Fairley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-220-018-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 85905

Primary Registration District No. 2168 Registered No. 89

FULL NAME OF CHILD Vivian ETHEL Movers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Dec 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cully Movers	FULL MAIDEN NAME	Ethel Belle
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	California	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Horswell

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Dec 30 1920

J. M. Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1968
OCT 3 1972

415-221-018-463

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grangemont

Registration District No. 90 File No. 85906

No. ..... St.

Primary Registration District No. 2168 Registered No. 90

Hospital .....

FULL NAME OF CHILD Frances Alberta Danner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	December 21 1920

FATHER		MOTHER	
FULL NAME	W O Danner	FULL MAIDEN NAME	Ethel Moreland
RESIDENCE	Grangemont Ida	RESIDENCE	Grangemont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Dec 21 1920 J M Fairley Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1952

213-121018-435

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 85907

Primary Registration District No. 2168 Registered No. 91

FULL NAME OF CHILD Earl Howard Satin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth December 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred McSatin	FULL MAIDEN NAME	Flora B McEvers
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:55 (a) M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Dec 21 1920 J M Fairly Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-125-018-689

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grangemont

Registration District No. 90 File No. 85908

No. ..... St.

Primary Registration District No. 2168 Registered No. 92

Hospital .....

FULL NAME OF CHILD Leonard Franklin Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Tucker	FULL MAIDEN NAME	Belle Whitted
RESIDENCE	Grangemont Ida	RESIDENCE	Grangemont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ✓ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairley

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 30 1920 J M Fairley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/24/41 Z.J.

NOV 27 1944

A F F I D A V I T

STATE OF OREGON,)
ss.
County of Lane)

I, Belle Whitted Tucker, being first duly sworn depose and say that I am the wife of Frank Tucker and that Leonard Franklin Tucker is our son and that he was born on December 25, 1920, and that he was born at Orangemont, Idaho.

Belle Whited Tucker

Subscribed and sworn to before me, this 19th day of April, AD, 1941.

R A Mahuldy
Notary Public for Oregon

My Commission Expires 1/22/44

133-125-018-657

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bonneville

City of Ansahda

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 85909

Primary Registration District No. 2168 Registered No. 93

FULL NAME OF CHILD Jacob Altmiller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		Yes	December 25 1920

FATHER		MOTHER	
FULL NAME	Frank Altmiller	FULL MAIDEN NAME	Alvina Wegna
RESIDENCE	Ansahda Ida	RESIDENCE	Ansahda Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Austria	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rafino Ida

Registrar

Filed Dec 30 1920 J. McFarley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1964

683-225-018-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Name added 3/29/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 93 File No. 85910

Primary Registration District No. 2168 Registered No. 92

FULL NAME OF CHILD Erminne Iona Wylie

Sex of Child girl | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney L. Wylie	FULL MAIDEN NAME	Edith Hambly
RESIDENCE	Orofino Ida	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minn.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Dec 30 1920 J M Family Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3/29/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 29 11 35 AM '82

State of Idaho
County of Ada } ss.

Certificate No. 85910
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wylie (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 25, 1920 (Date of Event)

in Orofino, ID Clearwater (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of child	omitted	Erminne Iona Wylie

Subscribed and sworn to before me this 29th day of March, 1982.

Notary Public. Linda Adamson

Residing at Nampa

My commission expires April 3, 1985

(Seal)

Erminne I Stanzler
Signature of Applicant

RT 1 Box 17 Nampa Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAR 2 0 1982

Birth cert. of child Gerrard Elden Stamper born Mar. 28, 1947 at Orofino SF#434237 gives name of mother as Erminne Iona Wylie age 26, birthplace Orofino, ID.
Viewed by V.S.

Social Security Card gives name as Erminne Iona Stamper #518-24-2910. Card obviously old.
Viewed by V.S.

455-131-018-819

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Weippe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 85911

Primary Registration District No. 765 Registered No. 95

FULL NAME OF CHILD Arthur Neil Dennison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 31 1920

FATHER		MOTHER	
FULL NAME	J. Fred Dennison	FULL MAIDEN NAME	Esther Hooper
RESIDENCE	Weippe Ida	RESIDENCE	Weippe Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ia	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Fred Dennison

Father

(Physician or midwife)

Address Weippe, Ida

Filed Jan 5 1921 J. McFarland Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MAR 2 1944

JUN 19 1944

454-20-017-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Spencer — Registration District No. 125 — File No. 85912

No. ____ St. — Primary Registration District No. 2203 — Registered No. ____

Hospital ____

FULL NAME OF CHILD MAE Mary Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			1st	Yes	Dec	3	1920

FATHER		MOTHER	
FULL NAME	Frank Underwood	FULL MAIDEN NAME	Annie Miller
RESIDENCE	Spencer	RESIDENCE	Spencer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Mrs J J Wilson

(~~Physician or midwife~~)

Address Spencer Idaho

Filed Dec 15 1920 — C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clark } ss.

Certificate No. 85912

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Underwood (Mae Underwood) (Name on Original Certificate) who Born (Was Born or Died) on Dec 1-1920 (Date of Event)
in Spencer Idaho (Place of Event) are erroneous or were omitted; and that, to the best of my knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Underwood	Mae Underwood
birthdate	Dec. 3. 1920	Dec. 1, 1920

Subscribed and sworn to before me this 11th
day of March, 1942.
John H. Heaney
Notary Public, residing at Dubois. Idaho
My commission expires Apr 18. 1942.
(Seal)

Signed Alice Underwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Dubois Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1942

MAR 18 1943

249-127-017-816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 85913

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Cecil M. Burnside

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur G Burnside	FULL MAIDEN NAME	Myrtle G Hawkins
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Registrar

Filed Dec 27 1920 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Fresno }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Cecil M. Burnside (Name on original certificate) who was born (Was born or died) on Dec 27 1920 (Date of event)
in Lemhi Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Feb. 21 - 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this 23rd day of July, 1941

Howard M. Harris
Notary Public, residing at Fowler Cal.
My commission expires April 1 - 1945
[SEAL]

Signed Myrtle Burnside
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

381-123-017-135

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125 File No. 85914

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD John Avery Chastain

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legal mate? Yes | Date of Birth Dec 23 (Month) (Day) 1926 (Year)

FATHER	MOTHER
FULL NAME Robert M Chastain	FULL MAIDEN NAME Fay N Alexander
RESIDENCE Smad	RESIDENCE Smad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE S C	BIRTHPLACE N C
OCCUPATION Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois - Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Dec 23 1926

C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-219.017-817

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 85915

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Mary Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 19 1926

FATHER		MOTHER	
FULL NAME	William K Harvey	FULL MAIDEN NAME	Katie E Yaggy
RESIDENCE	Kansas	RESIDENCE	Kansas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3:15 P. M.
(Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Dec. 19 1926 C E Jones MD

Registrar

713-107
013-893 [redacted] PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Manard

No. ..... St.

Hospital At Home

Registration District No. 58th

Primary Registration District No. 2138

File No. 85916

Registered No. .....

FULL NAME OF CHILD Don Everett Packham

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov 7 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: Wm John Packham

RESIDENCE: Manard Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Luella Hackenbooper

RESIDENCE: Manard Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 7:20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie E. Thurber

Midwife (Physician or midwife)

Address Manard, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 21 1920

I Wilcheck Registrar

29-212-013-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

No. Fairfield St.

Hospital 4 miles North 1 mile East

Registration District No. 58th

Primary Registration District No. 2138

File No. 85917

Registered No.

FULL NAME OF CHILD Marion Krahn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec. 17 1920

FATHER		MOTHER	
FULL NAME	Paul W. Krahn	FULL MAIDEN NAME	Vilate Thatcher
RESIDENCE	Fairfield Idaho.	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho.
OCCUPATION	Ranch hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I Willencheck

Phys (Physician or midwife)

Address Fairfield, Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec. 21 1920

I Willencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1971

238-221-013-238

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 6 Mills East St.
4 " South

Hospital

Registration District No. 58d

Primary Registration District No. 2138

File No. 85918

Registered No.

FULL NAME OF CHILD Emma LaVern Scheer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 21st 1920

FATHER		MOTHER	
FULL NAME	Theodore Chas. Scheer	FULL MAIDEN NAME	Anna Schwabauer
RESIDENCE	Fairfield, Idaho.	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 22 19 20

L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-213-
019-555

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Chilly

No. ..... St.

Hospital .....

Registration District No. 76 File No. 85919 84

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Mabel Clair Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	10 - 13 1920

FATHER		MOTHER	
FULL NAME	Geo. M. Wilson	FULL MAIDEN NAME	Mable Everett
RESIDENCE	Chilly Ida.	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Ida.

Filed 12/18 1920 Rose Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No 85919

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mabel Clara Wilson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 13, 1920 (DATE OF EVENT)
in Chilly, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 20, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Mable Clara Wilson	Mabel Clair Wilson

Subscribed and sworn to before me this 2
day of May, 19 42

Notary Public, residing at Malad, Idaho

My commission expires Aug. 1, 1945
(SEAL)

Signed Mrs. Mabel Wilson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed X .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 5 1942 By .....
(REGISTRAR'S SIGNATURE)

155-101-019-133

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 76 File No. 86 85920

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~George William Jensen~~ Gordon Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George A Jensen	FULL MAIDEN NAME	Evelyn Allen
RESIDENCE	Mackay Idaho	RESIDENCE	Mackay Idaho
COLOR	Wh AGE AT LAST BIRTHDAY 25 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards - M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Idaho

Filed 1/3 1921 Ron Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356103-

[redacted]

Form V. S. No. 11—25m-1-1-13

019-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85921

County of Custer

City of Leslie

Registration District No. 76 File No. 83

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Earl Hill Tew.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 3 1920

FATHER		MOTHER	
FULL NAME	Warren S Tew.	FULL MAIDEN NAME	Vera Elva Hill.
RESIDENCE	Leslie.	RESIDENCE	Leslie.
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Ida.

19

Filed 12/18 1920 Rose Nowacki
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1944

[redacted]

973-126.020-513

PLACE OF BIRTH AMENDED SEPT. 8, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore
City of Mountain Home
No. ____ St.
Hospital ____

Registration District No. 34 File No. 85922
Primary Registration District No. 2020 Registered No. 61

FULL NAME OF CHILD Rashio Isaac Iglesias
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 26 1920

What bacteriacidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER

FULL NAME: Saturnino Iglesias
RESIDENCE: Mountain Home, Idaho
COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Spain
OCCUPATION: Sheepman

MOTHER

FULL MAIDEN NAME: Rufinas Nachiondo
RESIDENCE: Mountain Home, Idaho
COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Spain
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Evans, M. D.
(Physician or midwife)
Address Mountain Home, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Dec. 31, 1920 T. E. Evans Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

AMENDED - MARCH 9, 1949

County of Elmore

City of Mountain Home

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 85922

Primary Registration District No. 2020 Registered No. 61

FULL NAME OF CHILD Horacio IGLESIAS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 26 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Saturnino Iglesias	FULL MAIDEN NAME	Rufinas Nachiondo
RESIDENCE	Mountain Home, Idaho	RESIDENCE	Mountain Home, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) T. E. Evans, M.D.

..... (Physician or midwife)

Address Mountain Home, Idaho

Filed Dec. 31 1920 T. E. Evans Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Elmore }

Certificate No. 85-922

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date); are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Yglecias	Iglesias

Subscribed and sworn to before me this 8th day of March 19 49

E. Morrell
Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1951.
(Seal)

Signed Saturnino Iglesias
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[redacted] Mtn. Home, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85922
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date); are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name	Horacio Iglesias	Rashio Isaac Iglesias

Subscribed and sworn to before me this 8th day of Sept Mabel Elder

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Bennie L. Brooks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

A 7 1957

SEP

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

*PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 85922

No. ..... St.

Primary Registration District No. 2020 Registered No. 61

Hospital .....

FULL NAME OF CHILD Horacio Iglecias

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 26, 1920

FATHER		MOTHER	
FULL NAME	Saturnio Iglecias	FULL MAIDEN NAME	Refinas Machiondo
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J E Evans

M D

(Physician or midwife)

Address Mtn Home Ida

Filed 12-31- 1920

J E Evans

Registrar

231-101-020-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 85923

No. ..... St.

Primary Registration District No. 2020 Registered No. 62

Hospital .....

FULL NAME OF CHILD John Perry Bleck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 - 1 - 1920

FATHER		MOTHER	
FULL NAME	Ezra J. Bleck	FULL MAIDEN NAME	Anna Gray
RESIDENCE	Mtn Home Ada	RESIDENCE	Mtn Home Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	Ranching	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was soon alive, at 18 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

(Physician ~~or midwife~~)

Address Mtn Home Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-31-1920

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 4 1972

763-104-020-363

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 85924

Primary Registration District No. 2020 Registered No. 63

FULL NAME OF CHILD Rex Collins Goldsbrough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rex Goldsbrough	FULL MAIDEN NAME	Ruth G Collins
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mtn Home Ida

Filed 12-31- 1920

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1967

131-107020-174

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 85925

Primary Registration District No. 2020 Registered No. 64

FULL NAME OF CHILD Acaiturri, Leon Floyd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 - 7 - 1928

FATHER		MOTHER	
FULL NAME	Jacinto Acaiturri	FULL MAIDEN NAME	Rosa Aguirre
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep Man	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J E Evans

MD

(Physician or midwife)

Address Mtn Home Ida

Filed 12-31-1928

J E Evans

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-225-020-766

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 85926

Primary Registration District No. 2020 Registered No. 63

FULL NAME OF CHILD Carol Elaine Thompson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	12- 25- 1920

FATHER		MOTHER	
FULL NAME	Emmett Thompson	FULL MAIDEN NAME	Mina Paul
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wyoming
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

(Physician ~~or midwife~~)

Address Mtn Home Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-31- 1920

J E Evans
Registrar

JUN 2 2 1942

255-201020-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 85928

No. ..... St.

Primary Registration District No. 2020 Registered No. 67

Hospital .....

FULL NAME OF CHILD Mildred Maxine Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Samuel Bennett	FULL MAIDEN NAME	Georgia Margrenite Kaler
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Silver City Idaho	BIRTHPLACE	River Falls Wis
OCCUPATION	Rancher & Sheep Mark	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. P. Hamilton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mountain Home Idaho

Filed 1-7- 1921 J. E. Evans

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764204020-145

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 85929

No. ____ St.

Primary Registration District No. 2020 Registered No. 68

Hospital ____

FULL NAME OF CHILD Georgia Bernice Goddard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 4 1920

FATHER		MOTHER	
FULL NAME	Benjman Franklin Goddard	FULL MAIDEN NAME	Louise Jurik Goddard
RESIDENCE	Mountain Home Idaho	RESIDENCE	Mountain Home Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Freeport Ill.	BIRTHPLACE	Bergen Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 A M. on the date above stated.

(Signature) Dr. O. P. Hamilton

Physician (Physician or midwife)

Address Mountain Home Idaho

Filed 1-7-1921

J E Evans Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-211-020-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 85930

No. ..... St.

Primary Registration District No. 2020 Registered No. 69

Hospital .....

FULL NAME OF CHILD Elizabeth Alexander

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	Dec.	11	1920

	FATHER	MOTHER
FULL NAME	Roy Ellsworth Alexander	FULL MAIDEN NAME Charlotte Bartlett
RESIDENCE	Mountain Home Idaho	Mountain Home Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Harrison Co. Indiana	Anaconda Montana
OCCUPATION	County Agricultural Agt	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11-25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. B. Hamilton

Physician
(Physician or midwife)

Address Mountain Home Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-7-1921

J. E. Evans
Registrar

6,41-128-020-743

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 85931

No. ..... St.

Primary Registration District No. 2020 Registered No. 78

Hospital .....

FULL NAME OF CHILD Earl John O'Daniel.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Dec.	28	1920

	FATHER	MOTHER
FULL NAME	John William	FULL MAIDEN NAME Lolo Pillers
RESIDENCE	Mountain Home Idaho	RESIDENCE Mountain Home Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Calleo Mo.	BIRTHPLACE Calleo Mo.
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. B. Hamilton

Physician

(Physician or midwife)

Address Mountain Home Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-7-1921

J E Evans

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H - FATHER'S LAST NAME IS O'DANIEL

363-128-020-893

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 3C File No. 85932

No. ..... St.

Primary Registration District No. 2020 Registered No. 71

Hospital .....

FULL NAME OF CHILD Edgar Lamson Collins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 28 1920

FATHER		MOTHER	
FULL NAME	Fisk A Collins	FULL MAIDEN NAME	Jessie H Hiskett
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colorado	BIRTHPLACE	Ill
OCCUPATION	Ranching	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P M. on the date above stated.

(Signature) J E Evans

M.D.

(Physician ~~or midwife~~)

Address Mtn Home Ida

Filed 12-31-1920 J E Evans Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 1957

APR 2 3 19

693-207-020-968

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 85934

Primary Registration District No. 2020 Registered No. .....

FULL NAME OF CHILD Helen Irene Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	9 - 7 - 1920

FATHER		MOTHER	
FULL NAME	Leslie R Wilson	FULL MAIDEN NAME	Addie M Bohser
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Taylor	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1140 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J E Evans

M D
(Physician or midwife)

Address Mtn Home Ida

Filed 12 - 10 - 1920

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-228-020-358

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 85935

No. ..... St.

Primary Registration District No. 2020 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beaman - Flora Garnet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	9 -28- 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T Beaman	Annie Lehman
RESIDENCE	Mtn Home Ida	Mtn Home Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	41
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farming	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Evans

M D

(Physician or midwife)

Address Mtn Home Ida

Filed 12-10-1920

J E Evans Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 85935

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for None (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 28th, 1920 (DATE OF EVENT)
in Mtn. Home, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Flora Garnet Beaman

Subscribed and sworn to before me this 19th
day of November, 1942

Notary Public, residing at Mtn. Home, Ida.

My commission expires June 7th, 1943.
(SEAL)

Signed John T Beaman Parent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mountain Home, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of November, 1942

Notary Public, residing at Mtn. Home, Idaho.

My commission expires June 7th, 1943.
(SEAL)

Signed W S Beaman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hagerman, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 4 1972

MAY 5 1972

851-220-020-532

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 85936

Primary Registration District No. 2020 Registered No. .....

FULL NAME OF CHILD Heath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. N. Heath	FULL MAIDEN NAME	Winifred L Eckert
RESIDENCE	Glensferry Ida	RESIDENCE	Glens Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	R. R. Car Inspector	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 12-10- 1920

T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-113-020-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home Registration District No. 34 File No. 85937

No. _____ St.

Hospital _____ Primary Registration District No. 2020 Registered No. _____

FULL NAME OF CHILD Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 / 13 / 1920

FATHER		MOTHER	
FULL NAME	Monroe N Brooks	FULL MAIDEN NAME	Martha A Barnes
RESIDENCE	Mtn Home Ida	RESIDENCE	Mountain Home Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	California
OCCUPATION	Stock Raising	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) J E Evans

M D
(Physician or midwife)

Address Mtn Home Ida.

Filed 12-10- 1920

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-119-020-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 85938

Primary Registration District No. 2020 Registered No. .....

FULL NAME OF CHILD Hogan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 - 19 - 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J C Hogan	FULL MAIDEN NAME	Mary Michael
RESIDENCE	Cleft Ida	RESIDENCE	Cleft Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Railroad Sec. Foreman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 12-10- 1920

F E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1975

JAN 1 7 1989

613-219-020-451

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 85939

No. ..... St.

Primary Registration District No. 20 20 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter NORMA LOUISE WALTER

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) – 19 (Day) – 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. F. Walter	FULL MAIDEN NAME	Florence Dean
RESIDENCE	Mtn Home Ida.	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Mich
OCCUPATION	R R Section Hand.	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida.

Filed 12-10-1920

T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Indiana }ss.
County of Starke }

Certificate No. 85939

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for - - Walter (Name on Original Certificate) who was born (Was Born or Died) on October 19, 1920 (Date of Event)
in Mountainhome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on October 19, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - Walter	Norma Louise Walter

Subscribed and sworn to before me this 18th day of February, 1942

Marion Watson

Notary Public, residing at Knox, Indiana

My commission expires February 6, 1945
(Seal)

Signed Mrs. Florence Walter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

308 W. New York Street, Knox, Indiana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Indiana }ss.
County of Starke }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of February, 1942

Marion Watson

Notary Public, residing at Knox, Indiana

My commission expires February 6, 1945
(Seal)

Signed Leidtfelt Walter
(Signature of Any Credible Person Other Than Previous Year)

11 North Main Street, Knox, Indiana
(Street Address, City, State)

3 1942

6 19-227-020-551

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 85940

No. ..... St.

Primary Registration District No. 2020 Registered No. .....

Hospital .....

FULL NAME OF CHILD White (Margaret Sarah)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 27 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leroy S. White	Gertrude E Evans
RESIDENCE	Mountain Home Ida	Mountain Home Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Postal Clerk	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was prematura (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M D.
(Physician or midwife)

Address Mountain Home Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-10-1920

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942
JAN 27 1943

692-126-020-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85941

County of Elmore

City of Mtn Home

Registration District No. 34 File No.

No. St.

Primary Registration District No. 20 20 Registered No.

Hospital

FULL NAME OF CHILD Fike

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11-26- 1920

FATHER		MOTHER	
FULL NAME	Roy H Fike	FULL MAIDEN NAME	Mary L. Davis
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	North Dak
OCCUPATION	Ranching	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal alive, at 4:45 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) J E Evans

M D.
(Physician or midwife)

Address Mtn Home Ida

Filed 12-10-1920 J E Evans
Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-230-020-281
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Registration District No. 35

File No. 85942

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not named ALMIRA HAZEL ROSSALL

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	Yes	Dec. 30. 1920

FATHER

FULL NAME: Donald A. Rossall

RESIDENCE: Glenn's Ferry Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: American

OCCUPATION: .....

MOTHER

FULL MAIDEN NAME: Ina Shaw

RESIDENCE: Glenn's Ferry Idaho

COLOR: .....

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: America

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 30. 1920, at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 31 1920

J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Almira Hazel Rossall (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 30, 1920 (DATE OF EVENT)
in Elmore, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Almira Hazel Rossall

Subscribed and sworn to before me this 22nd
day of December, 19 42

Notary Public, residing at Burbank, Calif.
My commission expires Nov. 18, 1943. R. A. Powell
(SEAL)

Signed Mrs. Ina Rossall.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

129 So. Lamer St. Burbank Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of December, 19 42

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 4 1974

DEC 2 8 1942

MAY 1 3 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-116-020-455

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

Registration District No. 34 File No. 85943

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Furman Augustus Starkman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Dec. 16th 1926

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August A. Starkman	Lelah Deeter
RESIDENCE	Glenns Ferry, Idaho	Glenns Ferry, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 32	White / 26
BIRTHPLACE	America	America
OCCUPATION	Freight Conductor O.S.L.R.R.	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 16th 1926, at 8 a M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

(Signature) J. W. Davis M.D.

Physician & Surg.

(Physician or midwife)

Address Glenns Ferry Idaho

Filed Dec. 20 1926

J. W. Davis

Registrar

DOP OF 1920-11-3-18

STORKMAN

462-215-020-915

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35 File No. 85944

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Pilar Dobanon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	4	Yes	Dec. 15 1920

FATHER		MOTHER	
FULL NAME	Jose Dobanon	FULL MAIDEN NAME	Francesca Zanondo
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 15. 1920, at 3:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec. 20. 1920

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1943

18-C-C

312-104020-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry

Registration District No. 35

File No. 85945

No. ____ St.

Primary Registration District No. 2021

Registered No. ____

Hospital ____

FULL NAME OF CHILD Joseph Riley Case

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single and	8	yes	Dec. 4 1926

FATHER

FULL NAME Riley F. Case

RESIDENCE Elmore's Ferry Idaho

COLOR White

AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE America

OCCUPATION Car Inspector O.S.L.R.R.

MOTHER

FULL MAIDEN NAME Grace Simmons

RESIDENCE Elmore's Ferry Idaho

COLOR White

AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE America

OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ Dec. 4, 1926, at 4:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Address Elmore's Ferry Idaho

Filed Dec. 10 1926

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-41

DEC 10 1965

134-19-020-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry — Registration District No. 36 — File No. 85946

No. ____ St.

Hospital ____ — Primary Registration District No. 2021 — Registered No. ____

FULL NAME OF CHILD Senator aldrich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Dec 19 1920

FATHER	MOTHER
FULL NAME: William Aldrich	FULL MAIDEN NAME: Rosa Chambus
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: Colored	COLOR: Colored
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Stationery Fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 19-1920, at 11 A M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Dec. 25 . 1920

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-221-020-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 85947

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Irene Lawrence

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	Dec. 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Jewell Flay J. Lawrence		Hazel Kinney
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	~~America~~ Arkansas	BIRTHPLACE	~~America~~ Indiana
OCCUPATION	Mach. Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec-21-1920, at 8 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Dec. 25 1920

J. W. Davis
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

795-1221021-236

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted]ATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

Registration District No. 27 File No. 85948

Primary Registration District No. 2119 Registered No. 342

FULL NAME OF CHILD Paul Preese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Wilford Preese	FULL MAIDEN NAME	Hazel Marie Scott
RESIDENCE	Cove, Utah	RESIDENCE	Cove, Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed Jan 7 1921

Dr A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1966

147-106-021-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Hendale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85949

Primary Registration District No. 2119 Registered No. 341

FULL NAME OF CHILD DANIEL JENSEN AUGER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 6 1920

FATHER		MOTHER	
FULL NAME	William Henry Auger	FULL MAIDEN NAME	Alta Jensen
RESIDENCE	Hendale, Idaho	RESIDENCE	Hendale Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Registrar

Filed Jan. 7 1921 D A Culler

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 85949
DEC 17 1941
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Daniel Jensen Auger (Birth or death)
for Daniel Jensen Auger (Name on original certificate) who was born (Was born or died) on 6th Dec 1928 (Date of event)
in Glendale Preston R.F.D. (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by Home Record (Bible record, insurance policy, etc.) and prepared on Jan 1, 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Auger	Daniel James Auger

Daniel Jensen Auger ~~the~~ correct name is — Daniel Jensen Auger

Subscribed and sworn to before me this 15
day of Dec, 1941

Signed X Alta J. Auger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Preston Idaho

My commission expires March 4, 1944
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on Dec 17 1941 By
(Registrar's signature)

SEP 25 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

219-24-021-75-3

County of Franklin

City of Minkereek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85950

Primary Registration District No. 2119 Registered No. 340

FULL NAME OF CHILD Maxine P. Baird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fenail			Dec 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harice Baird	FULL MAIDEN NAME	Rebecca Peterson
RESIDENCE	Minkereek	RESIDENCE	Minkereek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minkereek Ido	BIRTHPLACE	Minkereek Ido
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen
Mid Wife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Minkereek Idaho

Filed Jan 7 1921 D. A. Kulta
Registrar

Registrar

S-Y CO. 24655

Barn 1 o'clock a. m.

JUN 30 1944

914-008-021-553

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

FULL NAME OF CHILD Vernon Radford

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 27 File No. 85951

Primary Registration District No. 27 Registered No. 352

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stephen Luther Radford	May Lillian Nelson
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	North Carolina	Idaho
OCCUPATION	Implement Salesman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Curtis Hank

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Jan 7 1921 D. A. Curtis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-217-021-132

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Registration District No. 27 File No. 85952

Primary Registration District No. 2 7 Registered No. 347

Hospital .....

FULL NAME OF CHILD June A Frew

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 17 1920

FATHER		MOTHER	
FULL NAME	Earl Frew	FULL MAIDEN NAME	Pearl E Atkinson
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician

(Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 7 1921

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 8/18/41. w.m.

619-218(02)-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Registration District No. 27 File No. 85953

Primary Registration District No. 2119 Registered No. 346

Hospital

FULL NAME OF CHILD Grace Carter Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Warner	FULL MAIDEN NAME	Mary Elizabeth Carter
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho

Registrar

Filed Jan 7 1921

Dr A R Cutts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1960

331-121-021-815

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 2nd West St.

Registration District No. 27 File No. 85954

Primary Registration District No. 217 Registered No. 345

Hospital

FULL NAME OF CHILD David William Clayton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 21 1920

FATHER		MOTHER	
FULL NAME	Melvin Clayton	FULL MAIDEN NAME	Lena Hauser
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Groceryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) Curtis Hand

Physician

(Physician or midwife)

Address Preston Idaho

Filed Jan. 7 19 21 D. A. Curtis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1942

296-221-021-863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th West St.

Hospital

Registration District No. 27 File No. 85955

Primary Registration District No. 2119 Registered No. 344

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Dec 21 1920

FATHER		MOTHER	
FULL NAME	Marolba Brown	FULL MAIDEN NAME	Alta Hollingsworth
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed Jan 7 1921

Dr A R Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318224-021-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. Mapleton Wards St.

Hospital

Registration District No. 27 File No. 85956

Primary Registration District No. 219 Registered No. 343

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 24 1920

FATHER		MOTHER	
FULL NAME	Hyrum Taylor	FULL MAIDEN NAME	Pheba Mason
RESIDENCE	Preston, RFD Idaho	RESIDENCE	Preston, RFD Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Curtis Rank

Physician
(Physician or midwife)

Address Preston Idaho

Filed Jan 7 1921 D. A. Curtis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1968

381-204-021-155

Amended 8/30/78

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICA[illegible] BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85957

Primary Registration District No. 2119 Registered No. 335

FULL NAME OF CHILD Audene Chadwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James A Chadwick	FULL MAIDEN NAME	Tarmenia M. Jensen
RESIDENCE	Whitney, Ida.	RESIDENCE	Whitney, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Fairview, Ida.	BIRTHPLACE	Denmark.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida.

Filed 12/7 1920. [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 2 14 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85957

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chadwick (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1920 (Date of Event)
in Whitney, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnnamed	Audene Chadwick

Subscribed and sworn to before me this 28 day of August, 19 78

Arlene N. Porter

Notary Public, residing at Preston, Idaho

My commission expires Sept. 28, 1981

(Seal)

Signed Nona Chadwick Golightly

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of August, 19 78

Arlene N. Porter

Notary Public, residing at Preston, Idaho

My commission expires Sept. 28, 1981

(Seal)

Signed Gottfred Spatig

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 8/24/78 RUSH

Certif of Blessing from the LDS Church gives name as Audene Chadwick daughter of James A. Chadwick and Fomenta Jensen. Dec. 4, 1920. at Whitney, Idaho. Blessed Jan 2, 1921. viewed by V. S.

AUG 30 19

Certif of Baptism from the LDS Church gives name as Audine Chadwick ~~daxe~~ daughter of James A. Chadwick and Fonina Jensen. born Dec 4, 1920 at Whitney,Idaho. Baptized Aug 18, 1929. viewed by V. S.

319-1101021-913

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85958

Primary Registration District No. 2119 Registered No. 351

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noel James Carter	FULL MAIDEN NAME	Grace Rallison
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan. 7 1921 D. A. Cusen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-111-021-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85959

Primary Registration District No. 2119 Registered No. 350

FULL NAME OF CHILD Donald Francis Petterborg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec. 11 1921

FATHER		MOTHER	
FULL NAME	Guy Clifford Petterborg	FULL MAIDEN NAME	Cecelia Rose Kelley
RESIDENCE	Hendale, Idaho	RESIDENCE	Hendale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jun 7 1921 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653.112.021.967

PLACE OF BIRTH

County of Franklin

City of Preston

No. 30 East St.

Hospital

FULL NAME OF CHILD Donald Fellows

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85960

Primary Registration District No. 219 Registered No. 349

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 12 1920

FATHER

FULL NAME William Elias Fellows

RESIDENCE Preston Idaho

COLOR M AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maggie Elizabeth Cooper

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:50 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Filed Jan 7 1921

D. A. Russell

Registrar

849-216-021-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Registration District No. 27 File No. 85961

Primary Registration District No. 214 Registered No. 348

Hospital

FULL NAME OF CHILD Millie Alva Quigley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth (Month) Dec (Day) 16 (Year) 1920
F			

FATHER		MOTHER	
FULL NAME	Edward Augustus Quigley	FULL MAIDEN NAME	Lavena Rodessa Millard
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Preston, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address Physician

Registrar

Filed Jan 7 1921 D A Ruley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386126021-386

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85962

Primary Registration District No. 2119 Registered No. 358

FULL NAME OF CHILD George Thomas Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec 26 1920

	FATHER	MOTHER
FULL NAME	Geo. D. Thornton	FULL MAIDEN NAME Elva Thomas
RESIDENCE	Preston, Ida.	Preston, Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Neeley Ida.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis
Physician
(Physician or midwife)

Address Preston, Ida

Filed Jan 10 1921 Dr A R Curtis
Registrar

Given names added from a supplemental report.

19 .....

Registrar

Amended 3/6/72

266-218
02155

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85963

Primary Registration District No. 2119 Registered No. 357

FULL NAME OF CHILD Dona Elizabeth Bowden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie W Bowden	FULL MAIDEN NAME	Esther Drusilla Jenks
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida.

Filed Jan 10 1921 Dora R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 9 16 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Box Elder } ss.

Certificate No. 85963

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth ! (Birth or Death)
for Unnamed Bowden (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 18, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Records - Blessing (Bible Record, Insurance Policy, Etc.) prepared on Feb 29 1972 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Dona Elizabeth Bowden
Mother maiden name	Ester Drusilla Jinkins	Esther Drusilla Jenks
birthplace	Preston, Idaho	Clifton, Idaho

Subscribed and sworn to before me this 1st day of March, 1972.

Notary Public, residing at Brigham City, Utah
My commission expires 8/24/72
(Seal)

Signed Dona Elizabeth Bowden Bunnebark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

93 No 3 West
Brigham City Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/28/72 nm RUSH!

Certificate of Blessing from LDS Church gives name as Dona Elizabeth Bowden daughter of Lesley W. Bowen and Esther D. Jenks. Born Dec. 18, 1920 at Clifton, Idaho. Was Blessed Feb. 3, 1921. Viewed by V. S.

MAR 6 1972

MAR 24 1972

Family Record fom Personal Record of ~~X~~ Dona Elizabeth Bowden. Born Dec 18, 1920 at Clifton, Idaho. Gives father's name as ~~Xxx~~ Leslie Bowden. Viewed by V. S.

Family record gives nameas Esther Drusilla Jenks born July 29, 1888. Was blessed Aug 19, 1888. Viewed by V. S.

Death notice gives name as Esther Jenks Bowden. died Feb 4, 1968. Viewed by V. S.

261-108-021-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85964

Primary Registration District No. 2119 Registered No. 355

FULL NAME OF CHILD Leo Niale Swainston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Dec (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leo Swainston	FULL MAIDEN NAME	Andra M Wilkinson
RESIDENCE	Franklin, Ida.	RESIDENCE	Franklin
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Whitney	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 6. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Jan 13 1921 Dr A R Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514 114.021-515

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston R. F. D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85965

Primary Registration District No. 2119 Registered No. 365

FULL NAME OF CHILD Jack Naegle Eames

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	Dec. 14 1928 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nathaniel Howard Eames	FULL MAIDEN NAME	Ruby Naegle
RESIDENCE	Preston R F D. Ida.	RESIDENCE	Preston, Ida.
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Preston-Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida

Filed Jan 10 1921 Dr A R Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

215728-T621-269

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Registration District No. 27 File No. 85966

Primary Registration District No. 219 Registered No. 366

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 28 1920

FATHER		MOTHER	
FULL NAME	John George Gant	FULL MAIDEN NAME	Jennie Sorensen
RESIDENCE	Clifton Ida	RESIDENCE	Clifton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Cutler

(Physician or ~~midwife~~)

Address Dexter, Idaho

Filed Jan 6 1921 D. A. Cutler Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

553-217-921-754

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85967

Primary Registration District No. 2119 Registered No. 364

FULL NAME OF CHILD Yvonne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Dec 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. Carl Nielson	FULL MAIDEN NAME	Winnie Sidder Nielson
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston Ida	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Cutler Jr.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed Jan 10 1921 D. A. Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C--25b

155-117021-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

Registration District No. 27 File No. 85968

No. ..... St.

Primary Registration District No. 2119 Registered No. 353

Hospital .....

FULL NAME OF CHILD Lynn Jareph Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mail			nov (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Hans C Jensen	FULL MAIDEN NAME	Dara Christensen
RESIDENCE	minkcreek	RESIDENCE	minkcreek
COLOR	Whit AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	minkcreek	BIRTHPLACE	minkcreek
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen

Mid Wife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address minkcreek Idaho

Filed Jan 7 1921 Drakeuw Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-116-021-389 Amended child's first name 2-1-96 ly

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink creek Registration District No. 27 File No. 85969

No. ..... St.

Primary Registration District No. 2119 Registered No. 354

Hospital ..... Lloyd

FULL NAME OF CHILD ~~Lloyd~~ Christensen Barfus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mail			May (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Barfus	FULL MAIDEN NAME	Amelia C Christensen
RESIDENCE	mink creek	RESIDENCE	mink creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Batenberg Switland	BIRTHPLACE	Richmond Utah
OCCUPATION	Tanner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nancy Rasmussen

Filed Jan 7 1921 Mink creek Ida

D A Curtis Registrar

Born 5 a m.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 85969
Date Filed Jan 7 1921

The undersigned does solemnly swear that certain facts on the certificate of birth

for LLoid Christensen Barfus (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 16 1920 (Date of Event)

in Mink Creek Franklin Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	LLoid	Lloyd

Subscribed and sworn to before me this 1 day of Feb 1996

Notary Public, [signature]
Residing at Boise
My commission expires 1-19-96
(Seal)

LAURIE YOUNG NOTARY PUBLIC STATE OF IDAHO

[signature]
Signature of Applicant

X 43 E 100 N Mtl Ad Id 83253
Street Address, City, State

FEB 1 1996

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

High Priest Certificate of Ordinantion LDS May 19 1985 Lloyd Christensen Barfus Malad ID VIewed by VS 2-1-96 ly

Marriage Cert. Lloyd C Barfus Logan UT 26 June 1982 License issued June 22 1982 VIewed by VS 2-1-96 ly

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-216-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho Registration District No. 27 File No. 85970

No. ____ St.

Primary Registration District No. 2119 Registered No. 338

Hospital ____

FULL NAME OF CHILD Elsie Lacretia Koford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes.	Dec. 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A Koford	Sarah H Williams
RESIDENCE	Weston Idaho	Weston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Weston Idaho	Richmond Utah
OCCUPATION	Farmer	Home keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Thos B Holder

Physician

(Physician or midwife)

Address Weston Idaho

Filed Jan 7 1921

Registrar

815-204-021-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ...Franklin.....

City of ...Preston.....

No. .....St.

Hospital ....

Registration District No. .....27.....

Primary Registration District No. ...2119.....

File No. 85971

Registered No. ...339.....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	Dec. 4 1920

FATHER	MOTHER
FULL NAME: Urson W. Hansen,	FULL MAIDEN NAME: Laura Jeanette Rund.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Logan Utah.	BIRTHPLACE: Soda Springs Idaho.
OCCUPATION: Merchant.	OCCUPATION: Housewife.

Number of child of this mother, including present birth ....4..... Number of children of this mother now living, including present birth .....4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive. ..... (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address ..... Preston Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 19 21

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920 - SP 1916

619-228-021 Amended 7/31/73 319

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston R.F.D. Registration District No. 27 File No. 85972

No. ..... St.

Primary Registration District No. 2119 Registered No. 360

Hospital .....

FULL NAME OF CHILD Gwen Ruth Warrick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec. 28 1920

FATHER		MOTHER	
FULL NAME	John E Warrick	FULL MAIDEN NAME	Daisdale Carrson
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Address Preston, Ida.

Filed Jan 11 1921 Dora Linder
Registrar

MAY 17 1971

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss. JUL 17 10 11 AM '73

Certificate No. 85972
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Warrock (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Omitted	Gwen Ruth Warrick
Father's last name	Warrock	Warrick

Subscribed and sworn to before me this 16th day of July, 1973

Notary Public, residing at Preston, Idaho
My commission expires 4-1-76
(Seal)

Signed X Nathalee Warrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1973

Notary Public, residing at Salt Lake City, Utah
My commission expires
(Seal)
My commission expires Dec. 15, 1975

Signed Gary J. Frantz
(Signature of Any Credible Person)

4112 So 2835 West Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155 CL 5/17/71 1cc pd.

Certificate of Baptism and Confirmation from LDS Church gives name as Devon W. Warrick son of John Warrick and Nathaele Carlson. Born Feb. 23, 1919. Was Baptized Sept. 9, 1928. Viewed by V. S.

Certificate of Marriage gives name of the groom as Harold Mart Rasmussen and the bride's name as Gwen Ruth Warrick Dated April 27, 1940. From Utah. Viewed by V. S.

Report Card from Franklin County Schools gives name as Gwen Warrick. for the Year 1934-1935. From Winder School. 8th Grade. Viewed by V. S.

AUG 1 1973

553-131-021-816

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85974

Primary Registration District No. 2119 Registered No. 363

FULL NAME OF CHILD Preston Taylor Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	Dec. (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Taylor Nelson	FULL MAIDEN NAME	Susie Hawkes
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida

Filed Jan. 10 1921 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 85974
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Preston Taylor Nelson (Name on original certificate) who was born (Was born or died) on Dec 31-1920 (Date of event)
in Preston Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on Dec 31-1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Preston Taylor Nelson
Preston Taylor Nelson		

Subscribed and sworn to before me this 29
day of Sept, 1941

Notary Public, residing at Preston Ida

My commission expires May 1-1945
[SEAL]

Signed Susie Hawkes Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Preston Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

319-129-021-249

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85975

Primary Registration District No. 2119 Registered No. 362

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes.	Dec 29 1920

FATHER

FULL NAME: Parley L. Carver.

RESIDENCE: Preston, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hazel Smith

RESIDENCE: Preston Ida.

COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Allen R Curtis

Physician

(Physician or midwife)

Address Preston Ida.

Filed Jan. 11 19 21

Dr A R Curtis Registrar

719-130-021-852

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85976

Primary Registration District No. 2119 Registered No. 361

FULL NAME OF CHILD Deane L. Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Dec. (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lehi Parker	FULL MAIDEN NAME	Leora Hebdon
RESIDENCE	Preston Ida	RESIDENCE	Preston, Ida.
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida

Filed Jan 10 1921

Dan R Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/19/41 L. B.

331-215-022-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 44 File No. 85978

No. ..... St.

Primary Registration District No. 2117 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Clark

Sex of Child female | Twin Triplet or other 1 | and | Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Tom Clark	FULL MAIDEN NAME	Lula Brown
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 10 1920 W O West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-213-022-452 child's name added 8/21/85tlc

PLACE OF BIRTH date of birth &

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St A

Registration District No. 4 File No. 85979

No. ..... St.

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Agnes Lucile Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 13 1920

	FATHER	MOTHER
FULL NAME	Robert L Watson	Mary Rozeba Meserry
RESIDENCE	St Anthony	St Anthony
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	28 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1230a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) M. M. Hershberger MD

(Physician or midwife)

Address St Anthony Idaho

Filed Dec 10 1920

Registrar

4/26/85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 1 3 15 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 85979
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (female) Watson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 13, 1920 (Date of Event)

in St. Anthony, Idaho (Power) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	November 13, 1920	October 13, 1920
unnamed child	unnamed	Agnes Lucile Watson

Subscribed and sworn to before me this July 26 day of July, 1985

Notary Public, Thelma Lillywhite

Residing at 506 South 400 East Orem

My commission expires March 8, 1989

(Seal)

Lucile H. Decker
Martha H. Cook
Signature of Applicant

615 E. 2200 N. Provo Utah 84604
509 S. 400 E. Orem, Ut. 84058
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1985

Notary Public, Thelma Lillywhite

Residing at 506 S. 400 E. Orem, Utah

My commission expires March 8, 1989

(Seal)

Adrian H. Cook
Supporting Signature

615 E. 2200 N. Provo, UT 84604
Street Address, City, State

Certificate of Baptism from the LDS Church gives name as Agnes Lucile Watson daguther fo Robert S. Watson and May R. Meservy. born OCt. 13, 1920 at St. Anthony. Baptized Oct. 14, 1928. viewed by tlc.

AUG 2 1 1985

Certificate of Birth from LDS Church gives name as Agnes Lucile Watson born October 13, 1920 in St. Anthony, Idaho. enterd on record Nov. 7, 1920. viewed tlc

SEP 9 1985

962-212-033-256

PLACE OF BIRTH

V. S. No. 11-C—25m-7-21-19

County of Madison

BURE[redacted]

CER[redacted]

City of Canyon Creek

Registration District No. 99

File No. 85980

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Betty Ross

Sex of Child female | Twin Triplet or other? 1 | and | Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas Ross	FULL MAIDEN NAME	America Snow
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	N. C.
OCCUPATION	farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 1 1920

W B West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
STATISTIC

413-121-022-719

V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 85981

Primary Registration District No. 277 Registered No. .....

FULL NAME OF CHILD Don E. Mace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 21 1920

FATHER		MOTHER	
FULL NAME	Fred Mace	FULL MAIDEN NAME	Laura Gardner
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Fillmore. U.	BIRTHPLACE	Teton
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton M.D.
(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Dec 10 19 20 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1952

NOV 19 1957

269-210-022-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 85982

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J L Sorensen	FULL MAIDEN NAME	Anna E. Johnson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address St Anthony

Filed Dec 10 1920 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-107-022-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 85983

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A. M. Davis	FULL MAIDEN NAME	Stella Singleton
RESIDENCE	Wilford	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Cooper N	BIRTHPLACE	Wilford
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Dec 10 1920 W O Weed Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238230-022-295

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 85984

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Lucille Bernice Schaat

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 30 1920

FATHER		MOTHER	
FULL NAME	Peter Schaat	FULL MAIDEN NAME	Mary King
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

(Signature) J E Weston MD

(Physician or midwife)

Address St Anthony Idaho

Filed Dec 10 1920 W Dewey Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

NOV 6 1981

613-214.022-436

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 85985

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD DOROTHY MAE WALKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo Walker	FULL MAIDEN NAME	Hazel McOmbre
RESIDENCE	~~St Anthony~~ Idmon, Ida	RESIDENCE	Idmon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idmon	BIRTHPLACE	St Anthony Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Dec 10 1920 W A West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 85985

Date Filed Mar 6 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Mae Walker (Name on Original Certificate) who was born (Was Born or Died) on Oct 14 1920 (Date of Event)
in St Anthony Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on Nov 7 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dorothy Mae Walker
birthdate	Oct. 15	Oct. 14 1920

Subscribed and sworn to before me this 7th day of March, 1945

H. Adams
Notary Public, residing at St Anthony Idaho
My commission expires April 1 1947
(Seal)

Signed Mrs George Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St Anthony Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1945

H. Adams
Notary Public, residing at St Anthony Ida.
My commission expires April 1 1947
(Seal)

Signed Frank Mann
(Signature of Any Credible Person)
St Anthony Ida
(Street Address, City, State)

MAR 12 1945

393-111-022-962

Amend 1-6-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 85986

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Waldo Dewan Littlefield

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Oct 11 1920

FATHER		MOTHER	
FULL NAME	Sam L. Littlefield	FULL MAIDEN NAME	Vera Rosenlof
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Henrysville Ut	BIRTHPLACE	Mt Pleasant Ut
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

(Signature) J E Mellor MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1920

W Dwart Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-20-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 85986
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Littlefield (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-11-20 (Date of Event)

in St Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Waldo Dewan ~~Littlefield~~

Subscribed and sworn to before me this 30th day of November, 19 31

Notary Public, Tyler Ray Taggart

Residing at Idaho Falls Idaho

My commission expires Life

(Seal)

Waldo Dewan Littlefield
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 19 31.

Notary Public, Tyler Ray Taggart

Residing at Idaho Falls Idaho

My commission expires Life

(Seal)

Supporting Signature

Street Address, City, State

Cert of Blessing from LDS Church gives Waldo Dewan Littlefield born 10-11-20 in St. Anthony to Samuel Littlefield and Vera Rosenlof was blessed 11-7-20 in Idaho Falls 3rd Ward. Viewed ByV.S.

JAN 6 1982

LDS Church REcord gives Waldo Dewan Littlefield born 10-11-20 in St. Anthony to Samuel Littlefield and Vera Rosenlof was baptised 10-4-30. Viewed by V.S.

331-110-022-297

PLACE OF BIRTH

Form V. ~~Gr. No. 11.C~~--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 00 File No. 85987

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD MARK BIGLER CLARK

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 10th 1920

FATHER		MOTHER	
FULL NAME	L. F. Clark	FULL MAIDEN NAME	Cynthia Bigler
RESIDENCE	Ammon Idaho	RESIDENCE	St Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ammon Ida	BIRTHPLACE	Afton Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Address St Anthony

Filed Dec 10 1920 W Burt
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 85987

County of Bannock } FEB 20 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mark Bigler Clark (Name on Original Certificate) who was born (Was Born or Died) on October 10, 1920 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Mark Bigler Clark
date of birth	Oct. 11, 1920	Oct. 10, 1920

Subscribed and sworn to before me this 11th day of February, 1942

J. Blackhurst

Notary Public, residing at Pocatello, Idaho

My commission expires Sept. 14, 1944

(Seal)

Signed Cynthia B. Clark

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

340 So. 5th, Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1942

J. Blackhurst

Notary Public, residing at Pocatello, Idaho

My commission expires 9/14/44

(Seal)

Signed Lu Vern G. Clark

(Signature of Any Credible Person Other Than Previous Year)

340 So 5th Pocatello Ida

(Street Address, City, State)

DEC 3 0 19

766-28-022-354

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 85988

Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD Rulon Laverne Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 28 1920

FATHER		MOTHER	
FULL NAME	Raymond Powell	FULL MAIDEN NAME	Agnes R. Terry
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Parker Ida	BIRTHPLACE	Jamieson Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon MD

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed DEC 10 1920 W Durst Registrar

MAY 20 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-126.022-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 85989

No. ..... St.

Primary Registration District No. 21 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 26 1920

FATHER		MOTHER	
FULL NAME	Geo. A. Peaks	FULL MAIDEN NAME	Hattie Secrest
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Farmington Ut.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Melton M D

(Physician or midwife)

Address St Anthony Idaho

Filed Dec 10 1920 W. O. Wren Registrar

364-204-022-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hacienda Registration District No. 99 File No. 85990

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	James Lauder	FULL MAIDEN NAME	Edith Pingleton
RESIDENCE	Hacienda	RESIDENCE	Hacienda
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Smithfield Ut	BIRTHPLACE	Ogden Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 A M. on the date above stated.

(Signature) J E Melton

M D

(Physician or midwife)

Address St Anthony Idaho

Filed Dec 0 1920

W. D. Ward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-223-022-269

Form ~~V. S.~~ No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 85991

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD THEO ANNA RICKS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. N. Ricks	FULL MAIDEN NAME	Anna ~~[illegible]~~ Sorensen
RESIDENCE	St Anthony	RESIDENCE	~~[illegible]~~ Ida
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	St Anthony Idaho	BIRTHPLACE	Cache Valley U.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Idaho

Filed Dec 10 1920 W. S. West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 85991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1920 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 23, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Theo Anna Ricks

Subscribed and sworn to before me this 7th day of April 19 42

[signature]

Notary Public, residing at St. Anthony, Idaho

My commission expires August 17, 1944
(Seal)

Signed Anna C Ricks.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 2 1942

962-220-022-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

name added 9/13/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 85992

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carol Rosenlof

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	Chancie D. Rosenlof	FULL MAIDEN NAME	Ida Black
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mt Pleasant, U.	BIRTHPLACE	Wilford Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E McClure MD

(Physician or midwife)

Address St Anthony Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 1920. W Ward

Registrar

7-30-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 8 1 27 PM '79

State of Utah
County of Salt Lake } ss.

Certificate No. 85992
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Rosenlof (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 20, 1920 (Date of Event)

in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Carol ~~Carroll~~ Rosenlof

Subscribed and sworn to before me this 6 day of August, 19 79

Notary Public James K Allstrom
Residing at Salt Lake County
My commission expires 12/27/80
(Seal)

Carol Rosenlof Radford
Signature of Applicant
2995 Cascade Way
Street Address, City, State
Salt Lake, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Carol Rosenlof daughter of Chauncy D. Rosenlof and Ida Black, born Sept 20, 1920 at St. Anthony, Idaho. Blessed Mar 7, 1920. viewed by V S

Certif of Baptism from the LDS Church gives name a s Carol Rosenlof daughter of ~~Chan~~ Chauncy Rosenlof and Ida Black. born Septl 20, 1920 at St. Anthoyn, Idaho. Baptized Aug 2, 1930. viewed by V. S

SEP 13 1979

962-113.022-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 85993

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD EUGENE WILLARD ROSENLOF

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 13 1920

FATHER	MOTHER
FULL NAME: Ercinn Rosenlof	FULL MAIDEN NAME: Lillian Larson
RESIDENCE: St Anthony Ida	RESIDENCE: St Anthony Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mt Pleasant Ut	BIRTHPLACE: Washington Co.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J C Melton MD

(Physician or midwife)

Address St Anthony Ida

Filed Dec 16 1920 W R [illegible]

Registrar

MAY 2 9 2012

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. NOV 1 1941
County of Los Angeles }

Certificate No. 85993
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Eugene Willard Rosenlof (Birth or death) for Rosenlof (Name on original certificate) who Was (Was born or died) on Sept. 13th. 1920 (Date of event) in Parker, near St. Anthony (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Famley Records (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rosenlof	Eugene Willard Rosenlof

Subscribed and sworn to before me this 7th. day of Nov. 1941 19

William H. Trouter

Notary Public, residing at Los Angeles
My commission expires Aug. 15th., 1943
[SEAL]

Signed Erwin P. Rosenlof
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

667 East 119th. St. Los Angeles Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th. day of Nov. 1941 19

William H. Trouter

Notary Public, residing at Los Angeles
My commission expires Aug. 15th. 1941
[SEAL]

Signed Mrs. Alma Rosenlof
(Signature of any credible person other than the previous affiant.)

667 East 119th. St. Los Angeles
(Street Address, City, State)

Received for filing on By

296-112-022-764

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added 7-2-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 85994

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Leroy Broadhurst Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. L. Broadhurst	FULL MAIDEN NAME	Edna Godfrey
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	St Anthony Ida	BIRTHPLACE	Lyman Mark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony Ida

Filed Dec 10 1920 W D West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

6-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 85994
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Broadhurst (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 12, 1920 (Date of Event)
in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Richard LeRoy Broadhurst

Subscribed and sworn to before me this 25th day of June, 1982.
Notary Public, Patricia A. Sether
Residing at Idaho Falls, Idaho
My commission expires May 10, 1986
(Seal)

x Richard L. Broadhurst
Signature of Applicant
256 E 14th Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

K

Birth Certificate for Dale Richard Broadhurst born 4-1-47 in Boise to Richard Leroy Broadhurst and Hazel Othilda Valtinson state file # 434940. Viewed by V.S.

JUL 2 1982

School record for Richard Leroy Broadhurst Jr born 9-12-20 in St Anthony to Richard Leroy Broadhurst and Edna Mae Godfrey attended St. Anthony Grade School in grades 1-8 1926-1934. Statement from Fremont County Recorder dated 6-22-82. Viewed by V.S.

817-229-022-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 85995

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Loretta Yager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Yager	FULL MAIDEN NAME	Gladys Caswell
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	St Anthony Ida	BIRTHPLACE	San Francisco, Cal
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Idaho

Filed Dec 10 1920 W. S. West
Registrar

~~MARGIN RESERVED FOR BINDING.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85995

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Yager (Name on Original Certificate) who was born (Was Born or Died) on 8-29-20 (Date of Event) in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1942 shows name as Loretta Mary (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Church Record	Dec. 8, 1940	
Viewed by Vital Stat.	also, shows name as Loretta Mary Yager	
Child's Name	Unnamed	Loretta Yager

Subscribed and sworn to before me this 20th day of March 1957

Caryl E. Osgood
Notary Public, residing at Spokane
My commission expires Washington
(Seal)

Signed Mrs. B.H. Claypoole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N 10201 Warbike Rd Spokane Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1957

My Comm. Exp. Hillsborough, Calif.
Notary Public, residing at Hillsborough, Calif.
My commission expires My Commission Expires Jan. 17, 1959
(Seal)

Signed Mrs. Beulah L. Moore
(Signature of Any Credible Person)

1902 - Hillsborough Rd. Hillsborough Calif.
(Street Address, City, State)

FORM DPH 55.155

MAY 7 1957

254-226-022-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 85996

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Josephine Marguerite Sedlmayer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo A Sedlmayer	FULL MAIDEN NAME	Elizabeth Bacher
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mankato, Minn.	BIRTHPLACE	Central City Col.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed Dec 10 1920 W. G. West

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

962-130-022-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 85997

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm E Robertson	FULL MAIDEN NAME	Azella Smith
RESIDENCE	Parker Ida	RESIDENCE	Parker Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Plano, Idaho	BIRTHPLACE	Morgan U.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony

Filed Dec 10 1920 W G West
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2861/16.022-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 85998

No. ..... St.

Primary Registration District No. 177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marvin Glen Shosted

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Aug 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen Shosted	Clara Murray
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Roberts - Idaho	St Anthony
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Melton

MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1920

W D Weal Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 8 5 9 4 8

State of Idaho } ss.
County of Fremont }

JUL 22 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Unnamed (Name on original certificate) who Was born (Was born or died) on August 27. 1920 (Date of event)

in St. Anthony, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by L.D.S. last Ward Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Marvin Glen Shosted	Born August 16, 1920	Birth Date

Subscribed and sworn to before me this 21 day of July, 19 41

E. L. Ramsey by N. Coffin Deputy
Clerk of District Court
Notary Public, residing at

My commission expires
[SEAL]

Signed G B Shosted
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

128 W 1 north St Anthony Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Fremont }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed Leo A Browning
(Signature of any credible person other than the previous affiant)

St Anthony Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

493-111-022-236

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 40 File No. 85999

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 6 1920

FATHER	MOTHER
FULL NAME Chas C. Miller	FULL MAIDEN NAME Mina Hoggard
RESIDENCE St Anthony	RESIDENCE St Anthony
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Rexburg, Ida	BIRTHPLACE Butterville Ut
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) J E Melton MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1920 W Driver Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

253102.022-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 86000

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Secrist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Secrist	FULL MAIDEN NAME	Dora Berry
RESIDENCE	St Anthony	RESIDENCE	St Anthony - Ida
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 R M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony - Idaho

Filed Dec 10 1920 W B Wrat
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-12'022-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 86001

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ JAMES Glade Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Aug 21 1920

FATHER		MOTHER	
FULL NAME	Frank D. Smith	FULL MAIDEN NAME	Dora Meinecke
RESIDENCE	St Anthony	RESIDENCE	St Anthony - Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Egin Beach, Ida	BIRTHPLACE	Guthrie, Oklahoma
OCCUPATION	Mechanics (Auto)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 25 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McStow MD
(Physician or midwife)

Address St Anthony Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of MARION } ss.

Certificate No. 86001

Date Filed JUN 1 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for _____ (Name on Original Certificate) who _____ (Was Born or ~~Died~~) on Aug. 21, 1920 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Billy	James Glade Smith
		Was Smith Now remarried

Subscribed and sworn to before me this
day of MAY 28 1942, 19
Herman von Lauke
Notary Public, residing at Salem, Ore.
My commission expires Marion Co. Recorder
(Seal)

Signed Dora M. Cavender, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
241 North Liberty St, Salem, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of MARION } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of MAY 28 1942, 19
Herman von Lauke
Notary Public, residing at Salem, Ore.
My commission expires Marion Co. Recorder
(Seal)

Signed James M. Cavender
(Signature of Any Credible Person Other Than Previous Year)
241 North Liberty St.,
(Street Address, City, State)
Salem, Oregon

JUN 3 194
JUN 22 1942

193219-022-462 name added 5/15/81

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 86002

Primary Registration District No. 477 Registered No. .....

FULL NAME OF CHILD Edna Archibald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			5	Yes	Aug 19 1920

FATHER

FULL NAME Thos L. Archibald

RESIDENCE Teton

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Medicine Lodge, Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Moss

RESIDENCE Teton

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mt Pleasant Ut.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Melton MD

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 19 20 J W Hurst

Registrar

9-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 11 10 AM '81

State of Idaho
County of Madison } ss.

Certificate No. 86002
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Archibald (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 19, 1920 (Date of Event)

in Teton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Edna Archibald

Subscribed and sworn to before me this 11 day of March, 19 81

Notary Public, Gray H. Chawson

Residing at Rexburg, ID

My commission expires Life

(Seal)

x Edna Archibald Dennis
Signature of Applicant

65 Aries, Rexburg, ID 83440
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of March, 19 81

Notary Public, Gray H. Chawson

Residing at Rexburg, ID

My commission expires Life

(Seal)

Wendell T Archibald
Supporting Signature

360 West 2nd South, Rexburg, ID
Street Address, City, State

Metropolitan Life Ins. Co. gives name as Edna A. Lewis (Archibald) - born 8-19-1920, in Idaho, Policy issued July 29, 1963.

MAY 15 1981

Issued by U.S. School Census Marshal, Report gives name as Edna Archibald, child of Thomas L. Archibald. School Census taken September 1935, in Fremont County.

659-22-022-493

86003

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No. 86003

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. St Anthony, Idaho
   (d) Name of Hospital or Maternity Home: Private home - H.W. Miller (father)
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county 33 years 2 months — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.
   (f) Mother's mailing address Drummond, Idaho
3. **RESIDENCE of FATHER** (city, state). Drummond, Ida

4. **FULL NAME OF CHILD** Annie Oviatt
5. Date of Birth (Month, day, year) Aug. 22, 1920
6. Sex Female
7. Twin or Triplet Twin
   If so—born 1st, 2nd, 3rd First (Twin stillborn)
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Lewis Oviatt
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Irene Miller
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Farmington Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Walter Oviatt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Annie Oviatt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Melton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Walter Oviatt Signature
Salt Lake City Utah P. O. Address

Subscribed and sworn to before me on this 3rd day of January, 194[illegible]

(SEAL) Mary L. Glenn Notary Public, residing at Salt Lake, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

"Z"-HARD COPY ONLY-DELAYED-KLA

1/10/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

J. E. MELTON
PHYSICIAN AND SURGEON
ST. ANTHONY, IDAHO

86003

Dr F. W. Almond

Regarding the Quiat Lunn-
— Mr Quiatt is now on
his dry farm near Drummond
— about 25 miles away. As soon
as I can see him. I'll get
details and send you in report
as requested.

Most truly Yours
J. E. Melton

March 3, 1921.

Dr. [illegible]. E. Melton,
St. [illegible]nthony, Idaho.

Dear Doctor:

We are returning herewith, the birth certificate of the twin children of Mr. and Mrs. [illegible].L. Oviatt. In case of twins, two separate birth certificates should be made out, one for each child and a certificate of death for the stillborn.

Please attend to this matter with your registrar and return the certificates as soon as possible, as they are to be filed with this month's reports.

Very respectfully,

F. W. [illegible]lmond, Medical [illegible]dvisor.
By _____ Statistician.

August 29, 1921.

Dr. W. E. Melton,

St. Anthony, Idaho.

Dear Doctor:

In checking over our records we find that on March 3rd we sent you birth certificate of twin children of Mr. and Mrs. W. L. Oviatt in order that separate return might be made for each child. The number of the certificate is 66003 and its loss disrupts our file and we would ask that you kindly look up this matter and comply with our request and return to us at your earliest convenience.

Yours very truly,

F. W. Almond, M. D.
Medical Advisor.

R

September 23, 1921.

Dr. J. E. Melton,

St. Anthony, Idaho.

Dear Doctor: Re: 86003.

It has been nearly a month since we last wrote you requesting you to forward certificates of birth of the twin children of Mr. and Mrs. W. L. Oviatt.

We do not like to be annoying you with letters in reference to this matter but would ask that you kindly give this matter your attention and return us separate certificates for the twin children, or else return the certificate to us which we sent you. However, it is your duty as Registrar to see that certificates are properly filled out before forwarding to this office.

Will you kindly give us the courtesy of a reply?

Yours very truly,

P. W. Almond, M. D.
Medical Advisor.

Self-addressed stamped envelope
enclosed.

231-124-022-493

Form V. ~~S. No. 11-C~~--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 86004

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD WOODROW KENT STANFORD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Aug (Month) 24th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	L. W. Stanford	FULL MAIDEN NAME	Mary E. Miller
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Egin Idaho	BIRTHPLACE	Parker Ida
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Ida

Filed Dec 10 1920 W B Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 8 6 0 0 4

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Unnamed Stanford (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) born on Aug 5, 1920 (DATE OF EVENT) in St. Anthony, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2/20/42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Woodrow Kent Stanford
Date of birth	Aug 5, 1920	Aug. 24, 1920

Subscribed and sworn to before me this 20th day of February, 1942.

Herbert O. Skalet

Notary Public, residing at St. Anthony, Idaho

My commission expires Nov. 25, 1944

(SEAL)

Signed Mary E. Stanford

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

550 W 2nd No. St. Anthony, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1942.

Herbert O. Skalet

Notary Public, residing at St. Anthony Idaho

My commission expires Nov. 25, 1944

(SEAL)

Signed Fred H. Mason

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Anthony Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 19 1947

753-110-022-993

~~PLACE OF BIRTH~~

~~Form V. S.~~ No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Twin Groves

Registration District No. 99 File No. 86005

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD THOMAS RICHARDS PETERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.	2	Yes	July (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	P. E. Peterson	FULL MAIDEN NAME	Daisy Richards
RESIDENCE	Twin Groves	RESIDENCE	Twin Groves Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mt Pleasant, U.	BIRTHPLACE	Twin Groves, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony - Idaho

Filed Dec 10 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 86005

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)

in St Anthony RFD 1, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on date name was given (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Thomas Richards Peterson

Subscribed and sworn to before me this 7 day of Feb, 1942

Notary Public, residing at Robert E Judge

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. 1, St Anthony Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

412-109-22-513

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 86006

Hospital .....

Primary Registration District No. 277 Registered No. .....

FULL NAME OF CHILD ROBERT CLINTON MASON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			6th	yes	July 9. 1920

FATHER		MOTHER	
FULL NAME	Fred Mason	FULL MAIDEN NAME	Herda Watson
RESIDENCE	St Anthony, Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Sweden
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

(Signature) J E Mellon MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1920 W D West Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Fremont }

Certificate No. 86006

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Clinton Mason (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 9, 1920 (DATE OF EVENT)
in St. Anthony, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record, Book B, No 921 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 5, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Mason	Robert Clinton Mason

Subscribed and sworn to before me this 17th day of January, 19 42

Herbert O. Beals

Notary Public, residing at St. Anthony, Idaho

My commission expires 11/25/44
(SEAL)

Signed Fred H. Mason
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

251 E. 3rd No. St. Anthony, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

459-124-022-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 86007

No. ..... St.

Hospital ..... Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD Meredith (John Winfield)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	yes	July 24 1920

FATHER		MOTHER	
FULL NAME	J B Meredith	FULL MAIDEN NAME	Margaret Staley
RESIDENCE	St Anthony	RESIDENCE	St Anthony, Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Haysville, Mo	BIRTHPLACE	Springboro, Ohio
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 10 1920 W D Wood

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-101-022-918

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 86008

No. ..... St.

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Riley Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M.				yes	11 (Month) - 1 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	G A Roberts	FULL MAIDEN NAME	Ruth M. Ray
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rosalia, Wash.	BIRTHPLACE	Indiana
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Mellor M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address G E Mellor

Filed Dec 10 19 20 W Dewey

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-225-022-262

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86010

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. A

Primary Registration District No. 6 Registered No. 42

FULL NAME OF CHILD Carol Evelyn Bohl ~~Bobbs~~.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 12-25-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Edward Bohl ~~Bobbs~~	FULL MAIDEN NAME	Carrie Powell Bobbs
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	R.R. Brakeman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Ashton, Ida.

Filed 12-26-1920 C.C. Meacham Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 86010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Bohles	Bohl
name	none given	Carol Evelyn Bohl

Subscribed and sworn to before me this 29
day of July, 1942

Notary Public, residing at Boise Ida.
My commission expires 7/14/45
(Seal)

Signed Mrs. C. H. Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

28 Mt. Hill Road Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUL 30 1942

219-223-022-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Drummond

Registration District No. 102 File No. 86011

No. ..... St.

Primary Registration District No. 6 Registered No. 41

Hospital .....

FULL NAME OF CHILD Mary Virginia Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	12-23-1920

FATHER		MOTHER	
FULL NAME	Fredrick Alonson Bailey	FULL MAIDEN NAME	Effie Dick Bailey
RESIDENCE	Drummond, Ida	RESIDENCE	Drummond, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50 yrs	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mich.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 12-24-1920 C. C. Meacham Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-223-022-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Drummond

No. ..... St.

Hospital .....

Registration District No. 102 File No. 86011

Primary Registration District No. 6 Registered No. 41

FULL NAME OF CHILD Mary Virginia Bailey

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	12-23-1920

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Fredrick Adamson Bailey	FULL MAIDEN NAME: Effie Dick Bailey
RESIDENCE: Drummond, Ida.	RESIDENCE: Drummond, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician
(Physician or midwife)

Address Ashton, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 12-24 192 0 C. C. Meacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-118-022-285

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86012

County of Fremont

City of Marysville

Registration District No. 102 File No.

No. St.

Primary Registration District No. 6 Registered No. 40.

Hospital

FULL NAME OF CHILD Smith

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 - 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David M. Smith	FULL MAIDEN NAME	Rosie Shepford Smith
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:50 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Ashton

Registrar.

Filed 12/20/ 1920 A. C. Meacham Registrar.

...ED FOR BINDING

...PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Emmett

No. 413-205-023-319 St.

Registration District No. 6

File No. 86013

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Loetta Mathews

SEX OF CHILD: female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12-5-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawerence E Mathews	FULL MAIDEN NAME	Stella E Cazier
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Farm laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 13 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Registrar

Filed 1/5 1921 J L Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDA
BUREAU OF VITAL S
CERTIFICATE OF

NOV 1 3 1948

419-213-023-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett R.T.

No. ..... St.

Hospital .....

Registration District No. 6

Primary Registration District No: .....

File No. 86014

Registered No. .....

Full Name of Child IDA RUTH MARRS

SEX OF CHILD female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Bud N Marrs MARRS	FULL MAIDEN NAME	Bertha E Mills
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oreg.	BIRTHPLACE	Wyo
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.07 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Registrar

Filed 1/5/1921 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 86014
County of Gem } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed Marrs (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1920 (Date of Event) in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ida Ruth Marrs

Subscribed and sworn to before me this 24th day of July, 1942

Margaret Smoke
Notary Public, residing at Emmett Idaho
My commission expires Oct. 13, 1944
(Seal)

Signed ✓ Bertha Marrs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 474 Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 25 1942

695-116-023-572

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Gem R.F.D.

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 86015

Registered No. _____

Full Name of Child Ivan Archie Finley

SEX OF CHILD: male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) - 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Archie Finley	FULL MAIDEN NAME	Ada B. Egbert
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	no	BIRTHPLACE	no
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark, MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett Ida

Filed 1/3 1921

J. L. Reynolds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A ...

One copy 10/28/40 L. P.

855-214-023-795

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Ida

Registration District No. 6 File No. 86016

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Prudence Margaret Henry

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 - 14 - 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy L. Henry	FULL MAIDEN NAME	Lura M. Pierson
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Registrar.

Filed 1/5 1921 J L Reynolds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1942

815-123-023-563

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of [illegible]

No. St.

Hospital

Registration District No. 6 File No. 86017

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ray Marshall Hansen

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Christian William Hansen	FULL MAIDEN NAME	Rebecca Coldwell
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Registrar.

Filed 1/5 1921 [illegible]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

177-125-023-449

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. ..... St.

Hospital .....

Registration District No. 6 File No. 86018

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Lester Applegate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	12-25-1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Lester Applegate	FULL MAIDEN NAME	Vivian E. Durio
RESIDENCE	Letha	RESIDENCE	Letha
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Nev.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Filed 1/5 1921 [illegible]
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child [illegible] birth a SEPARATE RETURN must be made for each and the number [illegible] each, in order of birth stated.

AUG 2 1949

613-109-0 23-643

PLACE OF BIRTH

County of Gem

City of Emmett R.F.D.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 86019

Primary Registration District No. _____ Registered No. _____

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
Male		Yes	12 (Month) / 9 (Day) 1920 (Year)

FATHER

FULL NAME: Ray Holman Wallace

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Georgie Gold Fulgham

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ark

OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 1-1 1921 J. L. Reynolds Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

...se of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38L107.023-643

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6

File No. 86020

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Harold Kenneth Chaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Dec 7 1920

FATHER		MOTHER	
FULL NAME	Samuel E. Chaney	FULL MAIDEN NAME	Ora Fuller
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Prop. auto truck line	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Idaho

Registrar

Filed 1-11 1921 J. L. Reynolds Registrar

JUL 30 1954

JUN 9 1942

DEC 6 1950

AUG 2 1954

355-204-023-292

PLACE OF BIRTH amended Feb.21,1980

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett RD

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 86021

Registered No. _____

Full Name of Child Marie I. Tennyson

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elliott Tennyson	FULL MAIDEN NAME	Mary Bischowe
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Germany
OCCUPATION	Stockgrower	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett Ida

_____ Registrar

Filed 1/31 1921 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 86021
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on December 4, 1920 (Date of Event) in Emmett, ID (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Marie I. Tennyson

Subscribed and sworn to before me this 20th day of February, 1980.
Notary Public, Patricia Trindel
Residing at Boise, Idaho
My commission expires 3/8/80
(Seal)

Marie I Wood
Signature of Applicant
R#1 - Horseshoe Bend Idaho 83629
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate lists mother as Marie I. Tennyson, child is Harlyn James Wood Jr., born January 15, 1952, in Boise, Idaho (Ada county), sF# 52-76.
viewed by vs Feb. 20, 1980

Marriage license lists bride as Marie Isobel Tennyson. Married Sept. 1, 1945, in Boise, Idaho.
viewed by vs Feb.21,1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652 PLACE OF BIRTH

County of Elmore

City of Emmett

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 86022

Primary Registration District No. _____ Registered No. _____

Full Name of Child Joseph Frank Helter

SEX OF CHILD	male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	12 (Month)	17 (Day)	1920 (Year)		

FATHER		MOTHER	
FULL NAME	Wm J. Helter	FULL MAIDEN NAME	Elda Bagley
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Luxemburg	BIRTHPLACE	Mabel Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 1/3/1921 J. L. Reynolds
Registrar

Given names added from a supplemental report.

_____ 19____

_____
Registrar

DEC 7 1943

392-222-023-419

PLACE OF BIRTH

County of Ada

City of Eagle R.F.D.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 86023

Primary Registration District No. _____ Registered No. _____

Full Name of Child DOROTHY MABEL LISTON

SEX OF CHILD Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 12 (Month) 22 (Day) 1920 (Year)

FATHER

FULL NAME Guy E Liston

RESIDENCE Eagle Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Granville Ida

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Elizabeth Dagey

RESIDENCE Eagle Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Welch Okla

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/3/ 1920 J L Reynolds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 86023

County of King } Date Filed 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Dorothy Mabel Liston (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 22, 1920 (DATE OF EVENT)

in Emmett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Dorothy Mabel Liston
Dorothy Mabel Liston		

Subscribed and sworn to before me this 4th day of February, 19 42

Helen Wiley

Notary Public, residing at Seattle

My commission expires July 30, 1943 (SEAL)

Signed Mrs Elizabeth Liston

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Signature of Mother

708 11th Avenue No., Seattle.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires ..... (SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 6 1942 By ..... (REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

255-123-023-264

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 86024

Primary Registration District No. _____

Registered No. _____

Full Name of Child Robert Lee Benson

SEX OF CHILD Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH 12 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E Benson	FULL MAIDEN NAME	Mabel F. Somers
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wichita Kans	BIRTHPLACE	Pocahontas Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

Registrar

Filed 1/3 1921 [illegible] Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 86024

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for No Name Benson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec 23, 1920 (DATE OF EVENT)

in Emmett Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Robert Lee Benson

Subscribed and sworn to before me this 12th day of May, 1942

Marion E. Ora

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Mabel F Benson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAY 1 2 1942

JUL

791-229-023-386

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. 86025

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MARIE ~~MAXENE~~ GRATTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12-29 1920

FATHER		MOTHER	
FULL NAME	Gideon James Gratton	FULL MAIDEN NAME	Myrtle R Thompson
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Saw setter	OCCUPATION	Hwfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Emmett

Filed 1/3 1921 J S Reynolds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Mich } ss.
County of Wayne }

Certificate No. 86025

OCT 6 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Marie MarEne Gratton (Name on original certificate) who (Was born ~~or died~~) on Dec. 29, 1920 (Date of event)
in Emmett Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on Sept. 29 - 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Marie MarEne Gratton

Subscribed and sworn to before me this 29th
day of September, 1941
William A Sherwood
Notary Public, residing at 15694 Salem
My commission expires July 20 - 1945
[SEAL]

Signed Mrs Myrtle P Gratton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
21020 Telegraph Rd. Detroit Mich
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Wayne }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of September, 1941
William A Sherwood
Notary Public, residing at 15694 Salem
My commission expires July 20 - 1945
[SEAL]

Signed Lillian A. Krist
(Signature of any credible person other than the previous affiant.)
21020 Telegraph Rd Det.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 9 1941

253-131-
024-231

PLACE [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 86026

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thos Earl Bell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 31 1920

	FATHER	MOTHER
FULL NAME	R V Bell	FULL MAIDEN NAME Maud J Blackhurst
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 31 1920 R N Greene

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF BIRTH

855-118:024-614

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21 File No. 86027

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Elbert O Hendrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 18 1920

	FATHER	MOTHER
FULL NAME	B L Hendrickson	FULL MAIDEN NAME Agnes V Fausett
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	34 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Phy (Physician or midwife)

Address Hagerman

Filed Dec 20 1920 R H Greene Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-218-028-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21 File No. 86029

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Elsie La Preal Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Thos T Adams	FULL MAIDEN NAME	Estella Smith
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene Pt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hagerman

Filed Dec 20 1920 R H Greene
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN
APR 24 1953

731-203-024-731

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 86030

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Gail Thelma Glaamer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 3 1920

FATHER		MOTHER	
FULL NAME	Fred H Glaamer	FULL MAIDEN NAME	Marie Glaamer
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 10 1920

R H Greene
Registrar

AUG 9 1944

944-112-02431K

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 86031

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Idaho Ruddles

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov (Month) 12 (Day) 1920. (Year)

FATHER	MOTHER
FULL NAME Jesse F Ruddles	FULL MAIDEN NAME Sadie E Campbell
RESIDENCE Hagerman	RESIDENCE Hagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R H Greene

Physician (Physician or midwife)

Address Hagerman

Filed Nov 15 1920. R H Greene Registrar

292-205-024-456

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 86032

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ethel May Ribbee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 5th 1920

FATHER		MOTHER	
FULL NAME	Jesse B Ribbee	FULL MAIDEN NAME	Ethel M. Meuhlsteen
RESIDENCE	Hagerman	RESIDENCE	~~Iowa~~ Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:30 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 16 1920 R N Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Hill

Certificate No. 86032

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ethel May Kibbee (Name on Original Certificate) who Was born (Was Born or Died) on Nov. 5th 1920 (Date of Event)
in Hagerman Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Nov. 12th	Nov. 5, 1920

Subscribed and sworn to before me this 25
day of June, 1942.
L O Snyder
Notary Public for the State of Montana
Residing at Havre, Montana
My commission expires
(Seal) My Commission Expires June 12, 1943

Signed Mrs. Ethel Kibbee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Havre, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Hill

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of June, 1942
L O Snyder
Notary Public Residing at Havre, Montana for the State of Montana
My commission expires
(Seal) My Commission Expires June 12, 19

Signed Mrs. Richard Leake
(Signature of Any Credible Person Other Than Previous Year)
1434 - 4th St. Havre Montana
(Street Address, City, State)

JUN 29 1942

855/C11024-522

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. File No. 86033

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Roland Leroy Hendrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 1 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A Hendrickson	Leda Roberts
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	18
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman.

Given names added from a supplemental report.

19

Registrar

Filed Dec 5 19 20 R N Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RELEASED

669-115-024-262

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Ida.

City of Bliss, Ida.

Registration District No. 24 File No. 86034

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD MARTYE BOSTROM Worden

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Nov. 15 1920

FATHER	MOTHER
FULL NAME Amy Worden	FULL MAIDEN NAME Ruth Bostrom
RESIDENCE Bliss, Idaho	RESIDENCE Bliss, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Illinois
OCCUPATION farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding, Idaho.

Filed Jan 10 1921 J. D. Carey Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86034 319334

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

. PLACE OF BIRTH:
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: at farm home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice): Gooding, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Gooding, Id

. FULL NAME OF CHILD Martye Bostrom Worden

5. DATE OF BIRTH (Month, day, year) Nov. 15, 192

. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

. FULL NAME Guy Prentiss Worden

. Color or Race white

12. Age at time of THIS birth 37 yrs.

. ~~Birthplace~~ Ogden, Utah
(City or Town) (State or foreign country)

. Exact Occupation stockman

. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Sophia Bostrom

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Chicago, Ill.
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

. Name prophylactic used to prevent Ophthalmia Neonatorum

. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Sophia Worden (First name) (Last name), who is related to this child as mother, and was attended by Mrs. Walter Burkhard.
(Mother, etc.)

Ruth Sophia Worden
Mother

. (a) SEP 18 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

25. ~~Attendant's~~ ~~OWN signature~~ Gooding, Idaho 9-17-1941 M.D.
(D.O., ~~Midwife, etc.~~)

Lewis W. Wricke
and address NotaryPublic, State of Idah Date

. Given name added on ..... by ..... (Registrar's signature)

Subscribed and swron to, September 17, 1941, before the undersigned, a Notary Public, State of Idaho My Comm. Expires Dec. 2, 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the att physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars re by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of suc having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and sig to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interv 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be e

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for th pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse t proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guil misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before de

Yes..... No..... Pos..... Neg

(e) Signature of Physician:

.....

844-230-024-855

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86035

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD OLIVE MAY HUME Hume

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas ~~Hume~~ HUME	FULL MAIDEN NAME	Margaret Henry
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lanel

Rev A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding, Idaho

Filed Jan 10 1921 F J Cary MD

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 86035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Humes (Name on Original Certificate) who Born (Was Born or Died) on Nov. 30, 1920 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Humes	Olive May Hume

Subscribed and sworn to before me this 31st
day of March, 1942
Marion E. Ord
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Roy R. Hume
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Echo Chut - Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 st
day of March, 1942
Dudley M. Gray
Notary Public, residing at Boise Idaho
My commission expires Oct. 26, 1943
(Seal)

Signed Virginia Hume
(Signature of Any Credible Person Other Than Previous Year)
511 Bannock - Boise, Idaho
(Street Address, City, State)

593-104-024-265

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 24

File No. 86036

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Glen Rex Nicolaysen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 4 1920

FATHER		MOTHER	
FULL NAME	Nels Nicolaysen	FULL MAIDEN NAME	Hazel Bonney
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	75	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	~~Iowa~~ - Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Zing

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding, Idaho

Filed 1/10 1921 F. T. Carym D

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 86036

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nicolaysen (Name on Original Certificate) who was born (Was Born or Died) on December 4, 1920 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Nicolaysen	Glen Rex Nicolaysen

Subscribed and sworn to before me this 10 day of June 1963

Leonard E. Lowles

Notary Public, residing at Nampa, Ida

My commission expires July 10, 1966

(Seal)

Signed Winona A. Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

908 9th St. No Nampa Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June 1963

Leonard E. Lowles

Notary Public, residing at Nampa Ida

My commission expires July 10, 1966

(Seal)

Signed Tonya Dodge

(Signature of Any Credible Person)

809 11th Ave No. Ext.

(Street Address, City, State)

Nampa, Ida

FORM DH 60-155

Honorable Discharge of CPL Glen Rex Nicolaysen, ER 39 934 608 INF-RES, enlisted April 20, 1946. Gives name of discharged as Glen Rex Nicolaysen. Discharged April 19, 1949. Viewed by V. S.

JUN 10 1963

Own child's birth certificate on file Idaho #441438, gives name of Father as Glen Rex Nicolaysen. Viewed by V. S.

818-204-024-537

Amended 4/17/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86037
Local Reg. No.
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gooding
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gooding
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Myra
b. (Middle): Ann
c. (Last): Hays

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): December 4, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Samuel
b. (Middle): Kirkwood
c. (Last): Hays

8. AGE (At time of this birth): 19 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kansas
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Evans

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Missouri
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. E. Lamb
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Gooding
20. DATE SIGNED: Jan 10, 1921
21. DATE REC'D BY LOCAL REG.: Jan. 10, 1921
22. REGISTRAR'S SIGNATURE: F. T. Cary
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 17 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 86037

Date Filed .....

The undersigned does solemnly swear that certain facts on this certificate of Birth (Birth or Death)
for Unnamed Hayes (Name on Original Certificate) who was born (Was Born or Died) on December 4, 1920 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Hayes	Myra Ann Hays
Name of father	Kirkwood Hayes	Samuel Kirkwood Hays
Father's birthplace	Missouri	Kansas
Mother's birthplace	Nebraska	Missouri

Subscribed and sworn to before me this 8 day of April, 19 69

Notary Public, residing at Wendell, Idaho
My commission expires May 2, 1970
(Seal)

Signed Samuel Kirkwood Hays
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 42 Wendell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of April, 1969

Notary Public, residing at Wendell, Idaho
My commission expires May 2, 1970
(Seal)

Signed Beatrice E. Steele
(Signature of Any Credible Person)

Box 8 Wendell Idaho
(Street Address, City, State)

FORM DH 60-155

Another childs birth certificate on file with state of Idaho gives correct spelling of fatheras Hays. Also birthplace of father's birthplace as Kansas Mother's birthplace as Missouri.
Viewed by V.A.

Wendell Public Schools record gives name of child as Myra Ann Hays enrolled in Wendell High School as a freshman, Sept. 1934. Her date of birth is recorded as Dec. 4, 1920
Viewed by V.S.

Elementary School Final Record gives name as Myra Ann Hays. Recorded Feb. 27, 1928. Birthdate Dec. 4, 1920.
Viewed V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 86037

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hayes

Sex of Child Female

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kirkwood Hayes	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Rev A. Zingg (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding, Idaho

Filed 1/10 1921 F T Cary MD

Registrar

Registrar

NOV 19 1973
APR 17 1969

695-107-
024-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86038

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Allen Finney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 7 1920

FATHER		MOTHER	
FULL NAME	Earl Henry Finney	FULL MAIDEN NAME	Flora Burrows
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	North Dakota
OCCUPATION	Express Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
per W. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 4/10 1921 F T Cayman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/25/41. w.h.

JUL 22 1955

793.107.024-292

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86039

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Gillette —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Tee Gillette —	FULL MAIDEN NAME	Alta Bible
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tenn —	BIRTHPLACE	Tenn
OCCUPATION	Rancher —	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lw Cary MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed Jan 10 1921 F T Cary MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-211-024693

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

FULL NAME OF CHILD Baby Durley

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86040

Primary Registration District No. ..... Registered No. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 11 1920

FATHER		MOTHER	
FULL NAME	H A Durley	FULL MAIDEN NAME	Ester I Fitzsimmons
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

(Signature) F J Carymd

(Physician or midwife)

Address Gooding Ida

Filed Jan 10 1921 F J Carymd
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-21-024-685

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

Registration District No. 24

File No. 86041

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bertha Margaret Stark -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	Dec.	13	20

FATHER	MOTHER
FULL NAME W D Stark -	FULL MAIDEN NAME Eva Wheatley
RESIDENCE Bliss, Ida - % Power Plant	RESIDENCE Bliss - Ida -
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa -	BIRTHPLACE Kansas
OCCUPATION Electrician -	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lovsay M.D.

(Physician or midwife)

Address Gooding, Idaho -

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 10 1921

F J Campbell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 20 1968

JAN 11 19

369-114024-818

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86042

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Frank Taylor Cary, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 14 1920

FATHER

FULL NAME Dr. F J Cary

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Wis —

OCCUPATION Physician & Surgeon

MOTHER

FULL MAIDEN NAME Ida Claire Hayden

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M. on the date above stated.

(Signature) L. F. Cary, M.D.

(Physician or midwife)

Address Gooding, Idaho —

Filed 12 - 15 - 1920

L. F. Cary, M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1971

493-114-024-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Ida.

City of Gooding, Ida.

Registration District No. ..... File No. 86043

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Mills WORDEN CHRISTOPHER MILLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Dec. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. C. Mills	FULL MAIDEN NAME	Verdia Christopherson
RESIDENCE	Bliss, Ida.	RESIDENCE	Bliss, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Address Gooding, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 10 1921 F T Carym D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 86043

County of San Diego } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 14 - 1920 (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Mills	Worden Christopher Mills

Subscribed and sworn to before me this 18 day of April, 1942

[signature]

Notary Public, residing at Fullerton Calif

My commission expires (SEAL) My Commission Expires May 29, 1943.

Signed Mrs Pudia Mills, Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on Apr 21 1942 By (REGISTRAR'S SIGNATURE)

JAN 12 1944

135416.024-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Ida.

City of Gooding, Ida.

Registration District No. ..... File No. 86044

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Claude Arnold Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Warren Alexander	FULL MAIDEN NAME	Ethel King
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding, Idaho.

Filed Jan 10 1921 F T Cary MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1945

SEP 25 1967

315-120-024-769

Form V. S. ~~No. 11-C~~ 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 86045

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Cavender John Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Emmitt Cavender	FULL MAIDEN NAME	Mary Gomes
RESIDENCE	Gooding, Ida - RFD	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Azore Islands
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 P. M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Cary, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed Jan 10 1921 F T Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/23/41 L. B.

4/23/41 L. B.

State of Idaho }
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Emmitt Cavender, being first duly sworn, say that I am father (Related to (or) acquainted with) of John Davis Cavender (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. W. Cary (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Signed) John Emmitt Cavender Name

Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1941

(SEAL) M F Flynn Notary Public, resding at Gooding, Idaho

238-820-034-385

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding Ida

City of Gooding Ida. Registration District No. 24 File No. 86046

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ellen Schinglen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 20 1920

FATHER	MOTHER
FULL NAME R. H. Schinglen	FULL MAIDEN NAME Hazel Lynch
RESIDENCE Gooding, Ida.	RESIDENCE Gooding, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Wis.
OCCUPATION Farming.	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Idaho

Filed Jan 10 19 21 F J Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1971

395-226-
025-519

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 86047

No. ..... St.

Primary Registration District No. 1001 Registered No. 63,

Hospital .....

FULL NAME OF CHILD Phyllis Elaine Fingo

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 26 1920

FATHER		MOTHER	
FULL NAME	Oliver L Fingo	FULL MAIDEN NAME	Olive B Haslam
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Furniture Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4, P, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Stocklin
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 1 1921 G S Stocklin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1958

MAY 8 1973

344-210-025-743

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Mx Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 86048

Primary Registration District No. 2181 Registered No. 64

FULL NAME OF CHILD Margaret Nina Cummings

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dave N. Cummings	FULL MAIDEN NAME	Helen Grace Guthrie
RESIDENCE	Mx Idaho Ida.	RESIDENCE	Mx Idaho Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Helena Mont.	BIRTHPLACE	Casper Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Emmyville Ida

Filed Jan 3 1921 G. S. Stockton Registrar

OCT 8 1954

312-222 1025-362

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 86049

Primary Registration District No. 1001 Registered No. 65

FULL NAME OF CHILD Mary Ruth Castle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct. 22 1920

FATHER		MOTHER	
FULL NAME	Alva Henry Castle	FULL MAIDEN NAME	Ludie M. Coxand
RESIDENCE	Grangeville Ida.	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Grangeville Ida.	BIRTHPLACE	Grangeville Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) D Chipman

Physician

(Physician or midwife)

Address Grangeville Ida

Filed Jan 3 1921 G. S. Stockton Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JUL 3 1975

JUL 3 1975

253-117-025-419

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 86050

Primary Registration District No. 2181 Registered No. 66

FULL NAME OF CHILD CHESTER WARREN KETRON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Robert Ketron	Kate Lazey
RESIDENCE	Denver Ida.	Denver Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Mo.	Idaho Okla.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4, P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) B Chipman Physician

(Physician or midwife)

Address Grangeville Ida.

Filed Jan 3 1921 H. S. Blackburn Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Yellowstone }

Certificate No. 86050

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (Chester Warren Ketron) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 17, 1920 (DATE OF EVENT) in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Chester Warren Ketron

Subscribed and sworn to before me this 7th. day of April, 19 42

Paul O. Nelson

Notary Public, residing at Billings, Mont.

My commission expires March 14th., 1944.

(SEAL)

Signed Auborn G. Ketron

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Brother.

904 Cook Ave., Billings, Montana.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Yellowstone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th. day of April, 1942

Paul O. Nelson

Notary Public, residing at Billings, Mont.

My commission expires March 14, 1944.

(SEAL)

Signed Mrs. Grace Papka

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

629 Burlington ave. (sister)

Billings, Montana

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

463-120-025-958

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 86051

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD John Martin Mock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	March 20 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William O. Mock	FULL MAIDEN NAME	Viola Fanny Reynolds
RESIDENCE	Fenn, Idaho	RESIDENCE	Fenn, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Lewiston, Missouri	BIRTHPLACE	Maryville, Arkansas
OCCUPATION	Dairying	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. B. Chipman

(Physician or midwife)

Address Grangeville, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 3 19 21

G. S. Stockton Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1956

APR 14 1943

395-106-025-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Fenn Idaho

CERTIFICATE OF BIRTH

City of Fenn

Registration District No. 105

File No. 86052

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Wm. Crea

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 6 1920

FATHER	MOTHER
FULL NAME: William Crea	FULL MAIDEN NAME: Mary Toennis
RESIDENCE: Fenn	RESIDENCE: Fenn
COLOR: white	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	COLOR: white
OCCUPATION: farmer	AGE AT LAST BIRTHDAY: 23 (Years)
	BIRTHPLACE: Iowa
	OCCUPATION: housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Dunn

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Ida.

Filed Dec 6 1920

W B Blake

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-124-025-669

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86053

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 100

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Glen Fred Wasem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov. 24 1920

FATHER		MOTHER	
FULL NAME	John Wase m	FULL MAIDEN NAME	Alta Fortine
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Oregan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F Ord.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho.

Filed Dec 6 1920

H B Blake

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Feb. 23, 1942. L...

FEB 17 1942

454-122-025-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 10 86054

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Anderw Dempewolf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 22 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Dempewolf	FULL MAIDEN NAME	Hala Salesberg
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan.
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Ira

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho.

Filed Dec 6 1920

H B Blake

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-205-025-294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86055

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 102

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Dorothy Laura Kelsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 5 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Kelsey	FULL MAIDEN NAME	Antonia Bruegeman
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	[illegible]-38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho.

Filed Dec 6 1920

H B Blake

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-216-025914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86056

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Registration District No. 105 File No. 103

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD — Ethel May Glaefke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Albert Glaefke	FULL MAIDEN NAME	Sarah L. Romsey
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cleveland Ohio	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick
(Physician or midwife)

Given names added from a supplemental report.

_____, 19__

Address Cottonwood Idaho

Filed Dec 17 1920 H B Blake
Registrar

Registrar

S-Y CO. 24455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-12-025-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 18057

Primary Registration District No. 2103 Registered No. .....

FULL NAME OF CHILD Lawrence Anthony Wassmuth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clemens Wassmuth	Elizabeth Schmidt
RESIDENCE	Green Creek Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Ill	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H B Blake M D

(Physician or midwife)

Address Cottonwood Idaho

Filed Dec 21 19 20 H B Blake Registrar

262-224-025-914

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idho

City of Keuterville

Registration District No. 105

File No. 86058

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernidine Mary Bosse

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec. 24 1920

FATHER	MOTHER
FULL NAME: Conrad Bosse	FULL MAIDEN NAME: Emma Rad
RESIDENCE: Keuterville	RESIDENCE: Keuterville
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Idho
OCCUPATION: Farming	OCCUPATION: housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A M. on the date above stated.

(Signature) Dr Wesley F. Carr

(Physician or midwife)

Address Cottonwood Idaho.

Filed Dec 24 1920

H H Blake
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-212025-442

PLACE OF BIRTH

Form V. S. No. 11-C—~~2m-8-8-17~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86060

County of Idaho

City of Winona

Registration District No. 106

File No.

No. St.

Primary Registration District No. 2184

Registered No. 64

Hospital

FULL NAME OF CHILD Hazel Marie Hill

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 12 (Day) 1920 (Year)

FATHER

FULL NAME Harry Hill

RESIDENCE Near Winona

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Grangeville

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Marian Dussel

RESIDENCE near Winona

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE New York

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry Hill

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Dec 31 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1944

JAN 27 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-111-025-942

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. 86061

Primary Registration District No. 2184

Registered No. [illegible]

FULL NAME OF CHILD Vestal James Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harve Parks	FULL MAIDEN NAME	Mabel Russell
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Fort Scott - Kansas	BIRTHPLACE	Oregon
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

[illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia

Filed Dec 31 1920 J M Verberkmoes
Registrar

Registrar

465 703-025-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 86062

Primary Registration District No. 2184 Registered No. 621

FULL NAME OF CHILD Wilbur Montgomery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 3 1920

FATHER		MOTHER	
FULL NAME	O. W. Montgomery	FULL MAIDEN NAME	Stella Mower
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Herbert M.D.

Physician

(Physician or midwife)

Address Kooskia Idaho

Filed Dec. 31 1920

Registrar

JUL 20 1967

255-123-
025-356

PLACE OF BIRTH

County of Idaho

City of Stites

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 86063

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Hazel Kennedy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	5	yes	nov 23 1920

FATHER		MOTHER	
FULL NAME	Allen J Kennedy	FULL MAIDEN NAME	Emma Leonard
RESIDENCE	Stites	RESIDENCE	Harpster
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	montana	BIRTHPLACE	Pallatch Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive / Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) H. W. Wentworth

Physician
(Physician or midwife)

Address Stites Idaho

Filed Dec 8 1920

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1944

383-215-025-231

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 106 File No. 86064

Primary Registration District No. 2184 Registered No. .....

FULL NAME OF CHILD Arla Valdine Lytle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 15 1920

FATHER		MOTHER	
FULL NAME	Leroy Wilson Lytle	FULL MAIDEN NAME	Vera Pearl Blakesley
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Ida

Filed Dec 10 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16

141-107-044-819

PLACE OF BIRTH

Amended - 3/9/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Asotin

No. ____ St.

Registration District No. 106 File No. 86065

Hospital ____ Primary Registration District No. 2184 Registered No. 59

FULL NAME OF CHILD Charles Russell Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov. 7 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Chas Adamson	FULL MAIDEN NAME	Flora M. Harper
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wintworth, M.D.
(Physician or midwife)

Address Stites, Idaho

Give names added from a supplemental report.

...., 192....

Filed Dec. 10 1920 J.M. Verberkuers
Registrar.

....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Asotin

Certificate No. ____

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Edward Adamson (Name on Original Certificate) who was born (Was Born or Died) on Nov 7, 1920 (Date of Event)
in Stites, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles Edward Adamson	Charles Russell Adamson

Subscribed and sworn to before me this 1st day of March, 1950.

Notary Public, residing at Clarkston, Wash.
My commission expires May 2, 1950
(Seal)

Signed Flora M. Adamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
1232-8th St., Clarkston, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

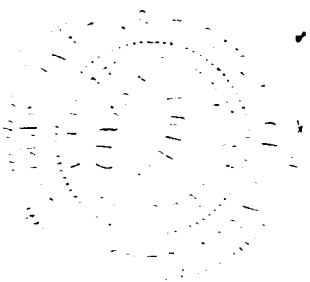
Subscribed and sworn to before me this 1st day of March, 1950.

Notary Public, residing at Clarkston, Wash.
My commission expires May 2, 1950
(Seal)

Signed Vincent Patnode
(Signature of Any Credible Person)

Clarkston, Washington
(Street Address, City, State)

MAR 25 1954



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of States

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible] 6-17

Registration District No. 106

File No. 86065

Primary Registration District No. 2184

Registered No. .....

FULL NAME OF CHILD Charles Edward Adamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 7 1920

FATHER		MOTHER	
FULL NAME	Chas Adamson	FULL MAIDEN NAME	Flora M Harper
RESIDENCE	Near States	RESIDENCE	Near States
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Address States Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 1920

J M Verbeke Registrar

FEB 18 1949

243-204-025-962

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 86066

Primary Registration District No. 2184 Registered No. 57

FULL NAME OF CHILD June Opal Bullock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Bullock	FULL MAIDEN NAME	Ruth Robinette
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

..... Registrar

Filed Nov 22 1920 J. M. Verbeekmoes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1963

168-219-025-433

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 86067

Primary Registration District No. 2184 Registered No. 58

FULL NAME OF CHILD Zora Jean Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Oscar Johnston	FULL MAIDEN NAME	Ericson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	... (Years)	AGE AT LAST BIRTHDAY	... (Years)
BIRTHPLACE		BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar Johnston

Father

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed Mar 30 1920

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-129-026-469

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 86068

Primary Registration District No. 2176 Registered No. 265

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 29 1920

FATHER		MOTHER	
FULL NAME	Morohni Brown	FULL MAIDEN NAME	Clara E Morroi
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPA:

795-201-026-213

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98 File No. 86070

No. ____ St.

Primary Registration District No. 2176 Registered No. 266

Hospital ____

FULL NAME OF CHILD Winona Green

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Aug 1 1920

FATHER		MOTHER	
FULL NAME	Justin Green	FULL MAIDEN NAME	Angeline Ballentyne
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 a M. on the date above stated.

(Signature) A. F. Call

(Physician or midwife)

Address Rigby

Filed 12 10 1920 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
Nov 26 11 04 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 86070

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Green (Name on Original Certificate) who was born (Was Born or Died) on August 1, 1920 (Date of Event)
in Meman (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Winona Green

Subscribed and sworn to before me this 26th day of November, 19 74

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Thomas L. Day
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

NOV 2 6 1974

Own childs certificate on file with Idaho, # 55-11133 gives name of mother as Winona Green. Child born August 21, 1955 to Thomas Boyle and Winona Green.
Viewed by V.S.

Social Security card issued by the Social Security Adm. gives name as Winona Green Boyle. # 529 10 2798 Card reissued. 1970.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-112-026-982

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86071

Primary Registration District No. 2176 Registered No. 267

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			yes	Apr 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loran Marler	Zella Rysett
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 15 A M. on the date above stated.

(Signature) Mary Smutham

(Physician or midwife)

Address Midwife

Filed Dec 10 1920 Ray H Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

JUN 9 1976

699-12C-026-963

PLACE OF BIRTH

name added 2-17-83

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86072

Primary Registration District No. 276 Registered No. 264

FULL NAME OF CHILD William Kendall Firth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Aug 20 1920

FATHER		MOTHER	
FULL NAME	J. B. Firth	FULL MAIDEN NAME	Myrtle Roth
RESIDENCE	Madison Co.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 12/16 19 20 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-20-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jefferson } ss. FEB 3 2 54 PM '83

Certificate No. 86072
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Firth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 20, 1920 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	William K Firth

Subscribed and sworn to before me this 31 day of Jan, 1983.

Notary Public, Kathy Barnes

Residing at Lewisville

My commission expires May 26, 1984

(Seal)

x William K Firth
Signature of Applicant

RR 1, Rigby, Id. 83442
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible notarized copy of Family Page gives William K Firth born Aug 20, 1920 to Joseph Burton Firth and Myrtle Roth. Viewed by V.S.

FEB 17 1983

Madison High School diploma , Rexburg, Idaho, gives William Kendall Firth completed course of study and was given diploma on May 27, 1938. Viewed by V.S.

759-220-026-719

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby RD

No. ..... St.

Registration District No. 98 File No. 86073

Primary Registration District No. 2176 Registered No. 263

Hospital .....

FULL NAME OF CHILD Naomi Allene Perry

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Aug 20, 20

FATHER		MOTHER	
FULL NAME	Albert Perry	FULL MAIDEN NAME	Lizzie Park
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at-home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10 19 20 Ray H. Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 2 1942

Amended 12/16/69

PLACE OF BIRTH

363-216-0216-715

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86074

Primary Registration District No. 2176 Registered No. 262

FULL NAME OF CHILD Rose Bernice Coles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 16 1920

FATHER		MOTHER	
FULL NAME	Daniel Hollyman Coles	FULL MAIDEN NAME	Lilley Gange
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby Ida

Filed 12/10 1920 Ray K. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Teton } ss.

Certificate No. 86074

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Coles (Female Child) (Name on Original Certificate) who Was born (Was Born or Died) on August 16, 1920 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School + Church records (Bible Record, Insurance Policy, Etc.) prepared on Oct 21, 1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Has been omitted	Rose Bernice Coles
Name of Father	Dan Coles	Daniel Hollyman Coles
Name of Mother	Lilly Gange	Lilley Gange

Subscribed and sworn to before me this 21 day of October, 19 69

Notary Public, residing at Clerk District Court
My commission expires
(Seal)

Signed Leonard Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 158 Driggs Idaho 83422
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of October, 19 69

Notary Public, residing at Clerk District Court
My commission expires
(Seal)

Signed Dorothy Jensen
(Signature of Any Credible Person)

Victor, Idaho
(Street Address, City, State)

Certificate of Baptism and Confirmation dated July 3, 1932 gives name as Rose Bernice Coles. David H. Coles and Lily Gange paretns. Born Aug. 16, 1920. Signed by Albert L. Thomas. Viewed by V. S.

DEC 16 1969

State of Idaho Public School Diploma jefferson County gives name as Bernice Coles Dated May 18, 1934 signed by J.W. Eames. Viewed by V. S.

Record of Membership to the LDS Church fro Bernice Rose Coles Hathaway gives mother's maiden name as Lilley Gange and Father's name as Daniel Hollyman Coles. Viewed by V. S.

389-213-026-652

PLACE OF BIRTH
name added 10/7/80

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of ~~Rigby~~

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86075

Primary Registration District No. 2176 Registered No. 261

FULL NAME OF CHILD Eva Bernice Christensen

Sex of Child 1 | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. A. Christensen	FULL MAIDEN NAME	Idella Webster
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/13 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 4 1968

5-30-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 86075
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Christensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 13, 1920 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Eva Bernice Christensen

Subscribed and sworn to before me this 21 day of July, 1980.

Notary Public, William D. Hess
Residing at Sugar City, Idaho
My commission expires May 25, 1983
(Seal)

Eva Bernice (Christensen) Connell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of July, 1980.

Notary Public, William D. Hess
Residing at Sugar City, Idaho
My commission expires May 25, 1980
(Seal)

Debra Christensen
Supporting Signature

834 Whittier #1 Idaho Falls Ida.
Street Address, City, State

Certif of Baptism from the LDS Church gives nameas Eva Berneice Christensen daughter of Albert M. Christensen and Idella Christensen. born Dec 13, 1929 at Grant Idaho Baptized July 6, 1929. vieweed by V. S.

OCT 8 1980

Marriage license and certif from Idaho gives name as Vernal H. Connell and Eve Eva Bernice Christensen. married July 11, 193-. viwed by V. S.

613-227-026-4<-9 name added 4-28-82

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan Registration District No. 98 File No. 86076

No. ____ St.

Primary Registration District No. 2176 Registered No. 260

Hospital ____

FULL NAME OF CHILD Audrey V Walker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 7 1920

FATHER		MOTHER	
FULL NAME	Lewis Walker	FULL MAIDEN NAME	Inez Merrell
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 7 40 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12 10 1920 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS APR 16 4 19 PM '82

State of _____ } ss.
County of _____

Certificate No. 86076
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Walker (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-7-20 (Date of Event)

in Menan (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Audrey Velna Walker

Subscribed and sworn to before me this 14 day of April, 1982

Notary Public, [signature] NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO

Residing at _____

My commission expires _____

(Seal)

X Audrey Velna Walker
Signature of Applicant

157 N 3rd west Rigby Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jeff

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1982

Notary Public, [signature] NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO

Residing at _____

My commission expires _____

(Seal)

(X) Inez Walker
Supporting Signature

142 N 3rd west Rigby Idaho
Street Address, City, State

1 cc pd

APR 28 1982

Marriage License from State of Idaho County of Bingham gives Merlin J Armstrong and Audrey V Walker were married in Jefferson County on 2-26-38. Viewed by V.S.

Cert of Award for School District No 42 gives Audrey Walker was neither absent nor Tardy for school term of 5 months ending April 29, 1927. Viewed by V.S.

365·226·026-917 ADDED CHILD'S NAME 2-25-97 MS

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby #2

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86077

Primary Registration District No. 2176 Registered No. 259

FULL NAME OF CHILD FERNA JEWELL CONNELL

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct 26 1920

FATHER		MOTHER	
FULL NAME	Henry Connell	FULL MAIDEN NAME	Hattie Rapp
RESIDENCE	Rigby	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 10/10 1920 Ray H. Fiske

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-7-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 1920-86077
Date Filed DEC. 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED CONNELL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 26, 1920 (Date of Event)

in RIGBY (JEFFERSON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED CONNELL	FERNA JEWELL CONNELL

Subscribed and sworn to before me this 18th day of February, 1997.

Notary Public, Elmira J. Turner

Residing at Blackfoot, Idaho

My commission expires 7-28-97

(Seal)

Ferna Jewell Connell Bennett
Signature of Applicant

915 Ada Ave Idaho Falls, Idaho 83402
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF UTAH COUNTY OF SALT LAKE MARRIAGE CERTIFICATE SHOWS ARTHUR CHARLES BERRETT AND FERNA JEWEL CONNELL WERE MARRIED JUNE 22, 1939 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 8/30/55 FILE #55-9947 SHOWS MERRI ANN BERRETT BORN AUG. 10, 1955 IN IDAHO FALLS (BONNEVILLE) ID TO FERNA JEWEL CONNELL AND ARTHUR CHARLES BERRETT VIEWED VS.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

268-130-026-759

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 86078

No. ..... St.

Primary Registration District No. 2176 Registered No. 258

Hospital .....

FULL NAME OF CHILD GEORGE PERRY BOYES

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. M Boyes	FULL MAIDEN NAME	Eurene Perry
RESIDENCE	Lewisville	RESIDENCE	Same
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A [illegible] child is [illegible] breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] [illegible] No. [illegible]

should mark this return. A stillborn child
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report

To

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ~~Jefferson~~ Bannock

Certificate No. 86078

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for George Perry Boyes (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct. 29, 1920 (DATE OF EVENT)
in Lewisville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 1, 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	George Perry Boyes

Subscribed and sworn to before me this 24th
day of January, 19 42
Helen Darling
Notary Public, residing at Pocatello, Idaho
My commission expires Jan 24, 1944
(SEAL)

Signed George M. Boyes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1025 E. Lander Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 19 42
Helen Darling
Notary Public, residing at Pocatello, Idaho
My commission expires Jan 24, 1944
(SEAL)

Signed Eugene Perry Boyes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1025 E. Lander Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

JUN 1 1945

993-101-026-212

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86079

Primary Registration District No. 2176 Registered No. 257

FULL NAME OF CHILD John Carl Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 1 1920

FATHER		MOTHER	
FULL NAME	J. J. Richardson	FULL MAIDEN NAME	Vilate Baker
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86079

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	John Carl Richardson

Subscribed and sworn to before me this 22 day of Nov., 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed J. J. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 28 '49

219-227-026-735

PLACE OF BIRTH

Amended 8/7/79

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86080

Primary Registration District No. 2176 Registered No. 256

FULL NAME OF CHILD Bernice Barrow

Sex of Child 2 | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A Barrow	FULL MAIDEN NAME	Hazel Glenn
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 9 21 AM '79

State of IDAHO
County of Jefferson } ss.

Certificate No. 86080
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barrows (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 27, 1920 (Date of Event)

in Rigby, Idaho (jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Barrows	Bernice Barrow
father's last name	Barrows	Barrow

Subscribed and sworn to before me this 31st day of May 1979.
Notary Public, Michael L. Hawkins Jr.
Residing at Rigby, Idaho, 83442
My commission expires 1 February 1983
(Seal)

Bernice Kingham
Signature of Applicant
145 Hiway Ave., Pocatello, ID, 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Jefferson } ss.

(Must be completed X)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of May 1979.
Notary Public, Michael L. Hawkins Jr.
Residing at Rigby, Idaho, 83442
My commission expires 1 February 1983
(Seal)

Supporting Signature
P.O.Box 205, Roberts, Idaho, 83444
Street Address, City, State

C1 4/17/79

Certif of Baptsim and Confirmatin from the LDS Church gives name as Bernice Barrow daughter of John Delbert Barrow and mother's name as Hazel Glenn born Sept 27, 1920 at Rigby, Idaho. Baptized A½ril 6, 1929. viewed by V. S.

AUG 7 1979

Temple ~~XXXXXXX~~ Recommend fromthe LDS Church gives name as Bernice Barrow Kinghorn dated ~~Sept~~ Feb. 20, 1953. Recommend for Sealing after Civil Marriage. born Sept 27, 1920 at Rigby, Idaho. Baptized April 6, 1929. Father's name as John Delbert Barrow and mother's maiden name as Hazel Glenn. viewed by V. S.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

385-201-026-666

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86081

Primary Registration District No. 2 176 Registered No. 255

FULL NAME OF CHILD CLEO CHECKETTS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
J	and		Yes	Oct 1 1920

FATHER		MOTHER	
FULL NAME	C. L. Checketts	FULL MAIDEN NAME	Margaret J. Foote
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Employee Sugar Factory	OCCUPATION	At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 6 50 A. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10 1920 Ray H. Fuller
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/21/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 86081

RECEIVED NOV 18 19

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Cleo Checketts (Name on original certificate) who born (Was born or died) on Oct. 1, 1920 (Date of event)
in Rigby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Oct. 1, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Checketts	Checketts
Name	Unnamed	Cleo

Subscribed and sworn to before me this 17th. day of November, 1941

Notary Public, residing at Preston, Idaho
My commission expires May 1, 1945
[SEAL]

Signed Margaret Jane Foote Checketts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th. day of November, 1941

Notary Public, residing at Preston, Ida.
My commission expires May 1, 1945.
[SEAL]

Signed C. Earl Grasham
(Signature of any credible person other than the previous affiant.)

Preston, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

632-217-026-796

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH
name added 9-5-84 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby #1

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86083

Primary Registration District No. 2176 Registered No. 253

FULL NAME OF CHILD Shirlee Vera Olsen

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H M Olsen	FULL MAIDEN NAME	Annie E Groom
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/17 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-13-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 28 1984
Bureau of Vital Statistics

State of Utah
County of SL } ss.

Certificate No. 86083
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Olsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 17, 1920 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Shirlee Vera Olsen

Subscribed and sworn to before me this 20 day of August, 1984.
Notary Public, Esther F Hall
Residing at SLC Ut.
My commission expires 1/23/87
(Seal)

Olsen
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of August, 1984.
Notary Public, Esther F Hall
Residing at SLC Ut
My commission expires 4/28/88
(Seal)

Kent B. Monsen
Supporting Signature

Street Address, City, State

1cc cred.+

Marriage Certificate lists Rue Barron Dastrup and Shirlee Vera Olsen were married Dec 3, 1941 at Preston, Viewed by V.S.

Marriage Certificate from LDS Church lists Rue Barron Dastrup and Shirlee Vera Olsen DAstrup were sealed in marrige on Jan 25, 1943. Viewed by V.S.

Baptism record for Shirlee Vera Olsen born Dec 17, 1920. Dated Jan 4, 1929. Viewed by V.S.

SEP 5 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-115-026-858

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86084

Primary Registration District No. 2176 Registered No. 252

FULL NAME OF CHILD Lavelle Edward Morgan

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec 15 — 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernal Edward Morgan	Jennie Leatha Heyrend
RESIDENCE	Lorenzo	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Q M Palmer
(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 12/10 19 20 Ray H Fisher
Registrar.

MAY 24 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: Neither - At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 3 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Ida

4. FULL NAME OF CHILD Lavelle Edward Morgan

5. Date of Birth of Child (Month, day, year) Dec. 15, 1920

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Vernal Edward Morgan

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Rigby (City or town) Ida. (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Leath Heyrend

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Rigby (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ Don't know

23. Number of children of this mother: (a) At time of birth and including this child. two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Vernal Edward Morgan (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Dr Myrle Palmer (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Leath Morgan Signature
Route 2 Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 19th day of May, 1944

(SEAL) Clencyth Clair Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

157-203-026-813

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

Registration District No. 98 File No. 86085

No. ..... St.

Primary Registration District No. 2176 Registered No. 251

Hospital .....

FULL NAME OF CHILD .....

Sex of Child X | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Anglesey	FULL MAIDEN NAME	Alice Hall
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 12/10 1920 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHILD'S FULL NAME ADDED 3-3-16 KGA

Form V. S. No. 11—20m-7-26-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

533-105-026-213

County of Jefferson

City of Rigby #1

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86086

Primary Registration District No. 2176 Registered No. 250

FULL NAME OF CHILD KENNETH PARLEY ELLIS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 5 1920

FATHER		MOTHER	
FULL NAME	Parley E Ellis	FULL MAIDEN NAME	Ruth Balmforth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10/1920 Ray H Fisher Registrar.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } SS
County of Salt Lake

Certificate No. 1920-86086
Date Filed December 10, 1920

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed baby boy Ellis (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 5, 1920 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	THE RECORD NOW SHOWS:	THE TRUE FACT IS:
Child's first name	(blank)	Kenneth
Child's middle name	(blank)	Parley
Child's last name	(blank)	Ellis

Subscribed and sworn (affirmed) to before me this 2nd day of December, 2015

Notary Public, Christina L. Eggers
Residing at 922 W. Baxter Dr. South Jordan UT, 84095
My commission expires 7/17/17
(Seal)

Notary Public
CHRISTINA L. EGGERS
Commission #668493
My Commission Expires
July 17, 2017
State of Utah

**Applicant's Signature Kenneth P. Ellis
Printed Name Kenneth P. Ellis
Street Address 4903 Sunset Park Cir.
City, State, ZIP West Jordan Utah 84081

STATE OF IDAHO CERTIFICATE OF LIVE BIRTH #1967-7526, FILED AUGUST 25, 1967 FOR EMILY RUTH ELLIS BORN AUGUST 14, 1967, BORN IDAHO FALLS, IDAHO SHOWS FATHER'S NAME AS KENNETH PARLEY ELLIS - AS VIEWED BY VS - KGA

INTERMOUNTAIN MEDICAL GROUP STATEMENT FOR ACCOUNT #501-1741772, DATED 05/19/2007 SHOWS RECIPIENT AS KENNETH PARLEY ELLIS - AS VIEWED BY VS - KGA

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of Utah } SS
County of Salt Lake

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

**Applicant's Signature _____
Printed Name _____
Street Address _____
City, State, ZIP _____

**PER IDAHO CODE 39-273: FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS ($5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.

(Rev. 11/2014)

LLE 11/13/2015

916-221-026-231

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 86087

Primary Registration District No. 2176 Registered No. 249

Hospital .....

FULL NAME OF CHILD Lena Rawlins

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Rawlins	FULL MAIDEN NAME	Abbie T. Blair
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 39 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86087

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rawlins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 21, 1920 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by baptism, Marriage license - 12-Dec. 41 (Bible Record, Insurance Policy, Etc.) prepared on baptism - June 2, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Lena Rawlins

Subscribed and sworn to before me this 2nd day of February, 1978

Marge Heaps

Notary Public, residing at Pocatello, Idaho

My commission expires 2-2-79

(Seal)

Signed Edith E. Rawlins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

244 E Chubbuck, Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 1978

Marge Heaps

Notary Public, residing at Pocatello, Idaho

My commission expires 2-2-79

(Seal)

Signed Virgil O. Rawlins

(Signature of Any Credible Person)

1346 Sage Pocatello, Ida

(Street Address, City, State)

FORM DH 60-155

Correction affidavit 2-1-78 (H) fc

Certificate of Baptism and Confiramtion gives name as Lena Rawlins daughter of Harry Rawlins and Albi Blair born in Rigby, Idaho, born November 21, 1920, baptized April 6, 1929 in L. D. S. Church.

Marriage License issued by the County of Bannock, Idaho gives name of bride as Lena Rawlins married to Ralph James Henderson on December 12, 1941.
Viewed by V.S.

FEB 6 1976

577-206-026-296

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

Registration District No. 98 File No. 86088

Primary Registration District No. 2176 Registered No. 248

FULL NAME OF CHILD Rachel Emily Eggleston

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Nov 6 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Eggleston	Minnie Browning
RESIDENCE	Lorenzo R.D.	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Colorado	Idaho
OCCUPATION	Farmer	At home

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10 19 20 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
SEP 3 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 86088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Eggleston (Name on Original Certificate) who was born (Was Born or Died) on November 6, 1920 (Date of Event) in Jefferson Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 7-21-29 (Give Date), are:

#283427

vie ed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Rachel Emily Eggleston

Subscribed and sworn to before me this 22nd day of August, 1957

Notary Public, residing at Idaho Idaho
My commission expires Apr 20, 1960
(Seal)

Signed Minnie Mae Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eggleston
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1957

Notary Public, residing at Idaho Idaho
My commission expires Apr 20, 1960
(Seal)

Signed Harry Lee Eggleston
(Signature of Any Credible Person)
(Street Address, City, State)

FORM DPH 55-155

SEP 13 1957

717-108-026-219 ADDED CHILD'S NAME 1-13-97 MS

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86089

Primary Registration District No. 2176 Registered No. 247

FULL NAME OF CHILD FRANK EDGAR POPE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo E. Pope	Vila Karren
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Employee Beet Growers	At Home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.45 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10/20 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RELEASED

1-13-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 20-86089
Date Filed DEC. 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED POPE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 8, 1920 (Date of Event)

in RIGBY (JEFFERSON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED POPE	FRANK EDGAR POPE

Subscribed and sworn to before me this 13th day of January, 19 97

Notary Public, Mary Schneider

Residing at Meridian Id

My commission expires 2-16-2000

(Seal)

Frank Pope
Signature of Applicant

124 Freedom Wk. Ontario, OR.
Street Address, City, State

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OREGON DRIVER'S LICENSE SHOWS FRANK EDGAR POPE BORN NOV. 8, 1920 WAS ISSUED 9/28/90 VIEWED VS.

MILITARY RECORD SHOWS FRANK E. POPE BORN NOV. 8, 1920 ENTERED INTO SERVICE OCT. 30, 1943 VIEWED VS.

693-213-026-119

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 86090

No. ..... St.

Primary Registration District No. 2176 Registered No. 246

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Nov 13 1920

FATHER		MOTHER	
FULL NAME	J. J. Wilson	FULL MAIDEN NAME	Rowena Jardine
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 12/10 19 20 Ruth Fred Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-22-1026-264

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

CHILD'S NAME ADDED 10/10/97TLC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby #2

No. ..... St.

Registration District No. 98 File No. 86091

Primary Registration District No. 2176 Registered No. 245

Hospital .....

FULL NAME OF CHILD VERNA ELLIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 27 1920

FATHER		MOTHER	
FULL NAME	Charles Ellis	FULL MAIDEN NAME	Louisa Southwick
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 12/16 1920 - Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-19-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 1920-86091
Date Filed 12/10/20

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED ELLIS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 27, 1920 (Date of Event)

in RIGBY (JEFFERSON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED ELLIS	VERNA ELLIS

Subscribed and sworn to before me this 25th day of September, 1997

Notary Public, [signature]
Residing at Ogden Utah
My commission expires 5-1-2000
(Seal)

NOTARY PUBLIC
KRISTIN VAN ALFEN
1344 West 4675 South
Ogden, Utah 84405
My Commission Expires
May 1, 2000
STATE OF UTAH

[signature] Verna E Nielsen
Signature of Applicant

6704 E 100 S Huntsville, Ut 84317
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____

The undersigned does swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

fee paid

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM AGENCY CERTIFICATION OF INSURANCE STATUS DATED AUG. 29, 1980 GIVES NAME AS VERNA E HISLOP BORN JULY 27, 1920. VIEWED BY VS

NOTIFICATION OF PERSONNEL ACTION GIVES NAME AS VERNA E HISLOP BORN JULY 27, 1920. RETIREMENT EFFECTIVE AUG. 29, 1980. VIEWED BY VS

218-112-026-469
PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86093

Primary Registration District No. 476 Registered No. 243

FULL NAME OF CHILD Glenn Ray Sayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Joe Sayer	FULL MAIDEN NAME	Luzella Morgan
RESIDENCE	Bone Ida	RESIDENCE	Bone, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 12/10 19 20 Ralph Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

DEC 4 1975

816-230-026-469

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86094

Primary Registration District No. 2176 Registered No. 242

FULL NAME OF CHILD .....

Sex of Child 2 | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Hawke	FULL MAIDEN NAME	Belle Morgan
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-210-026-795

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86095

Primary Registration District No. 2176 Registered No. 241

FULL NAME OF CHILD Esther Gertrude Palmer

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Palmer	FULL MAIDEN NAME	Emily Green
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 12/10 1920 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 9 1970
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 86095

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Palmer (Name on Original Certificate) who was born (Was Born or Died) on September 10, 1920 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Palmer	Esther Gertrude Palmer

Subscribed and sworn to before me this 6th day of Aug 1970

Notary Public, residing at Idaho Falls, Idaho
My commission expires Oct 23 1971
(Seal)

Signed Coren Lucher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1 Box 120 Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Aug 1970

Notary Public, residing at Idaho Falls, Idaho
My commission expires Oct 23 1971
(Seal)

Signed (paternal aunt) Mabel Palmer Barnes
(Signature of Any Credible Person)

438 (rear) Street
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155 (CL) 7-10-69 nm

Ucon High Scool in Ucon, Idaho gives child's name as Esther G. Palmer on her Diploma from High School Dated 19 of May 1938. Signed by Louis L. Wolz, Superintende
Viewed by V. S.

APR 20 1970

Nortification fo Birth Registration from the State of Idaho for Robert Dale Apgood Born Feb. 20, 1941 at Idaho Falls, Idaho. Parents name s as Dale marvin Apggod (father), and Esther Gertrude Palmer (Mother). No. 308649. Viewed by V. S.

356-120-026-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby Registration District No. 98 File No. 86096

No. ..... St.

Primary Registration District No. 2176 Registered No. 240

Hospital .....

FULL NAME OF CHILD GARTH ARTHUR LEWIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	George Lewis	FULL MAIDEN NAME	Irene Williamson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 a M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Idaho

Filed 12/10 19 20 Ralph Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jeffersen

Certificate No. 86096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for unnamed Lewis (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 20-1920 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 10th, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Garth Arthur Lewis

Subscribed and sworn to before me this 27
day of April, 1942

Notary Public, residing at Rigby, Idaho
My commission expires Nov. 9th, 1942
(SEAL)

Signed Irene W. Lewis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of April, 19 42

Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1942
(SEAL)

Signed L. R. Innes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 28 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

JAN 1 0 1975

859-179-026-212

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby R.D.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86097

Primary Registration District No. 2176 Registered No. 239

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept 1 1920

FATHER		MOTHER	
FULL NAME	E. A. Heiner	FULL MAIDEN NAME	Hazel Barrett
RESIDENCE	Rayburg	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby

Filed 12/10 19 25 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-9-222026-295
PLACE OF BIRTH
name added 9/13/79

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville Registration District No. 98 File No. 86098

No. ..... St.

Primary Registration District No. 2176 Registered No. 238

Hospital .....

FULL NAME OF CHILD Melba Gladys DeRoche

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 22 1920

FATHER		MOTHER	
FULL NAME	Leo DeRoche	FULL MAIDEN NAME	Gladys Kinghorn
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida ho.
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby, Idaho

Filed 12/10 19 50 Ray H Frisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 26 9 14 AM '79
VITAL STATISTICS

State of _____ } ss.
County of _____ }

Certificate No. 86098
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed DeRoche (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 22, 1920 (Date of Event)
in Lewisville, Idaho (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Melba Gladys DeRoche

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 1979.

Notary Public, Dora B. Young
Residing at Lewisville, Idaho
My commission expires 10-10-82
(Seal)

Supporting Signature

Lewisville Idaho 83431
Street Address, City, State

CL 6/20/79

Certif of Blessing from the LDS Church gives nameas Doris LaVera Puckett daughter of Joseph B. Puckett and Melba Gladys DeRoche. born Oct 1, 1944 at Rigby,Idaho. Blessed May 6, 1945. viewedby V. S.

Notification of Birth from the LDS Church gives name as Robert Dale Puckett born April 9, 1942 at Rigby, Idaho # 345601. Joseph Bartley Puckett and Melba Gladys DeRoche. viewed by V. S.

SEP 13 1979

843-216-026-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 86099

No. ..... St.

Primary Registration District No. 2176 Registered No. 237

Hospital .....

FULL NAME OF CHILD Grace Hutchings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Jan 16 1920

FATHER		MOTHER	
FULL NAME	Marion Price Hutchings	FULL MAIDEN NAME	Nellie Kinghorn
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29	COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Grocer	OCCUPATION	At Home

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 25 P. M. on the date above stated.

(Signature) Geo. S. Humphreys

(Physician or midwife)

Address Rigby

Filed 12/10 19 20 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1943

SEP 4 1943

259-11 — 026-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86100

Primary Registration District No. 2176 Registered No. 236

FULL NAME OF CHILD JOHN IRWIN KER, JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M		yes	June 12 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Irwin Ker	FULL MAIDEN NAME	Eunice Perry
RESIDENCE	Rigby #3.	RESIDENCE	Rigby
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/16 1920 Ray H. Fisher Registrar

K

OCT 7 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 86100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kerr	Ker
Name	Unnamed	John Irwin Ker, Jr.

Subscribed and sworn to before me this 16th day of September 1942

Mila Bigler

Notary Public, residing at Idaho Falls, Ida.

My commission expires April 10, 1946.
(Seal)

Signed Eunice Ker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October 1942

Amos R. Nelson

Notary Public, residing at Ririe Idaho

My commission expires Oct 23rd - 1944
(Seal)

Signed Reed Hayes
(Signature of Any Credible Person Other Than Previous Year)

Ririe Idaho
(Street Address, City, State)

K

OCT 8 1942

619-212-026-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 86101

Registered No. 235

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	June 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M. Warner	FULL MAIDEN NAME	Pearl Killian
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby, Ida

Filed 12/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1969

719.214:026 &19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby #3

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86102

Primary Registration District No. 2176 Registered No. 234

FULL NAME OF CHILD ..... HELEN MARIE PARK

Sex of Child: F

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: June 14 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: Lorin Park

RESIDENCE: Rigby

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elva Harris

RESIDENCE: Rigby

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer (Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/11 1920

Ray H. Fisher Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 86102

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Born June 14th., 1920 (Birth or Death)
for None (Name on Original Certificate) who Born (Was Born or Died) on June 14th., 1920 (Date of Event)
in Rigby RFD#2, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 14th., 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Marie Park
Helen Marie Park		

Subscribed and sworn to before me this 20th
day of June, 19 42
Grace F. Miller
Notary Public, residing at Ririe, Idaho
My commission expires October 23rd., 1944
(Seal)

Signed Lorin Andrew Park
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ririe, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of June, 19 42
Grace F. Miller
Notary Public, residing at Ririe, Idaho
My commission expires October 23rd., 1944
(Seal)

Signed Lorin Andrew Park
(Signature of Any Credible Person Other Than Previous Year)
Ririe, Idaho
(Street Address, City, State)

JUL 13 1942

JUL 2 1 1942

FEB 1 3 1970

613-123-026-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 9 8

File No. 86103

Primary Registration District No. 2176

Registered No. 233

FULL NAME OF CHILD Reed Palmer Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 23 1920

FATHER	MOTHER
FULL NAME: Claud S. Waters	FULL MAIDEN NAME: Charlotte Fix
RESIDENCE: Rigby	RESIDENCE: Rigby
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5 Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/16 1920

Ray H. Fisher
Registrar

OCT 2 5 1941

666-226-026-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86104

Primary Registration District No. 2176 Registered No. 232

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 26 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Woolsey	Mary Barker
RESIDENCE	Ririe	Ririe
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Utah	Ida
OCCUPATION	Section hand	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. M. Palmer (Physician or midwife)

Address Rigby Ida

Filed 12/10 19 20 Ray H. Fisher Registrar

685-218-026-469

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

237

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86105

Primary Registration District No. 2176 Registered No. 218

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
1		yes	June 18 1920

FATHER		MOTHER	
FULL NAME	Etsel Wheeler	FULL MAIDEN NAME	Fay Morgan
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby Ida

Filed 12/10 1920 Ray Hatcher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-230-026-857 name added 3-12-82

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 78 File No. 86106

Primary Registration District No. 2176 Registered No. 230

FULL NAME OF CHILD Melba Ruth Bigham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	May 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas A. Bigham	FULL MAIDEN NAME	Ada M. Yeaman
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New. Mex	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby, Ida

Filed 12/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-19-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

MAR 9 8 33 AM '82

Certificate No. 86106
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bigham (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-30-20 (Date of Event)

in Ririe (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Melba Ruth Bigham

OFFICIAL SEAL
JERRY L. LAZAR
Notary Public - California
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
MY COMMISSION EXPIRES AUGUST 10, 1984

Subscribed and sworn to before me this 2nd day of February, 1983.

Notary Public, Jerry L. Lazar
Residing at Long Beach, Ca
My commission expires 8-10-84
(Seal)

x Melba Ruth Walker
Signature of Applicant
2010 Pine Ave Apt 1 Long Beach, Calif
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIF } ss.
County of Solan

OFFICIAL SEAL
WM. E. LIGHTLE
NOTARY PUBLIC-CALIFORNIA
SOLANO COUNTY
My Commission Expires April 25, 1983

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1982.

Notary Public, Wm. E. Lightle.
Residing at Vallejo Calif
My commission expires _____
(Seal)

x Ada May Wilson
Supporting Signature
x 300 Inverness Dr. Vallejo. Calif
Street Address, City, State

Cert of Baptism from LDS Church gives Melba Ruth Bigham born 5-30-20 in Ririe to Charles R Bigham and Ada May Yeaman and was baptised 6-3-28 . Viewed by V.S.

MAR 12 1982

Cert of Blessing from LDS Church gives Melba Ruth Bigham born 5-30-20 in Ririe to Chas Bigham and Ada Yeaman and was blessed 7-4-20. Viewed by V.S.

343-213-026-719 name added 1-25-82

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 98

Primary Registration District No. 2176

File No. 86107

Registered No. 231

FULL NAME OF CHILD Mae Cutler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	May 13 1920

FATHER		MOTHER	
FULL NAME	Wm Cutler	FULL MAIDEN NAME	Zella Parks
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby Ida

Filed 12/10 1920 Ray H Fisher

Registrar

K

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 18 1982
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86107

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cutler (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1920 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Mae Cutler

Subscribed and sworn to before me this 23 day of July, 1980

J. M. L. Gill

Notary Public, residing at Soda Springs, Id.

My commission expires Life time

(Seal)

Signed Aggie D Cutler
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Nurses Home, Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of July, 19.....

J. M. L. Gill

Notary Public, residing at Soda Springs, Id

My commission expires Life Time

(Seal)

Signed Renee' White
(Signature of Any Credible Person)

Bancroft, Idaho
(Street Address, City, State)

FORM DH 60-155

Correction corresp. in office 9-14-78 (C(fc

Marriage Certificate from State of Utah County of Cache gives Ellis Lusk Williams of Malad and Mae Cutler of Shelley were married 5-28-43 in LDS Temple in Logan, Utah. Viewed by V.S.

JAN 25 1982

Metropolitan Life Ins. Co. Policy gives Insureds name as Mae C Williams age 19. Date of Issue 2-1-39. Viewed by V.S.

796-215-024-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 8608

Primary Registration District No. 2176 Registered No. 226

FULL NAME OF CHILD ELLA MAE GROOM

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	May 15 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Percy Groom	FULL MAIDEN NAME	Della Short
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Eng	BIRTHPLACE	Utah
OCCUPATION	Probate Judge	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1920

Ray H. Fisher
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 86108

Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was Born (Was Born or Died) on may 16 1920 (Date of Event)
in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on may 28 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ella Mae Groom

Subscribed and sworn to before me this 27th
day of May 1942

Percy Groom
Notary Public, residing at Rigby Idaho
My commission expires April 7th 1943
(Seal)

Signed Della Groom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of May 1942

Percy Groom
Notary Public, residing at Rigby Idaho
My commission expires April 7-1943
(Seal)

Signed Elsie Riggs
(Signature of Any Credible Person Other Than Previous Year)

R.-0-1- Rigby Idaho
(Street Address, City, State)

JUN 1 19[illegible]

19[illegible]

413.106.026-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86109

Primary Registration District No. 2176 Registered No. 227

FULL NAME OF CHILD Laverne E. Walton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Walton	Emily Fox
RESIDENCE	Rigby.	Rigby
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	49	43
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9. a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/4 19 20 Ruth Fisher Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 16 1964
Bureau of Vital Statistics

State of IDAHO
County of JEFFERSON } ss.

Certificate No. 86109

Date Filed X

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Walton (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1920 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by X (Bible Record, Insurance Policy, Etc.) prepared on X (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Laverne E. Walton

X Subscribed and sworn to before me this 9th day of
X December, 19 64

X Notary Public, residing at Idaho Falls, Idaho
My commission expires February 15, 1965
(Seal)

X Signed C. Lewis Walton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

X 667 1st Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of X Idaho
County of X Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

X Subscribed and sworn to before me this 14th day of
X December, 1964

X Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-15-65
(Seal)

X Signed Blanche M. Cherry
(Signature of Any Credible Person)

X 352 East 15th Str., Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-12-64. one copy pd. rec. #6490.

L.D.S. Church Cert. of Baptism and Confirmation, July 1, 1928 gives full name as Laverne E. Walton, son of Charles T. Walton and Emily Fox, born June 6, 1920 at Rigby, Idaho - viewed by V.S.

L.D.S. Church Cert. of Blessing, Nov. 7, 1920 gives full name as Laverne E Walton son of Chas A Walton and Emily Fox, born June 6, 1920 at Rigby, Idaho - viewed by V.S.

FEB 1 1965

897-208-026-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86110

Primary Registration District No. 2176 Registered No. 228

FULL NAME OF CHILD Dorothy Dalton Higgins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	—	Yes	June 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Higgins	FULL MAIDEN NAME	Mary Robison
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby, Ida

Filed 12/10 1920 Roy H Fisher

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

JAN 30 1942

Certificate No. 86110

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 8th, 1920 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Higgins	Dorothy Dalton Higgins

Subscribed and sworn to before me this 27th day of January, 19 42

K. Johnson

Notary Public, residing at Santa Monica,

My commission expires Feb. 4th, 1943 Calif.

(SEAL)

Signed Mrs Mary Higgins

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR OR INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1713- Ninth St., Santa Monica, Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 19 42

K. Johnson

Notary Public, residing at Santa Monica, Calif.

My commission expires February 4th, 1943

(SEAL)

Signed Raymond Nichols

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1713 Ninth Street, Santa Monica, Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By _____

(REGISTRAR'S SIGNATURE)

JAN 30 1949

343-101-026-386

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2M-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86111

Primary Registration District No. 2176 Registered No. 229

FULL NAME OF CHILD Earle Andrus Cutler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		—	yes	June 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos Cutler	FULL MAIDEN NAME	Annie Thompson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby Ida

Filed 12/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
DEC 22 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 86111

Date Filed 12/10/20

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cutler (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1920 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ch. Record & Ins Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec. 18 - 1970 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Earle Andrus Cutler

Subscribed and sworn to before me this 18th day of Dec., 19 70

Ronald E. Graham

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Raymond Cutler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt#1 Box 282, Rigby, Idaho 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Dec., 19 70

Ronald E. Graham

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Darlene Anderson
(Signature of Any Credible Person)

454 Claremore Dr. Rigby Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/19/70 nm

Membership in LDS Church gives name as Earle Andrus Cutler. Date of birth June 1,'20. Father's name as Joseph Cutler and mother's name as Annie Thompson. Was belssed Aug. 1, 1920 by Orson P. Burr. Baptized June 30, 1928 by Jesse Hawke. Viewed by V. S

DEC 23 1970

Application for Insurance in Business Men's Assurance Compnay of America. Gives name asEarle A. Cutler. Place of birth Rigby, Idaho, Date of birth June 1, 1920. Policy Dated July 19, 1940. Signed by Lin B. Iramason. Viewed by V. S.

434.126.026-259

Name added 1/29/86 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Jefferson

City of ~~Antelope~~

No. Rigby St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86112

Primary Registration District No. 2176 Registered No. 225

FULL NAME OF CHILD Emerial Afton McMurtrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	April 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emrial McMurtrey	FULL MAIDEN NAME	Pauline Sermon
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rigby, Ida

Filed 12/16 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF

State of Idaho
County of Ada } ss.

JAN 29 10 13 AM '86

Certificate No. 86112
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed McMurtrey (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 26, 1920 (Date of Event)
in Rigby, Jefferson Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	omitted	Emerial Afton McMurtrey

Subscribed and sworn to before me this 29th day of January, 1986.
Notary Public, Linda Hickman
Residing at Boise
My commission expires April 3, 1991
(Seal)

Emerial Afton McMurtrey
Signature of Applicant
RR#2 Box 56 Filer Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1/29/86

JAN 23 1986

Marriage License and Certificate from New London, Connecticut gives marriage date as January 9, 1946. Groom's name Emerial Afton McMurtrey age 25 born at Rigby, Idaho to Wiley E. McMurtrey and Pauline M. Sermon, married to Christina Elizabeth Wilbur.
Viewed by V.S.
Separation papers from U.S. Navy gives name as Emerial Afton Mc Murtrey born 26 April, 1920 at Rigby, Idaho Date of Entry Sept. 8, 1939. date of discharge July 14, 1947
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-228-026-632

PLACE OF BIRTH

County of Jefferson

City of Rigby #2

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86113

Primary Registration District No. 2176 Registered No. 224

FULL NAME OF CHILD .... Thelma Loretta Price

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	April 28 1920

FATHER		MOTHER	
FULL NAME	Henry Price	FULL MAIDEN NAME	Elsie Olsen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 4 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Palmer

(Physician or Midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/16 19 20

Registrar

MAR 15 1974

864-122-026-695

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86114

Primary Registration District No. 2176 Registered No. 223

FULL NAME OF CHILD H. KENNETH HOMER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	May 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. H. Homer	FULL MAIDEN NAME	Edna Finn
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby, Ida

Filed 12/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LOS ANGELES } ss.

Certificate No. 86114

AUG 27 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on May 22, 1920 (Date of Event)
in Ririe, Jefferson Co; Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on October 1, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	H. Kenneth Homer

Subscribed and sworn to before me this 21st, day of August, 1943

D.C. Dunn

Notary Public, residing at Sherman Oaks, Calif

My commission expires November 9th, 1943 (Seal)

Signed H. Kenneth Homer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14747 Friar St, Van Nuys, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of LOS ANGELES } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st, day of August, 1943

D. Dunn

Notary Public, residing at Sherman Oaks, Calif.

My commission expires November 9th, 1943 (Seal)

Signed Paul M. Pack
(Signature of Any Credible Person Other Than Previous Year)

14320 Robler Pl, Sherman Oaks, Calif.
(Street Address, City, State)

AUG 3 1 1943

315-226-026-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 8615

Primary Registration District No. 2176 Registered No. 219

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	May 26 1920

FATHER		MOTHER	
FULL NAME	Frank Land	FULL MAIDEN NAME	Clara Gutierrez
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Old Mex	BIRTHPLACE	New Mexico
OCCUPATION	Section	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Balmer (Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10/19 20 Ray H. Fisher Registrar

795-216-026-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86116

Primary Registration District No. 2176 Registered No. 220

FULL NAME OF CHILD Mattie May Green

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	✓	Yes	May 16 1920

FATHER		MOTHER	
FULL NAME	Wm Monroe Green	FULL MAIDEN NAME	Myrle Hanson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 3 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Salmon (Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1920 Ray H Fleshe Registrar

DEPARTMENT OF STATE
RECEIVED
OCT 22 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-214-026-493

PLACE OF BIRTH name added 12-1-82

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 86117

Registered No. 222

FULL NAME OF CHILD Izetta May Hancock

Sex of Child: F

Twin, Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Riley Hancock	FULL MAIDEN NAME	Lola Miller
RESIDENCE	Rigby #1	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Palmer (Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/16 19 20 Ray H. Fisher Registrar

11-23-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 30 10 20 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 86117
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hancock (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 14, 1920 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Izetta Mary ~~Izetta~~ Hancock

Subscribed and sworn to before me this 26th day of November, 1982

Notary Public, Doreen L. Sayer

Residing at Idaho Falls, Idaho

My commission expires Life

(Seal)

X Izetta Mary Hancock Bramwell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Application to the Beneficial Life Ins. Co. gives Izetta May Hancock born at Garfield, Idaho on May 14, 1920. Policy dated April 1, 1929. Viewed by V.S.

DEC 1 1982

Family Bible gives Izetta May Hancock born May 14, 1920 was Blessed on July 4, 1920 by Nathan Groom Jr. Obviously old record. Viewed by V.S.

86 4 118 · 026-168
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Menan
No. ..... St.
Hospital .....

Registration District No. 98 File No. 86118
Primary Registration District No. 2176 Registered No. 216

FULL NAME OF CHILD Alvin Youngstrom

Sex of Child: M
Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth:
Legitimate? yes
Date of Birth: Dec 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Enoch Youngstrom	FULL MAIDEN NAME	Jane Johnston
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	At Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report. ..... 19.....

Filed Dec 18 19 20 Ray H Fisher
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-111-026-413

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 86119
Local Reg. No. 210
Reg. Dist. No. 98

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
JOSEPH	EDWARD	RANKIN	Male	Nov. 11, 1920	11:00p M

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
	Ririe	Jefferson

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
Sam F. Price		

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Sam F. Price, M.D.	Rigby, Idaho

REGISTRAR	DATE RECEIVED BY REGISTRAR (Month, Day, Year)
6a. (Signature) ▶ Ray H. Fisher	6b. December 10, 1920

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
Helen	M.	Mathews	28	Idaho

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
Idaho	Fremont	Ashton	Idaho Street	Yes

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
Robert	Ira	Rankin	27	Virginia

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant) ▶	RELATION TO CHILD 11b.
Helen M. Rankin	Mother

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)
W	W				

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)

18. EDUCATION – MOTHER (Specify only highest grade completed)		19. EDUCATION – FATHER (Specify only highest grade completed)	
Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

JAN 27 1983

469-219,026-297

PLACE OF ~~BIRTH~~

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2178

File No. 86120

Registered No. 209

Full Name of Child LEAH LOUISE MORGAN

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest R. Morgan	FULL MAIDEN NAME	Nellie Bigham
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	New Mexico
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Address Ririe

Filed 12/10 1920 Ray H Fisher
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 86120

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leah Louise Morgan (Name on Original Certificate) who was Born (Was Born or Died) on Oct. 19, 1920 (Date of Event) in Ririe (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leah Louise Morgan
Leah Louise Morgan		
Oct 19, 1920		

Subscribed and sworn to before me this 23rd day of Oct, 1942

Paul A Dixon

Notary Public, residing at Ririe Idaho

My commission expires Oct 15 1946
(Seal)

Signed Mrs E R Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of Oct, 1942

Paul A Dixon

Notary Public, residing at Ririe Idaho

My commission expires Oct 15 1942
(Seal)

Signed Thomas R. Miller
(Signature of Any Credible Person Other Than Previous Year)

Ririe Idaho
(Street Address, City, State)

OCT 28 19[illegible]

23-216-026-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86121

Registered No. 208

Full Name of Child BARBARA STAKER

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? yes	DATE OF BIRTH: Sept 1 (Month) (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	James Lenzel Staker	FULL MAIDEN NAME	Alberta Beazer
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call (Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 19 20

Ray H Fisher Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 86121

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Barbara Staker (Name on Original Certificate) who was born (Was Born or Died) on September 16, 1940 (Date of Event)
in Iris Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on September 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Denzel Stahr	James Denzel Staker
Surname	Stahr	Staker
name	none given	Barbara Staker

Subscribed and sworn to before me this 31st
day of July, 1942
D. M. Blaylock
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 20, 1944
(Seal)

Signed James Denzel Staker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
159 College Street Idaho Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of July, 1942
D. M. Blaylock
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 20, 1944
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
R 5 Idaho Falls Idaho
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

296-104-026-753

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86122

Primary Registration District No. 2176 Registered No. 207

Full Name of Child Clyde C. Brown

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Oct 4 (Month) (Day) 19 20 (Year)	

FATHER		MOTHER	
FULL NAME	James A Brown	FULL MAIDEN NAME	Elsie Peterson
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A J Call

(Physician or midwife)

Address Rigby

Filed 12/10 19 20 Ray H Fisher

Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-10-41 G. J.

345-205-026-462

PLACE OF BIRTH

County of Jefferson

City of Labelle

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86123

Primary Registration District No. 2176 Registered No. 206

Full Name of Child

SEX OF CHILD: F	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	DATE OF BIRTH: Nov 5 (Month) (Day) 19 20 (Year)	
FATHER				**MOTHER**	
FULL NAME: Ray Lundquist				FULL MAIDEN NAME: Marie Moses	
RESIDENCE: Labelle				RESIDENCE: Labelle	
COLOR: W	AGE AT LAST BIRTHDAY: 26 (Years)			COLOR: W	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho				BIRTHPLACE: Utah	
OCCUPATION: Farmer				OCCUPATION: Home	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 19 26 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-203-226-213

PLACE OF BIRTH

AMENDED - AUGUST 26, 1949

County of Jefferson

City of Labelle

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86124

Primary Registration District No. 2176 Registered No. 204

FULL NAME OF CHILD Aya Cecilia Ann Sato
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 3 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	S. Sato	FULL MAIDEN NAME	Hana Sato
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call, M. D.

(Physician or midwife)

Address Rigby, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 12/10 1920 Ray Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 86124

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Sattow	Sato
Name	Unnamed	Aya Cecilia Ann Sato

Subscribed and sworn to before me this 2
day of February, 19 42.
Sarah E. Ruben
Notary Public, residing at Pocatello
My commission expires Nov 12, 1945
(SEAL)

Signed Hana Sato Kijiki
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route #1 Pocatello Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of February, 19 42.
Sarah E. Ruben
Notary Public, residing at Pocatello
My commission expires Nov 12, 1945
(SEAL)

Signed George Sato
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Route #1, Pocatello, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

AUG 31 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Labelle

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86124

Registered No. 204

Full Name of Child .....

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov 3 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Sattow	FULL MAIDEN NAME	Hana Sattow
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

1 Photostat copy 2/27/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 12/10 1920

Ray H Fisher

Registrar

AUG 31 1949

294 112.026-251

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86125

Registered No. 203

Full Name of Child NORMAN CLAIR KRUPP

SEX OF CHILD: m	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm E. Krupp	FULL MAIDEN NAME	Lula Afton Beazer
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 12/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 86125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Krupp (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1920 (Date of Event)
in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Ordination Oct. 2, 1932 Certificate of Baptism prepared on Aug. 3, 1929 (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Norman Clair Krupp.
		Father

Subscribed and sworn to before me this 20th day of June, 1955.

George M. Lawson
Notary Public, residing at Menan Idaho
My commission expires Dec 17 1955
(Seal)

Signed Wm E Krupp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1955.

George M. Lawson
Notary Public, residing at Menan, Idaho
My commission expires Dec 17, 1955
(Seal)

Signed Mother
Lula E Krupp
(Signature of Any Credible Person)

Lorenzo Ida
(Street Address, City, State)

DPH 52.155

JUN 2 4 1955

253-116-026-793

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 — File No. 86126

Primary Registration District No. 2176 — Registered No. 202

Full Name of Child Raymond Harold Keller

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Your Keller	FULL MAIDEN NAME	Nora Gilsen
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W — AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed Dec 10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

OCT 29 1940

219-213-026-31K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86127

Primary Registration District No. 2176 Registered No. 201

Full Name of Child Lola Baron

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	10-13-20

FATHER		MOTHER	
FULL NAME	James Baron	FULL MAIDEN NAME	Pearl Campbell
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Address Menan

Filed 12/10 1920 Ray H Fisher
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

653-119-026-766

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86128

Primary Registration District No. 2176 Registered No. 200

Full Name of Child DONALD REUBEN Fell

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 10 (Month) - 19 (Day) 19 20 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Fell	FULL MAIDEN NAME	Elizabeth E Poole
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Eng	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Menan

Filed 12/19 20 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

78-225-026-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 86129

Primary Registration District No. 2176 Registered No. 205

Full Name of Child Cecelia Thayne

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Oct 25 20 (Month) (Day) 19.... (Year)	

FATHER

FULL NAME: Albert Thayne

RESIDENCE: Annis

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Jennie May Ellis Thayne

RESIDENCE: Annis

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Call

(Physician or midwife)

Address Rigby

Filed 12/10 19 25 Ray H. Fisher

Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

389-204-026-295
PLACE OF BIRTH

Form V. S. No. 11—~~20m-7-20~~10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Lewisville
No. ..... St.
Hospital .....

Registration District No. 98 File No. 86130
Primary Registration District No. 2176 Registered No. 317

FULL NAME OF CHILD STELLA ROSE CHIVERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 14 1920

FATHER		MOTHER	
FULL NAME	Hyrum Chiver	FULL MAIDEN NAME	Rose Kinghorn
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.
..... 19.....

Registrar.

Filed 12-10 19 20 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1970

169-104-026-466

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 86133

Primary Registration District No. 2176 Registered No. 215

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	and		yes	Nov 4 1920

FATHER		MOTHER	
FULL NAME	Willard J. Morgan	FULL MAIDEN NAME	Jenette I. Moore
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Rigby Idaho
OCCUPATION	farmer	OCCUPATION	Home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 12/10 1920 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

117-130-026-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V—

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96

File No. 86134

Primary Registration District No. 2176

Registered No. 214

Full Name of Child Glen Carroll Jackson

SEX OF CHILD: M

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

DATE OF BIRTH: Oct 30 (Month) (Day) 19 20 (Year)

FATHER

FULL NAME: Robt. W. Jackson

RESIDENCE: Rigby

COLOR: W

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Mechanic (auto)

MOTHER

FULL MAIDEN NAME: Elva M. Larson

RESIDENCE: Rigby

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Home

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam J. Price

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 19 20

Ralph Fisher
Registrar

814-117-026-469

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86135

Registered No. 2

Full Name of Child ARDEN JOSEPH HARRIS

SEX OF CHILD: M

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH: Oct 17 (Month) (Day) 19 (Year)

FATHER

FULL NAME: Ransom E Harris

RESIDENCE: Rigby R. 3

COLOR: W AGE AT LAST BIRTHDAY: 48 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Martha Morris

RESIDENCE: Same

COLOR: W AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Utah

OCCUPATION: Home

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam J. Price

(Physician or ~~midwife~~)

Address Rigby

Filed 12/10 19 20

Ray W Fisher
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 86135

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who Born (Was Born or Died) on Oct. 17 - 1920 (Date of Event)
in Ririe RFD #3 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record - & also State (Bible Record, Insurance Policy, Etc.) prepared on Jan 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Arden Harris
ARDEN Joseph HARRIS		

Subscribed and sworn to before me this 16 day of June, 19 42

Anna R. Miller
Notary Public, residing at Ririe

My commission expires Oct 23 - 1944
(Seal)

Signed Martha E. Harris (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ririe Ida RFD Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 16 day of June, 19 42

Anna R. Miller
Notary Public, residing at Ririe

My commission expires Oct. 23, 1944
(Seal)

Signed Martha E. Harris (MOTHER)
(Signature of Any Credible Person Other Than Previous Year)

Ririe Ida RFD 2 Idaho
(Street Address, City, State)

JUN 2 2 1942

SEP 1 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

713-113-026-366 No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 78 File No. 86136

Primary Registration District No. 2176 Registered No. 212

Full Name of Child Donald Wm Gallup

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Oct 13 1920

FATHER

FULL NAME: Willis S. Gallup

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Grain Dealer

MOTHER

FULL MAIDEN NAME: Pearl C. Lowder

RESIDENCE: Ririe

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam J Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 1920 Ray W Foster Registrar

JUN 1 1960

240-028-026-791

Amended 11/5/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86137
Local Reg. No.
Reg. Dist. No. 98-

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ririe
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ririe
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Martha b. (Middle): Katheryn c. (Last): Smout

4. SEX: F
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 28, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Parley b. (Middle): L. c. (Last): Smout

8. AGE (At time of this birth): 47 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Elevator Employee
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Bernie b. (Middle): c. (Last): Grandin

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Sam F. Price
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Ririe
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12/10/20
22. REGISTRAR'S SIGNATURE: Ray H. Fisher
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 6AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Correspondence to Division of Vital Statistics, Boise, Idaho

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 2 11 35 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 86137

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Katherine Smont (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1920 (Date of Event) in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Katherine Smont	Martha Katheryn Smout
Father's name	Parley L. Smont	Parley L. Smout
Mother's name	Bernie Brandin	Bernie Grandin

Subscribed and sworn to before me this 4th day of April, 19 73

Notary Public, residing at Idaho Falls, Idaho
My commission expires .....
(Seal)

JOHN FEREBAUER
NOTARY PUBLIC
IDAHO FALLS, IDAHO
MY COMM. EXPS. 9 22 74

Signed Bernie H. Brandin Smout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 2/14/73 lbc pd. rec. # 7499

Term Report Card 1932 gives name as Katheryn Smout. from Idaho. Jefferson, Co. Viewed by V. S.

Social Security Card (519-12-5488) gives name as Martha Katheryn Smout. Viewed by V. S.

Certificate of Marriage fromUtah gives groom'sname as Parley L. Smout and the bride's name as Miss Burnie Grandin. dated Sept. 25, 1913. Viewed by V. S.

Family Group record gives father's name as Parley Llewellyn Smouth and the mother's name as Emma Fishburn Grandin. the child's name is given as Martha Kathrine Smout born Oct. 29, 1921. Viewed by V. S.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 86137

Primary Registration District No. 2176

Registered No. 211

Full Name of Child Katherine Smont

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley L. Smont	FULL MAIDEN NAME	Bernice Brandin
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Elevator Employee	OCCUPATION	Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Ririe

Filed 12/10 1920 Ray H Fisher

Registrar

FEB 1 3 1973

NOV 9 1973

459.122.026-813

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86139

Primary Registration District No. 2126 Registered No. 199

Full Name of Child LLOYD CRYSTAL MERRILL

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	10 — 27th — 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren L. Merrill	Mary D. Hall
RESIDENCE	Lorenzo	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

....., 19....

Registrar

Filed 12/10, 19 20 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS

N. B.—In case of more than one child at

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 86139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lloyd Crystal Merrill (Name on Original Certificate) who born (Was Born or Died) on October 27th, 1920 (Date of Event)
in Lorenzo-l, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 8th, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lloyd Crystal Merrill
Date	Oct. 29th	Oct. 27, 1920

Subscribed and sworn to before me this 17
day of October, 19 43
Ruth L. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1946.
(Seal)

Signed Mary J Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo-l, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of August, 19 43
Ruth L. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1946.
(Seal)

Signed Warren Merrill
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

AUG 13 1943

AUG 2 3 1943

813-101-026-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86140

Primary Registration District No. 2126 Registered No. 198

Full Name of Child Elmo Ray Hathaway

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	11-1 20

FATHER		MOTHER	
FULL NAME	Stanley Hathaway	FULL MAIDEN NAME	Nora Andrew
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-20 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/10 1920 Ray H Fisher

Registrar

NOTICE OF PROPOSED RULEMAKING

[illegible] NOTICE OF PROPOSED RULEMAKING

[illegible]

331-110-026-413

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 **File No.** 86141

Primary Registration District No. 2176 **Registered No.** 197

Full Name of Child Hale G. Clark

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John H. Clark	FULL MAIDEN NAME	Gladys Dalley
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	West Va.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1952

231-116-026-766

PLACE OF BIRTH name added 2-15-84 dl

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 86142

Registered No. 196

Full Name of Child Adrian E Stallings

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 11 (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ezekial G. Stallings	FULL MAIDEN NAME	Inez M. Poole
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 1.20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 86142
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stallings (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 16, 1920 (Date of Event)
in Menan (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~childs name~~	Unnamed	Adrian E Stallings

Subscribed and sworn to before me this 8th day of February, 1984.
Notary Public, Terri Carole Truman
Residing at Idaho Falls, Idaho
My commission expires 6-86
(Seal)

x Adrian E. Stallings
Signature of Applicant
x 1463 N. Broadway Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Feburary, 1984.
Notary Public, Terri Carole Truman
Residing at Idaho Falls, Idaho
My commission expires 6-86
(Seal)

x Merlin Stallings
Supporting Signature
561 E St. Idaho Falls, Idaho
Street Address, City, State

Dec

Honorable Discharge from U.S. Marine Corps gives Adrian "E" Stallings was discharged on Feb 1, 1946. Viewed by V.S.

FEB 15 1984

Baptismal Record from LDS Church gives Adrian E Stallings born Nov 16, 1920 was baptised July 7, 1929. Viewed by V.S.

665-224026-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86143

Primary Registration District No. 2-176 Registered No. 195

Full Name of Child ____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	11-24 1920

FATHER		MOTHER	
FULL NAME	Walter D. Owen	FULL MAIDEN NAME	Iva Hamilton
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 1-2/10 1920 Ray H. Fisher

Registrar

FEB 26 1969

143226.026-419

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86144

Primary Registration District No. 2-176 Registered No. 194

Full Name of Child Beulah Onesta Aultz

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	11-26-20

FATHER

FULL NAME: Frank L. Aultz

RESIDENCE: Menan

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: West Va

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mamie E Martin

RESIDENCE: Menan

COLOR: W AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: West Va

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8 Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/12 19 20 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B

APR 1 0 1944

766-230-026-533

amended 8/13/79

PLACE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 86145

Registered No. 193

Full Name of Child Donna Coy POOLE

SEX OF CHILD female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH Nov 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benton Poole	FULL MAIDEN NAME	Mary A Ellsworth
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Menan

Filed 12/19 20 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 17 10 48 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 86145

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Coy Poole (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1920 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Coy Poole	Donna Coy Poole
sex of child	omitted	female

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of
June, 19 76.

Notary Public, residing at Idaho Falls, Id.
My commission expires 12-16-76
(Seal)

Signed .....
(Signature of Any Credible Person)

146-8th St., Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/23/74

Own child's birth certificate, Donna Elaine Jensen, born July 30, 1940, in Montpelier, Idaho, lists mother as Donna Poole. #298671
viewed by vs August 13, 1979

Church record of remembrance lists Donna Poole, female, born November 30, 1920, in Idaho. Dated June 4, 1922
viewed by vs August 13, 1979.

May 26, 1921.

Mrs. Benton Poole,

Menan, Idaho.

My dear Mrs. Poole:

Certificate of Birth of your child Coy has been filed with this Department. The Doctor overlooked giving us information as to the sex of the child and we are unable to determine from the name of the child whether it is a male or female.

We enclose herewith self-addressed stamped envelope and would ask that you kindly give us this information in order that we may have an accurate record.

Thanking you in advance, we are,

Yours very truly,

F. W. Almond, M. D.
Medical Advisor.

R

OCT 23 1974

791-122.026.331

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86146

Primary Registration District No. 2176 Registered No. 192

Full Name of Child Clarence Arthur Gray

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 7-22-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Gray	FULL MAIDEN NAME	Ida L. Clark
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	West Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Marriage - 16 Feb. 1945 in Los Angeles, California - shows full nme of child.

Also, Guardianship papers
June 19, 1939
butte County, California - shows ~~full name~~

RECORDER'S OFFICE

Sacramento, Calif.

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child—Clarence Arthur Gray

Date of Birth—22 July 1920

Place of Birth—Menan Idaho

Sex of Child—Male

Full Name of Father—Arthur William Gray

Residence at Child's Birth—Menan Idaho

Age at Child's Birth—25

Color or Race—White

Birthplace—Menan Idaho

Occupation at Child's Birth—Farmer

Full Maiden Name of Mother—Ida Leona Clark

Residence at Child's Birth—Menan Idaho

Age at Child's Birth—22

Color or Race—White

Birthplace—Near Charleston W. Va.

Occupation at Child's Birth—Housewife

Step Father

I HEREBY CERTIFY that I am the—Mother—of this child, who was born on the date above stated.

Dated—~~Jan~~ 23, 1945

I was born—August 30—1898
DATE

WITNESS Stella Seefeld

Affiant—Ida Le Rowell

Address—6345 Sutter Ave
Carmichael Calif.

Seth L Rowell
6345 Sutter Ave
Carmichael Calif

Subscribed and sworn to before me this
23 day of January, 1945

James M Cunningham

Notary Public for ~~Sacramento~~ County,
State of California.

SEAL

Expires 9-17-57

The RECORDING of this document does not vouch for the truth of any of the statements alleged

JAN 30 1958

815·114·026-168

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86147

Registered No. 191

Full Name of Child Aaron Albert Hanson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	9-14-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W Hanson	Nora Johnson
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-210-026-395 ADDED CHILD'S NAME 7-16-98 MS

PLACE OF BIRTH

Form U. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. **86148**

Registered No. 190

Full Name of Child TRUTH CECILIA STANNIE JOHNSON

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 9 (Month) – 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alva W. Johnson	FULL MAIDEN NAME	Stannie Lindstrom
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Menan

Filed 12-10 1920 Ray H Fisher

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 0 1970

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

7-8-98

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
98 JUL 15 AM 10:49

State of _____
County of _____ } ss.

Certificate No. 1920-86148
Date Filed DEC. 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED JOHNSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEP. 10, 1920 (Date of Event)

in LEWISVILLE (JEFFERSON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED JOHNSON	TRUTH CECILIA STANNIE JOHNSON

Subscribed and sworn to before me this 13 day of July, 1998

Notary Public, Shonna Clift

Residing at Cyprus Credit

My commission expires 7/99

(Seal) See below

+ Truth Cecilia Stannie Johnson
Signature of Applicant

+8011 W. 3500 So Magna, Ut. 84044
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the [illegible] th above are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of July, 1998.

Notary Public, Shonna Clift

Residing at Cyprus Credit

My commission expires 7/99

(Seal)

NOTARY PUBLIC
SHONNA CLIFT
8905 South 8400 West
Magna, Utah 84044
My Commission Expires
July 19, 1999
STATE OF UTAH

Supporting Signature

Street Address, City, State

[illegible]

STATE OF UTAH MARRIAGE CERTIFICATE SHOWS PARLEY W. COON AND TRUTH CECILIA STANNIE JOHNSON WERE MARRIED APRIL 25, 1941 IN SALT LAKE CITY UT VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS JOSEPH LYNN COON BORN NOV. 14, 1953 IN SALT LAKE (SALT LAKE) UT TO PARLEY W. COON AND TRUTH CECLIA STANNIE JOHNSON VIEWED VS.

369-206-026-285

PLACE OF BIRTH Amended 1/25/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98

File No. 86149

Primary Registration District No. 2176

Registered No. 185

Hospital ____

Full Name of Child Jennive Lords

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	9 - 6 - 20

FATHER		MOTHER	
FULL NAME	Henry Lords	FULL MAIDEN NAME	Laney Shelton
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Address Rigby

Filed Dec 19 20 Ray H Fisher

Registrar

Given names added from a supplemental report

....19....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 86149

County of ..... Date Filed .....

NOV 9 9 45 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Lords (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1920 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Jennive Lords
date of birth	Aug. 8, 1920	September 6, 1920

Subscribed and sworn to before me this 7 day of November, 1973

Carl A. Hall

Notary Public, residing at Shelby, Idaho

My commission expires 3-24-75

(Seal)

Signed X Jennive Lords (Tomchak)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Jennive Lords (Tomchak)

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 11/9/72 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Jennive Lords Tomchak daughter of Hensen Ira Lords and Leava Liddy Shelton. Born Sept. 6, 1920. Was ~~XX~~ Baptized March 2, 1940. Viewed by V. S.

JAN 9 1974

Marriage license and certificate from Idaho gives groom's nameas Andrew ~~XXX~~ Tomchak and the brode's name as Jennive Lords. married Dec. 5, 1944. Viewed by V. S.

795-230-026-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 86150

Primary Registration District No. 2-176

Registered No. 187

Full Name of Child Dawna Green

SEX OF CHILD: F	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? yes	DATE OF BIRTH: 6 (Month) 30 (Day) 20 (Year)	

FATHER		MOTHER	
FULL NAME	Ralston P. Green	FULL MAIDEN NAME	Alice Randall
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19....

Filed Dec 10 19 20 Ray H Fisher

Registrar

..... Registrar

MAR 9 1945

1945

392-206-026-766

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86151

Registered No. 188

Full Name of Child .....

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry S Liston	FULL MAIDEN NAME	Rachel Goodwin
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Address Menan

Filed Dec 10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-108-026-316

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86152

Primary Registration District No. 2176 Registered No. 189

Full Name of Child Kay L. Clark

SEX OF CHILD m	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 9-8-20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Howard ~~A~~ Clark	FULL MAIDEN NAME	Alice I. Lawson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	West Va.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-20 a. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Address Menan

Filed Dec 10 1920 Ray H. Fisher

Registrar

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] RESERVED FOR [illegible]

2/20/41

813-118-026-154

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86153

Registered No. 183

Full Name of Child .....

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonal Hathaway	FULL MAIDEN NAME	Nora Anderson
RESIDENCE	Deceased	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed Dec 19 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-204-026-394

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86154

Primary Registration District No. 2176 Registered No. 182

Full Name of Child .....

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 7 (Month) - 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ephriam Birch	FULL MAIDEN NAME	Leona Crumps
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho -	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham
Midwife
(~~Physician or midwife~~)

Given names added from a supplemental report

..... 19....

Address Rigby

Filed Dec 10 1920 Ray H Fish
Registr

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1970

BIRCH

284-103-026-795

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

Form V. S: No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86155

Primary Registration District No. 2176 Registered No. 181

Full Name of Child Charles Roy Shurtleff

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 7-3-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Shurtleff	FULL MAIDEN NAME	Mary Greene
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Rigby

Filed Dec 10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/13/41

314-121-026-213

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86156

Primary Registration District No. 2176 Registered No. 180

Full Name of Child Arthur Lansing Campbell

SEX OF CHILD m	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 8-21-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Campbell	FULL MAIDEN NAME	Effie Bates
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed Dec 10 1920 Roy H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 30 4 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 86156

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Campbell (male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1920 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Arthur Lansing Campbell

Subscribed and sworn to before me this 6th day of September, 1974

Earl Darling 301 H St

Notary Public, residing at Idaho Falls Ida

My commission expires January 19-1976

(Seal)

Signed Herbert E. Campbell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

380 2nd West, Ririe Ida 83443

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of September, 1974

301 H St Idaho Falls

Notary Public, residing at Idaho

My commission expires January 19-1976

(Seal)

Signed Earthel M. Campbell

(Signature of Any Credible Person)

380 2nd West, Ririe Idaho

(Street Address, City, State)

FORM DH 60-155 CL 4/19/74 nm

Certif.of Baptism and Confirmation from the LDS Church gives name as Arthur Lansing Campbell son of Herbert Campbell and Effie Bates. born Aug. 21, 1920. born a Rigby, Idaho. Was Baptized Dec. 28, 1929. viewed by V. S. OCT 4 1974

Honorable Discharge from the U.S. Army gives name as Arthur L. Campbell on April 13, 1946. viewed by V. S.

Amended 11-1-61

844-204-026-655

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86157
Local Reg. No. 179
Reg. Dist. No. 98

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Jefferson	a. STATE: Idaho b. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Valley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Rosina	Fernella	Humphrey

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	September 4, 1920

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Frank		Humphrey	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	England	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Avery		Weeks	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Wyoming	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE: Mary Smitham	18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)
	18c. ADDRESS: Rigby	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Dec. 10, 1920	Ray H. Fisher	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

FORM 10 DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication .....

.....

..... Induced?.....

.....

(c) State all operations for delivery .....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back —.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 86157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Humphries (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1920 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Humphries	Rosina Fernella Humphrey
Child's Date of Birth	Sept. 1, 1920	September 4, 1920
Father's Last Name	Humphries	Humphrey

Subscribed and sworn to before me this 30th day of March, 1961

Grace Traugh Lee

Notary Public, residing at Swan Valley, Ida

My commission expires Oct. 21, 1964

(Seal)

Signed Frank Frederick Humphrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Swan Valley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1961

Grace Traugh Lee

Notary Public, residing at Swan Valley, Ida.

My commission expires Oct. 21, 1964

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Swan Valley, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2-15-61. nm

Own Child's Birth Cert. on file (Idaho Birth) #396170 gives full name, maiden, of mother as Rosina Fernella Humphrey - viewed by V.S. mother's age is given as 24 years old -

Marriage License and Certificate, Bonneville County, State of Idaho, married Nov. 10, 1943 at Idaho Falls, Idaho gives full name of groom as Cowan Franklin Kennedy and full name of bride as Rosina Fernella Humphrey - viewed by V.S.

The American Legion Official Membership Card, No. 92956, dated Dec. 7, 1931 gives full name as Frank F. Humphrey - viewed by V.S.

Pacific Life Benefit Ass'n., Lewiston, Idaho, Special Receipt for payments made in advance, paid Aug. 27, 1951, policy no. 13,584-G-2 gives full name as Frank F. Humphrey - viewed by V.S.

Family Record, dated June 4, 1939 gives full name of one child as Rosina Fernella Humphrey, born Sept. 4, 1920 at Lewisville, Idaho - viewed by V.S.

Family Bible Record, appears old and unaltered gives full name as Rosina Fernella Humphrey, born Sept. 4, 1920 at Lewisville, Idaho, daughter of Frank and Avery Humphrey - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. [illegible]

[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 86157

Primary Registration District No. 2176 Registered No. 179

Hospital .....

Full Name of Child Humphries

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 9 (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Humphries	FULL MAIDEN NAME	Avery Weeks
RESIDENCE	Swan Valley	RESIDENCE	Swan Valley
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	England	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby

Filed Dec 10 1920 Ray H Fisher

Registrar

Registrar

793-125-026-445

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86158

Registered No. 178

Full Name of Child GLEN RICHARD GILSON

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 10-25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. N. Gilson	FULL MAIDEN NAME	Mary Dunn
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby

Filed Dec 10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 86158
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Glen Richard Gilson (Name on original certificate) who was born (Was born or died) on October 25 - 1920 (Date of event)
in Rigby Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on about at birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gilson	Glen Richard Gilson

Subscribed and sworn to before me this 31st
day of October, 1941
Percy Grover
Notary Public, residing at Rigby Idaho
My commission expires April 7-1943
[SEAL]

Signed Laura Smithies
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lorenzo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of October, 1941
Percy Grover
Notary Public, residing at Rigby Idaho
My commission expires April 7-1943
[SEAL]

Signed Lars Lundsteen
(Signature of any credible person other than the previous affiant.)
Lorenzo Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

695-104-026-156

PLACE OF BIRTH

County of Jefferson

City of Rigby R.D.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86159

Registered No. 177

Full Name of Child Thyrald Harris Finn

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 10 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Finn	FULL MAIDEN NAME	Sarah Jeff
RESIDENCE	Clark Ward	RESIDENCE	Clark Ward
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed Dec 10 1920 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 86159

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Oct. 4th 1920 (Date of Event)
in Rigby, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Thyrald Harris Finn
birthdate	Oct. 9	Oct. 4 1920

Subscribed and sworn to before me this 19th
day of December, 1944
Lizzie M Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1947
(Seal)

Signed Wilford H. Finn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby Route #1. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of December, 1944
Lizzie M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1947
(Seal)

Signed Elsie Jenson
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

533-108-026-613

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86160

Registered No. 176

Full Name of Child ____

SEX OF CHILD: M	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Nov 8 (Month) (Day) 20 (Year)	

FATHER		MOTHER	
FULL NAME	Preston B. Ellsworth	FULL MAIDEN NAME	Edna Walker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10½ P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Dec 9 19 30 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-268-026-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 86161

Primary Registration District No. 2176 Registered No. 175

Full Name of Child Thressa Ellis

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	Sept 18 (Month) (Day) 19 20 (Year)				

FATHER		MOTHER	
FULL NAME	Wilson Ellis	FULL MAIDEN NAME	Pearl Davis
RESIDENCE	Don't know.	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

....19....

Registrar

Filed Dec 10 1920 J. Ray H Fisher

Registrar

965-205-026-231

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 86162

Registered No. 174

Full Name of Child Roeschlaub

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov 5 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Roeschlaub	FULL MAIDEN NAME	Hazel Stapleton
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Colorado	BIRTHPLACE	New York
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Rigby Idaho

Filed Dec 10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-103-028-619

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D Alene

Registration District No. _____ File No. 86163

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Residence

FULL NAME OF CHILD ~~Not named~~ NORMAN DENTON BLISARD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	V	yes	Aug 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben D ~~Blizzard~~ BLISARD	FULL MAIDEN NAME	May Farmer
RESIDENCE	18" & Pine ave	RESIDENCE	18" & Pine ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Mill Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Coeur D Alene Idaho

Filed Dec 30 1920

_____ Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Ozark

FEB 16 1942 Certificate No. 86163
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who was born (Was born or died) on aug. 3, 1920 (Date of event)
in Coeur d'alene, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Year of 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Norman Denton
Surname	Blizzard	Blisard

Subscribed and sworn to before me this 12 day of Feb, 1942
Paul Boone
Notary Public, residing at Gainesville mo
My commission expires Jan 14, 1945
[SEAL]

Signed Mary Blisard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Ozark

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Feb, 1942
Paul Boone
Notary Public, residing at Gainesville, mo
My commission expires Jan 14, 1945
[SEAL]

Signed Sarah F. Blisard
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on FEB 16 1942 By
(Registrar's signature)

293-226-029-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 101

File No. 86165

No. ..... St.

Primary Registration District No. 1011

Registered No. 337

Hospital Barthers

FULL NAME OF CHILD Pearl Frances Ritch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 26 1920

FATHER

FULL NAME Guy N Ritch

RESIDENCE Troy Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Wright

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8:12 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Barithers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow Idaho

Filed Dec 26 1920 W H Barithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1949

719-203-029-693

PLACE OF BIRTH

County of Latah

City of Moscow

No. 744 So. Logan St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86166

Primary Registration District No. 10.11 Registered No. 325

FULL NAME OF CHILD Carol Jean Parkhurst

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 3 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H. Parkhurst	Olive R. Nickware
RESIDENCE	Moscow Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Princeton, Iowa	Antigo, Wis.
OCCUPATION	Principle Operator	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Rason L. Clark

Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Dec 25 1920 W. H. Matthews
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

MAR 24 1942

291-205 029-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 315 E. 5th St.

Registration District No. 61 File No. 86167

Primary Registration District No. 1011 Registered No. 327

Hospital

FULL NAME OF CHILD Laura Jean Branson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes	Dec 5 1920

FATHER		MOTHER	
FULL NAME	Jas. Everett Branson	FULL MAIDEN NAME	Cordelia Johnson
RESIDENCE	Moscow Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Moscow, Idaho.	BIRTHPLACE	Nassau Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 25 1920 N. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-23-21C-029 9-15-4

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Gaurthers

Registration District No. 61

Primary Registration District No. 10.11

File No. 86168

Registered No. 328

FULL NAME OF CHILD Marie Elizabeth Oslund

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 10 1920

FATHER

FULL NAME Alex H. Oslund

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Minn.

OCCUPATION Engineer

MOTHER

FULL MAIDEN NAME Anne Marie Anderson

RESIDENCE Troy Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Sweden

OCCUPATION School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.H. Gaurthers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Moscow

Filed Dec. 25 1920 W.H. Gaurthers Registrar

BUREAU OF CENSUS

1935 JAN 2 PM 12 02

CHIEF CLERK

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

Boise, Idaho
Nov. 25, 1934

TO SUPERINTENDENTS OF SCHOOLS AND TEACHERS:

Through the joint effort of the Idaho Department of Public Welfare and the Federal Bureau of the Census and the State Emergency Relief Administration, an intensive state-wide campaign has been inaugurated in Idaho for the purpose of increasing birth registration, concentrating on those which have occured within the past twelve months.

Registration cards have been mailed or delivered to every family in Idaho from the Federal Census Bureau at Washington, D. C. Parents are being urged, wherever applicable, to fill in those cards and mail them to Washington, postage free. From the national capitol, the cards are returned and checked with existing records in the Division of Vital Statistics at Boise.

Everyone realizes the importance of proper birth registration in this day and age, beginning with the youngster's first day in school. Inheritance and insurance claims, voting priviliges, the right to marry, obtain passports, enlistment in or exemption from military service and various other contingencies arising in public and social life are dependent upon a proper birth certificate. Knowing that teachers are sympathetic to every phase of child welfare, I am asking you to get in touch with every one under your jurisdiction, through your bulletins or whatever method you use, and earnestly urge full support of this campaign.

If the teachers will tell the children about the cards, ask if baby brothers and sisters are registered, and stress the value of giving baby his "citizenship" papers at meetings of the Parent-Teacher groups, they will have contributed appreciably to this campaign and to the welfare of the coming generation.

For your information I will say that the program is being enthusiastically supported by J. W. Condie, state superintendent of public instruction, who has written to all county superintendents asking them to enlist the services of their teachers in the campaign.

A sample census card is enclosed. If you should care for a number of these we will be glad to supply them upon request.

The agencies sponsoring the "Register Your Baby" campaign will be exceedingly grateful for anything you and the teachers in your schools may be able to do to make this program a complete success.

Yours very truly,

Lewis Williams

Lewis Williams, Commissioner
Department of Public Welfare

Idaho

Dear Sir,

My four children must surely be recorded but as I have no birth certificate I am sending this information

DEC 20 1949
JUN 19 1968
DEC 30 1975
Jan 7/35 V.S

I Name of child -- Marie Elizabeth ... color white
Born Dec. 10, 1920 in Latah Co., Idaho
Anna Marie and Alex Aslund Troy Idaho
#96168

II Name - Livia Ann Aslund color white
Born Aug 7, 1922 in Latah Co Idaho
Anna Marie & Alex Aslund Troy Idaho
#104002

III Name Cynthia Nathalie ... color white
Born Feb. 11, 1926 in Latah Co Idaho
Anna ~~Marie~~ ~~Alex Aslund~~
#13905-5

IV Alex Wilmer ... color white
Born July 1, 1930 in Latah Co Idaho
Anna Marie & Alex Aslund Troy Idaho.
#18325-4

I would appreciate getting birth certificates.

Very truly
Anna Marie Aslund

U. S. BUREAU OF THE CENSUS
JAN 2 - 1935
DIVISION OF VITAL STATISTICS

944-216-029-966

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86169

Primary Registration District No. 1011 Registered No. 331

FULL NAME OF CHILD Katherine May Iddings

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				12 16 1920

FATHER	MOTHER
FULL NAME Edward J. Iddings	FULL MAIDEN NAME Maud Powell
RESIDENCE Moscow, Ida	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Peru, Ind.	BIRTHPLACE Longmont, Col.
OCCUPATION Dean of Agriculture	OCCUPATION Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician (Physician or midwife)

Address 720 S. Main St.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 25 1920 W. H. Saunders
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

294-215-029-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 S Main St.

Hospital Gritman Hosp

Registration District No. 61

File No. 86170

Primary Registration District No. 1011

Registered No. 330

FULL NAME OF CHILD Barbara Ann Simpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		x	12 (Month) - 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harrison H Simpson	FULL MAIDEN NAME	Florence Priebe
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minonk, Ill	BIRTHPLACE	Minonk, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 720 S. Main St.

Filed Dec. 25 1920 W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN ? 2 1942

893-120-029-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 86171

No. 314 N. Jackson St.

Primary Registration District No. 1011 Registered No. 332

Hospital

FULL NAME OF CHILD Mickey Lawrence Hiles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		X	12 - 20 1920

FATHER		MOTHER	
FULL NAME	Henry Layton Hiles	FULL MAIDEN NAME	Gladys May Fry
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Princeton, Ida	BIRTHPLACE	Colville, Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe L. Clark

Physician
(Physician or midwife)

Address 720 S. Main St.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 25 1920 W H Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-1 23-029-243

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 61 File No. 86172

Primary Registration District No. 1021 Registered No. 336

FULL NAME OF CHILD James Paxton Fishburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 23 1920

FATHER	MOTHER
FULL NAME: Harry Proctor Fishburn	FULL MAIDEN NAME: Frances Butterfield
RESIDENCE: Casper Wyo.	RESIDENCE: Casper Wyo.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Wisconsin
OCCUPATION: Chemist	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 25. 1920. W. H. Carithers Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

FORM V. S. NO. 5M-12-1

STATE OF IDAHO

RECEIVED
APR 8 1921
BUREAU OF VITAL STATISTICS

86172

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Moscow
Street and House No. Inland Empire Hosp
County Latah

Registered No.

Registration Dist. No.

Sex of Child Male

Date of Birth Dec 23 1920
MONTH DAY YEAR

Father Harry Proctor Fishburn
FULL NAME

Mother Frances Butterfield
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Junius Ralston Fishburn
GIVEN NAME IN FULL SURNAME

as reported by H. B. Fishburn
FATHER OR MOTHER

W. H. Carothers
LOCAL REGISTRAR

FEB 11 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-213-029-291

PLACE OF BIRTH

County of Latah

City of Moscow R.F.D. No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 86173

Primary Registration District No. 2141 Registered No. 329

FULL NAME OF CHILD ..... Vivian Lorraine Bausmell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 3 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ellis Bradford Bausmell	Cora Alta Brantner
RESIDENCE	Moscow R. F. D.	Moscow R. F. D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Sullivan Co. Mo.	Sullivan Co. Mo.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Duncan L. Clark

Physician
(Physician or midwife)

Address Moscow Idaho

Filed Dec 25 1920 Witt Boatwright Registrar

MAR 18 1943

854-218-029-762

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow. R 7 L

Registration District No. 61 File No. 86174

No. ____ St.

Primary Registration District No. 2141 Registered No. 334

Hospital ____

FULL NAME OF CHILD Leah Lorraine Hedrick.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Dec. 18 1920

FATHER		MOTHER	
FULL NAME	Jas. Isaac Hedrick	FULL MAIDEN NAME	Mattie O. Elizabeth Goss
RESIDENCE	Moscow Idaho R.7.D.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho Latah Co.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Virgil M. Gilchrist

Physician
(Physician or midwife)

Address Moscow Ida.

Filed Dec 25 1920 M Hoaritches
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-118-029-235

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

Registration District No. 61 File No. 86175

No. ____ St.

Primary Registration District No. 2141 Registered No. 335

Hospital ____

FULL NAME OF CHILD Clyde William Spencer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 18 1920

FATHER		MOTHER	
FULL NAME	Jesse Byron Spencer	FULL MAIDEN NAME	Mabel Ellen Stephenson
RESIDENCE	Troy, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Galchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address Moscow, Idaho.

Filed Dec 25 1920 M H Carithers
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO 27B. 5M 12-1

BOAR[illegible] [illegible] [illegible]TAL STA[illegible] [illegible]CS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City Troy Ida RFD
- Street and House No. RFD
- County Latah Co.

Registered No. 335

Registration Dist. No. 61

Sex of Child Male

Date of Birth Dec 18 1921 ~~191~~
MONTH DAY YEAR

Father Jesse Byron Spencer
FULL NAME

Mother Mable Ella Stephenson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Clyde William Spencer
GIVEN NAME IN FULL SURNAME

as reported by J. B. Spencer
FATHER OR MOTHER

W. H. Carithers
LOCAL REGISTRAR

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

154-215 PLACE OF BIRTH

029-719

County of Latah

City or Town of Garfield Wash R F D

Record No. 86176

~~Washington~~ Idaho State Board of Health

Bureau of Vital Statistics

Registered No. 333

CERTIFICATE OF BIRTH

Registration Dist. No. 61 (No. ....., ... St.; 2141 Ward)

FULL NAME OF CHILD Unnamed ANNA MARTHA ANDERSON

{If child is not yet named make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec 15, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Martin Anderson	Full Maiden Name	Mattie Parkinson
Residence	Latah County Idaho	Residence	Latah County Idaho
Color	White	Color	White
Age at last Birthday (Years)	49	Age at last Birthday (Years)	38
Birthplace (State or Country)	Denmark	Birthplace (State or Country)	Iowa
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 10

Number of children, this mother, now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} †and that it occurred on December 15, 1920, at 9 P M.

(Signature) F E Weisel

(Physician or ~~Midwife~~)

Address Garfield Wash

Filed Dec 25, 1920 W. H. Carithers
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Annie Martha Anderson

W. H. Carithers
Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

4.—No. 8—30M—10-2-19

Washington State Board of Health

NOV 2 1952

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

452-128-029-527

PLACE OF BIRTH Idaho

[redacted] State Board of Health

Record No. 86177

County of Latah

Registered No. 338

City or Town of Garfield Wash R F D

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration Dist. No. 61 (No. ....., ... St.; 2141 Ward)

FULL NAME OF CHILD ~~Unnamed~~ DONALD EVERETT MESSENGER

{If child is not yet named make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 28, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Reid Messenger	Full Maiden Name	Hazel Blanche Espy
Residence	Latah County Idaho	Residence	Latah County Idaho
Color	White	Color	White
Age at last Birthday	29 (Years)	Age at last Birthday	19 (Years)
Birthplace (State or Country)	Idaho	Birthplace (State or Country)	Idaho
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 1

Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} †and that it occurred on December 28, 1920, at 4 A.M.

(Signature) R E Wiesel

(Physician ~~or Midwife~~)

Address Garfield Wash

Filed Dec 31, 1920 W H Carithers Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

..... Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN ... RVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }ss.
County of Whitman }

Certificate No. 86177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Everett Messenger

Subscribed and sworn to before me this 31 day of July E. J. 1942

E. Johnson

Notary Public, residing at Garfield

My commission expires 9-4-45
(Seal)

Signed R. A. Messinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 13 1942

AUG 14 1942

553 204-029-622

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR,
NOT TO THE STATE BOARD OF HEALTH

Record No. 86178

PLACE OF BIRTH [redacted] Idaho

State Board of Health

Bureau of Vital Statistics

Registered No. 326

CERTIFICATE OF BIRTH

County of Latah

City or Town of Genesee Wash RFD

Registration Dist. No. 41 (No. ..... St.; 2141 Ward)

FULL NAME OF CHILD Hilda Lufama Nelson { If child is not yet named make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 4, 1920

FATHER

Full Name Knute Sanford Nelson

Residence Latah County Idaho

Color White

Age at last Birthday 27 (Years)

Birthplace (State or Country) Sweden

Occupation Farmer

MOTHER

Full Maiden Name Verna Lufama (Osborn)

Residence Latah County Idaho

Color White

Age at last Birthday 21 (Years)

Birthplace (State or Country) Nebraska

Occupation Housewife

Number of child of this mother 3

Number of children, this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } †and that it occurred on December 4, 1920, at 5 A.M.

(Signature) E. Wurst

(Physician ~~or Midwife~~)

Address Garfield, Wash.

Filed Dec 25, 1920 W. H. Carruthers Registrar.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report Hilda Lufama Nelson

W. H. Carruthers Registrar.

† Indicate which by drawing line through superfluous word.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

JUN 26 1923
BUREAU OF VITAL
STATISTICS

Garfield, Wash.
June. 21. 1923

Dear Sirs! -

Am returning the certificat
of Birth of our baby. We also
have three other little girls
& two of them I don't th"
were ever recorded. So I am
writing to have it done
as I think they should be.
they were born at Americ
Fall. Idaho. ~~[illegible]~~ 86178

Clara Mae Nelson born
Feb. 25. 1917. and Doris
Lucile Nelson Jan 16. 1919
Hilda Lufama Nelson Dec. 4
1920. but think she was recor
so if you will look this up wi
be much obliged. Sincerely
Your Mr. Knute S. Nelson

SEP 2 1942

46-12-1024-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 86179

Primary Registration District No. 2142 Registered No. 21

FULL NAME OF CHILD James Marshall Moneymaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12-21-24

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Moneymaker	Mary Ann Gallaher
RESIDENCE	Genesee - Idaho	Genesee - Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Penn.	Penn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 39 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. Farmer M. D.

(Physician or midwife)

Address Genesee - Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-27 1924 W. T. Eckman Registrar

863-122-029-363

PLACE OF BIRTH

County of Utah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 86180

Primary Registration District No. 2142 Registered No. 20

FULL NAME OF CHILD Melvin Lee Holben

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	12 (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	McHolben	FULL MAIDEN NAME	Jeanette Collins
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 12-23 1920 W H Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 86180

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Melvin Lee Holben (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1920 (Date of Event)
in near Genesee Idaho (Place of Event) are ~~erroneous~~ or were ~~omitted~~; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 1, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Melvin Lee Holben

Subscribed and sworn to before me this 17 day of Dec, 1943.
O. M. Mueller
Notary Public, residing at Lewiston Ida

My commission expires (Seal) NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES SEPTEMBER 1, 1945

Signed Mrs Jeanette Collins Holben mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

402 15th St. Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 1943.
Melvin A. Easley
Notary Public, residing at Colfax
My commission expires Aug. 14, 1947 (Seal)

Signed Flora B. Holben
(Signature of Any Credible Person Other Than Previous Year)

1114 Summit Blvd.
(Street Address, City, State)
Spokane Wash.

JAN 8 19[illegible]

JAN 10 1944

315-208-029-699

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

Primary Registration District No. 214

File No. 86182

Registered No. 18

FULL NAME OF CHILD Rita Ann Dale Loncosty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	12 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred. W Loncosty	FULL MAIDEN NAME	Josephine Ann Nellie Friant
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Kansas
OCCUPATION	Contractor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Rouse M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-8 1920 W. N. Ehern

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LONCOSTY

NOT

244-114-029-765

PLACE OF BIRTH

Form V. S. No. 11--25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65

File No. 86183

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Ernest Simmons

Sex of Child Male | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12/14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas J Simmons	FULL MAIDEN NAME	Lena Eva ~~L~~ Gonser
RESIDENCE	Princeton Ida	RESIDENCE	Princeton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Osceola Mo.	BIRTHPLACE	Deepwater Mo.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 P. M. on the date above stated.

(Signature) Dr. J.W. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Jan 1st 1921. Dr J.W. Thompson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-129-029-296

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 825 Larch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 86184

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Trovera Franklin Pickelsimer

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	✓	✓	yes	Dec 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter S. Pickelsimer	Grace Brown
RESIDENCE	Potlatch	Potlatch
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated. at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Thompson M. D.

(Physician or midwife)

Address Potlatch Idaho.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jan 5th 1921 Dr. J. H. Thompson

Registrar

S-Y-CO. 38071

154-215-029-266

PLACE OF BIRTH

amend 11-5-82

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of

No. St.

Hospital

Registration District No. 65

File No. 86185

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Norma Josephine Anderson

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Dec 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley Anderson	FULL MAIDEN NAME	Bessie Boon
RESIDENCE	Palouse Wash. R F D.	RESIDENCE	Palouse Wash. R F D
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch

Filed Dec 31st 1920

D J W Thompson Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1942

10-18-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
NOV 2 12 24 PM '82

State of O
County of _____ } ss.

Certificate No. 86185
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Norma Josephine Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 15, 1920 (Date of Event)

in County (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
birth place	Palouse, WA	X omit (delete) Palouse, Wa. Latah County only

Subscribed and sworn to before me this 22nd day of October, 1982

Notary Public, Kenneth Morgan

Residing at Deer Park WA 99006

My commission expires Oct 1, 1985

(Seal)

X Norma [redacted] Anderson
Signature of Applicant

1022 E. Flat Spokane, Wa. 99203
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Clackamas } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1982

Notary Public, Arlin N. Sullivan

Residing at Lake Oswego OR 97034

My commission expires 6-27-83

(Seal)

X Phyllis Burnam
Supporting Signature

2765 SW Park Rd.
Street Address, City, State

Lake Oswego, Oregon 97034

Certificate of Live Birth from State of Washington gives Jeffrey Boone Miller born 6-24-52 in Spokane to Robert Hale Miller and Norma Jo Anderson. Mothers birth place shown as Latah County, ID. Viewed by V.S. NOV 15 1982

MONY ins policy for Norma Jo Anderson born in Latah County, Idaho on Dec 15, 1920 . Policy dated 11-3-61. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-210-229-763

PLACE OF BIRTH

County of Latah.

City of Potlatch R.F.D

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 86186

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Thelma Grace Bircher.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓		✓	yes.	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Jesse Bircher.	FULL MAIDEN NAME	Effie May Potter.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 P. M.

(Signature) Dr J.W. Thompson

(Physician or midwife)

Address Potlatch

Filed Dec 24 1920 Dr J.W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

653-718-029-219

PLACE OF BIRTH

County of Latah.

City of Potlatch Ida.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 86187

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD James, Edmund, Wells.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓ (To be answered only in event of plural births)		✓	yes.	Dec 18 1920

FATHER		MOTHER	
FULL NAME	A. J. Wells.	FULL MAIDEN NAME	Bertha Baily.
RESIDENCE	Potlatch Box 386.	RESIDENCE	Potlatch P.O. Box 386
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	England.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1 30 A M. on the date above stated.

(Signature) Dr. Jno. Thompson

(Physician or midwife)

Address Potlatch Idaho

Filed Dec 18 1920 Dr. Jno. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 0 1944

FEB 10 1943

MAR 23 1965

147-116-029-459

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 86189

No. 650 Cedar St.

Primary Registration District No. 2145. Registered No.

Hospital

FULL NAME OF CHILD Benjamin Maurice Auger

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 16 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford Oscar Auger	Millie Jane Monica
RESIDENCE	650 Cedar Potlatch Ida	650 Cedar Potlatch Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	28
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest J Heinz M.D.

(Physician or midwife)

Address Palouse Wn

Filed Dec. 20th 1920

Dr. J.W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 1942

762-115-029-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 86190

No. 640 Cedar St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Albert Ellsworth Posey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 5 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry M Posey	Belle Horsnerd
RESIDENCE	640 Cedar Potlatch Ida	640 Cedar Potlatch Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	48	39
BIRTHPLACE	Ill.	Iwa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest Henry MD

(Physician or midwife)

Address Potlatch Ida.

Filed Dec 10 1920

J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718.124.029-444

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. Section House St.

Registration District No. 65 File No. 86191

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Thomas Edwin Payne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 24 1920

FATHER		MOTHER	
FULL NAME	Amos L Payne	FULL MAIDEN NAME	Anna Dumas
RESIDENCE	Section House Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

(Signature) C J Ferris

(Physician or midwife)

Address Palouse

Filed Dec. 1 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214.20 8.029-249

PLACE OF BIRTH

County of Latah

City of Boveill

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 2 #86192

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Charlotte Lorena Sanderson.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec. 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Sanderson	Mary Smith
RESIDENCE	Boveill, Idaho.	Boveill, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Machinist	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. Hopkins

Physician
(Physician or midwife)

Address Hospital, Boveill, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 23 1920 Mrs. F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1942

291-120-029-234

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Avon R.1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

86193

Registration District No. 2147 File No. .....

Primary Registration District No. ..... Registered No. 47

FULL NAME OF CHILD Gordon Henry Brannon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	V		8	Yes	Dec 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Brannon	FULL MAIDEN NAME	Clara Sturman
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

12-28 1920 Address Deary

P. C. Faust Registrar Filed 12/28 1920 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-224-029-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Fatah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 86194

Primary Registration District No. 67 Registered No. 48

FULL NAME OF CHILD Eleanor Lorraine Olson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	V	V	Yes	12/24 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Olson	FULL MAIDEN NAME	Helen Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	So. Dak.	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report

12-28-1920

P. C. Faust
Registrar

Address Deary

Filed 12/28 1920 P. C. Faust
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

86 24

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Deary

Street and House No.

County Latah

Registered No. 2147

Registration Dist. No. 67

Sex of Child F.

Date of Birth 12/24 1920
MONTH DAY YEAR

Father Andrew Olson
FULL NAME

Mother Helen Thompson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Eleanor Lorraine Olson
GIVEN NAME IN FULL SURNAME

as reported by Mrs A. Olson
FATHER OR MOTHER

P. C. Faust.
LOCAL REGISTRAR

265-107-029-168

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Kendrick

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 86195

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Raymond John Bovencamp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 7 1920

FATHER		MOTHER	
FULL NAME	Ernest Bovencamp	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Roshwell MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Kendrick Idaho

Filed Dec 10 1920 R. F. Pepple Registrar
Juliaetta Idaho

S-Y-CO 38071

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1960

235-203-029-244

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68 File No. 86196

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ancil Francis Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Francis E Stevens	FULL MAIDEN NAME	Eva H. Kuder
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hillsboro Ore	BIRTHPLACE	New Brasil
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Nov 8 1920, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelley M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kendrick Idaho

Filed Dec 10 1920 R F Pepper
Registrar

Julia Allen

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1943

MÁY 2 [illegible] 1949

SEP [illegible]

SEP [illegible] 19[illegible]

235-107-029-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliette

No. ..... St.

Hospital .....

Registration District No. 68 File No. 86197

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alen G. Stead	FULL MAIDEN NAME	Nellie G. Baldus
RESIDENCE	Juliette	RESIDENCE	Juliette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Cordlane.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April Nov 7 1920 at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelly MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kendrick Idaho

Filed Dec 10 1920 R. F. Pepper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

395-113-029-912

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 86198

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Leon Paul Lind

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 13 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Adam Lind	Edith Grace Roby
RESIDENCE	Lenore Idaho	Lenore Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Illinois	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.10 P. M. on the date above stated.

(Signature) W. A. Rockwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed Dec 10 1920

R. A. Pepple
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-107-
020-275

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 86199

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Francis Edgar Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	August 7 1920

FATHER

FULL NAME Raymond Henry Davis

RESIDENCE Spring Mountain

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Malad Idaho

OCCUPATION Farmer and Ranchman

MOTHER

FULL MAIDEN NAME Elizabeth Alethia Spearman

RESIDENCE Spring Mountain

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Baltimore Maryland

OCCUPATION Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emma Davis

Midwife
(Physician or midwife)

Address Gilmore Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10 1921 W. Herring Greene
Registrar

219-218-030-453

PLACE OF BIRTH

County of Lewis

City of Palmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 86200

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Mary Amanda Barnett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12/18 1918

FATHER	MOTHER
FULL NAME Clinton Herbert Barnett	FULL MAIDEN NAME Amanda Carr
RESIDENCE Tendoy	RESIDENCE Tendoy
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Utah	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
OCCUPATION Rancher	BIRTHPLACE Colorado
	OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10 1920 W. Deering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1947

MAR 6 1942

314-123.030-751

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

County of Lemhi

City of Salmon

No. ..... St.

Registration District No. 41 File No. 86201

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Williston Joseph La Munyan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	1/2 3 1923

FATHER		MOTHER	
FULL NAME	Geo. Williston La Munyan	FULL MAIDEN NAME	Hazel Gear
RESIDENCE	Lemhi	RESIDENCE	Lemhi
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	So Dakota	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hannum

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-10 1920 Wm. Deering Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256230-030-258

PLACE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 86202

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Christine Ester Knobloch

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	12/30/1920

FATHER	MOTHER
FULL NAME Robert Arcan Knobloch	FULL MAIDEN NAME Friede Beyer
RESIDENCE Carmen	RESIDENCE Carmen
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Missouri	BIRTHPLACE N. Y.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 H. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-10 1921 Wm. Dering Greene

Registrar

DEC 8 1971

816-231-030-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41

File No. 86203

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD Patricia Leah Hawley Patricia Hawley Kirtley**

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		yes	12/31/1920

FATHER		MOTHER	
FULL NAME	John H Hawley	FULL MAIDEN NAME	Douglas Walker
RESIDENCE	Unknown	RESIDENCE	Salmon
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Auto mechanic	OCCUPATION	Servant.

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or ...

...ignature) Chas F. Hammer

(Physician or midwife)

...ddress Salmon, Idaho

...led 1-10 1921 M. Wering Greene
Registrar

Name changed by Order of Adoption, January 25, 1926, copy issued Jan. 5, 1943 and filed in Bureau of Vital Statistics, this 20th day of January 1943. Patricia Lee Hawley adopted by Isabelle Virginia Kirtley; name changed to Patricia Hawley Kirtley.

MARGIN RESERVED FOR BINDING

...AINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

...case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943

JAN 23 1943

266-231030-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

Registration District No. 41 File No. 86204

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD ROBERTA IMOGENE Bowman

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12/31/1924

FATHER	MOTHER
FULL NAME Jesse Bowman	FULL MAIDEN NAME Jessie Agnes Jensen
RESIDENCE Baker	RESIDENCE Baker
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Montana	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas F. Hammer

..... (Physician or midwife)

Address Salmon, Idaho

Filed 1-10 1925 M. Deering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

157-131-030-292

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 86205

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD ..... VAN L. Jeppsen .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12-31-20

	FATHER	MOTHER
FULL NAME	Lemuel R. Jeppsen	FULL MAIDEN NAME Grace Bischoff
RESIDENCE	Salmon, Ida	RESIDENCE Salmon, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Rancher	OCCUPATION Housework

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Bratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10 1921 M. Herring Greene Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Box Elder }

NOV 19 1941
RECEIVED

Certificate No. 86205
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Van L. Jeppsen (Name on original certificate) who born (Was born or died) on 31st Dec 1920 (Date of event)
in Salmon City Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family Record (Bible record, insurance policy, etc.) prepared on Jan 1st 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jeppsen	Van L. Jeppsen

Subscribed and sworn to before me this 8th day of Nov, 1941.
Walter D Mann
Notary Public, residing at Brigham Utah
My commission expires Jan 12 1944
[SEAL]

Signed Grace B Jeppsen (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Brigham Utah R1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Nov, 1941.
Walter D Mann
Notary Public, residing at Brigham City Utah
My commission expires Jan 12 1944
[SEAL]

Signed Samuel R Jeppsen Father
(Signature of any credible person other than the previous affiant.)
Brigham R F D # 4
(Street Address, City, State)
Utah

Received for filing on ..... By .....
(Registrar's signature)

754-203-030-271

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 86206

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Jane Ann Pemble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec 3rd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cloud Pemble	FULL MAIDEN NAME	Nettie Sparkman
RESIDENCE	North Fork (Gibbonsville)	RESIDENCE	Gibbonsville
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oka
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/10 1920 M. Wering Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1943

793-111-031-315

Form V. S. No. 11-C-25m-7-21-19

[redacted]LACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 60 File No. 86207

Primary Registration District No. 2129 Registered No. 63

FULL NAME OF CHILD Baby Gill Howard Leroy

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 1 (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Roy Gill	FULL MAIDEN NAME	Corinne Landis
RESIDENCE	Reubens, Idaho.	RESIDENCE	Reubens, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	West Virginia
OCCUPATION	Rancher.	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alvord Gore, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Reubens, Idaho.

Filed 12/30 1920. R E Dunlap Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 25 1921
BUREAU OF VITAL STATISTICS

POSTAL CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

NOV 21 19[illegible]

351-125-031-141

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Lewis

County of Craigmont,

City of Craigmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50

File No. 86208

Primary Registration District No. 2129

Registered No. 52

FULL NAME OF CHILD THOMAS HOMER LEAVELL Leavell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Dec. 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank James Leavell	FULL MAIDEN NAME	Olive Laeretta Adams
RESIDENCE	Craigmont Idaho	RESIDENCE	Craigmont Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Westwood Mich.	BIRTHPLACE	Douglass Nebr.
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Craigmont, Idaho.

Filed 12/28 1920 R. E. Dunlap

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-212-031-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Peck, Star Route

No. Idaho St.

Hospital

Registration District No. 47

File No. 86209

Primary Registration District No.

Registered No. 117

FULL NAME OF CHILD Sarah Angeline Parsons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	----		----	yes	Dec. (Month) 12 (Day) 20 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Parsons	FULL MAIDEN NAME: Minnie May Willoughby
RESIDENCE: Peck, Ida. Star Route	RESIDENCE: Peck, Ida. Star Route
COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Leland, Idaho.	BIRTHPLACE: Steele, Idaho.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Durrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont, Idaho.

19

Albert Huff Registrar

Filed 1-2 1921

Albert Huff Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-126-031-465

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 86210

Primary Registration District No. 2428 Registered No. _____

FULL NAME OF CHILD Warren Harding

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)	3	yes	12 (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Moffit	FULL MAIDEN NAME	Sarah Monteith
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kamiah	BIRTHPLACE	Kamiah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) E E Taylor M D

(Physician or midwife)

Address Kamiah Idaho

Filed Dec 30 - 1920

G P Johnson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

49306-031417

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 49

File No. 86211

Primary Registration District No. 2428

Registered No. _____

FULL NAME OF CHILD Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	Yes	12-6-1920

FATHER	MOTHER
FULL NAME Clifton Miller	FULL MAIDEN NAME Minnie Dagett
RESIDENCE Kamiah	RESIDENCE Kamiah
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Jowey
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

(Signature) C Taylor MD

(Physician or midwife)

Address Kamiah Idaho

Filed 12/15 1920 a J. Johnson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Warren Harding 12/28 1920

C J Johnson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]H

[redacted]

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Shoshone

No. 859-219-032-437 St.

Registration District No. 16

File No. 86212

Primary Registration District No. 1076

Registered No. ~~31~~ 46

Hospital

Full Name of Child Evelyn Arden Heist

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harlan D. Heist	FULL MAIDEN NAME	Tarah McPherson
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Attorney	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Nov 20 1920 J L Fuller

Registrar

JAN 10 1994

SEP 7 1994

315-130-032-253

PLACE OF BIRTH

County of Lincoln

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

City of Shelton

Registration District No. _____ File No. 86213

No. _____ St.

Primary Registration District No. _____ Registered No. 47

Hospital _____

Full Name of Child William Victor Lammy

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	1	Yes	May 30 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Lammy	Victoria Catherine Nellis
RESIDENCE	Shelton	Shelton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Kansas	Montana
OCCUPATION	Telegrapher R.R.	wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 2 1920 J L Turner

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

5213

767102.032-153

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 16 File No. 86216

Primary Registration District No. 1016 Registered No. 57

FULL NAME OF CHILD JOSEPH GOGENOLA ~~Joe Gojenola - R.F.D. 85~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Dec (Month) 2 (Day) 1920 (Year)

FULL NAME SATURNINA FATHER GOGENOLA ~~Saderno Gojenola~~	FULL MAIDEN NAME MERCEDES MOTHER ANCHUSTEGUI ~~Mercedes Anchustegui~~
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR white AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shoshone, Idaho

Registrar

Filed Jany 3rd 1921 J L Fraser Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86216

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or ~~Death~~)
for ..... (Name on Original Certificate) who ..... (Was Born or ~~Died~~) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Gojenala	Gogenola
Name	Unnamed	Joseph Gogenola
Father's name	Saderimo	Saturnina
Mother's name 6th	Anchusteguy	Mercedes Anchusteguy

Subscribed and sworn to before me this 6th day of August, 19 42.

Notary Public, residing at Jerome Ida

My commission expires May 26 - 1944
(Seal)

Signed Millard Gogenola
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 781, Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 19 42.

Notary Public, residing at Jerome Ida

My commission expires May 26 - 1944
(Seal)

Signed Mary Faros
(Signature of Any Credible Person Other Than Previous Year)

Shoshone Idaho
(Street Address, City, State)

AUG 8 1942

AUG 12 1942

357-101-032-847

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 16 File No. 86217

No. ..... St.

Primary Registration District No. 2016 Registered No. 50

Hospital .....

FULL NAME OF CHILD Le Grange

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Dec (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dwight Le Grange	FULL MAIDEN NAME	Helen Hughes
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shoshone

Registrar

Filed Jany 3d 1921 J L Fuller Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-230-032-819

PLACE OF BIRTH

County of Lincoln

City of Hudson

No. _____ St.

Hospital _____

STATE OF IDA[redacted]n V. S. No. 11—25m-6-15-18

BUREAU OF VITAL S[redacted]

CERTIFICATE OF [redacted]

Registration District No. 16

File No. 86218

Primary Registration District No. 1016

Registered No. 49

Full Name of Child Clella Rose Nelso

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	—	1	Yes	12 (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noah L. Nelso	FULL MAIDEN NAME	Ida Harrison
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed Dec 7 1920 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1963

119-24. c-32-719

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 86219

Primary Registration District No. 1016 Registered No. 48

Full Name of Child ~~Alicia~~ ELOISA Garatea

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	4	Yes	12 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pio Garatea	Francisca Garatea
RESIDENCE	Shoshone	Shoshone, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Spain	Spain
OCCUPATION	Laborer	wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed Dec 15 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Minedoka } ss.

Certificate No. 86219

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eloisa Garatea (Name on Original Certificate) who born (Was Born or Died) on Dec. 14, 1920 (Date of Event)
in Shoshone Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptisma Record (Bible Record, Insurance Policy, Etc.) prepared on June 15, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alicia	Eloisa Garatea

Subscribed and sworn to before me this 18
day of June 1942

S. B. Redford
Notary Public, residing at Rupert Idaho

My commission expires Feb. 9, 1946
(Seal)

Signed Francesca (her mark) Garatea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18.
day of June 1942

S. B. Redford
Notary Public, residing at Rupert Idaho

My commission expires Feb. 9 1946
(Seal)

Signed Mariana Galatea
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 19 1942

JUN 2 4 1942

289-128-032-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

Registration District No. 17

File No. 1 86220

Primary Registration District No. 11.00

Registered No. 28

FULL NAME OF CHILD Patrick William Byrne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick E Byrne	FULL MAIDEN NAME	Alpha B Peterson
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Washington Co Minn
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

R M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Ida

Filed Jan 10 1921 P E Bartlett

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-211-032-254

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 1m N ½ E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 1 86221

Primary Registration District No. 220 Registered No. 27

FULL NAME OF CHILD Della R McArthur

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 11 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Geo. McArthur	FULL MAIDEN NAME Agatha Helen Newton
RESIDENCE Richfield 1mi N ½ E.	RESIDENCE Richfield 1mi N ½ E
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE South Co. Iowa	BIRTHPLACE Raft Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Bloom M. D.

(Physician or midwife)

Address Richfield Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 10 1921 P. E. Bartlett Registrar

DEC 16 1964

793-201-032-096

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 3 mi - West St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 1 86222

Primary Registration District No. 2260 Registered No. 26

FULL NAME OF CHILD ~~Laverne G.~~ Clara Ann Giles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 1 1920

	FATHER	MOTHER
FULL NAME	Charles A Giles	FULL MAIDEN NAME Laverne G. Provost
RESIDENCE	Richfield 3 mi West	Richfield 3 mi West
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Heber City Utah	Midway Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Bloom M D

(Physician or midwife)

Address Richfield Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1921 P E Bartlett Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-111-

033-469

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86223

County of Madison

City of Rexburg Registration District No. 100 File No.

No. St. Primary Registration District No. 2178 Registered No. 379

Hospital

FULL NAME OF CHILD Melvin Owen Squires

Sex of Child Male | Twin, Triplet or other? Only | and Number in order of birth — | Legitimate? Yes | Date of Birth 11 (Month) 11 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Melvin Squires

RESIDENCE Swan Creek Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Swan Creek Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Zelpha Morgan

RESIDENCE Swan Creek Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Swan Creek Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Richmond

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 11-15 19 20

J. G. Espe

Registrar

HTO

235-225-033-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86224

Primary Registration District No. 2178 Registered No. 380

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	11 (Month) 25 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jos. F. Stevens	FULL MAIDEN NAME	Martha McKinley
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ferrin Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-1 1920 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-26-033-617

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg — Registration District No. 100 — File No. 86225

No. ____ St. — Primary Registration District No. 2178 — Registered No. 387

Hospital ____

FULL NAME OF CHILD Joseph Marinus Madison

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov. (Month) 26th (Day) 1920 (Year)

FATHER

FULL NAME: Mark C. Madison

RESIDENCE: Rexburg Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Carrie Wagner

RESIDENCE: Rexburg Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov. 26th 1920 6-10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Parley Nelson

M. D.

(Physician ~~or Midwife~~)

Address Rexburg Idaho

Filed 12-29 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

DEC 1 1941

Certificate No. 86225

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Joseph Marinus Madison who was born on November 6 - 1940
(Name on original certificate) (Was born or died) (Date of event)
in Rexburg are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by prepared on , are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Madison	Joseph Marinus Madison

Subscribed and sworn to before me this 28
day of November, 1941

Notary Public, residing at Rexburg

My commission expires Oct 9 - 1945

[SEAL]

Signed Mrs Cassie Madison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

271-105-033-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 86226

No. ..... St.

Primary Registration District No. 2178 Registered No. 382

Hospital .....

FULL NAME OF CHILD John Wilson Shackinian

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	12 (Month) 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Shackinian	FULL MAIDEN NAME	Grace Wilson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Logan Ut.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-30 1920 G. G. Estes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-10-033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 102 File No. 86227

No. ____ St.

Primary Registration District No. 2178 Registered No. 383

Hospital ____

FULL NAME OF CHILD Jack Delmer Bench

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Only	—	Yes	12 / 1 / 1920

	FATHER	MOTHER
FULL NAME	Joseph Bench	Rozella Stoffer Tanner
RESIDENCE	St Anthony Ida	St Anthony Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Logan Utah	Willard Utah
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 a. M. on the date above stated.
(*Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Carpenter

Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address ____

Registrar

Filed 12-15 19 20 G. E. Carpenter

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Delmer Burch

3. Sex: Male

If plural births: 4. Twin, triplet, or other: 1 ; 5. Number, in order of birth: .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth: Dec 1, 1920 (Month, Day, Year)

FATHER

9. Full name: Joseph Burch

10. Residence (usual place of abode) (If non-resident, give place and State): Preston Ida

11. Color or race: White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country): Logan Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ✓

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Olive Rozilla Stauffer

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho

20. Color or race: White 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country): Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ✓

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G G Parkinson, M. D.

or ....., Midwife

Address Twin Falls, Ida.

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar.

Registrar.

one copy 10/30/40 L.B.

1795

469-201+C 33-383

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. 100

File No. 86228

Primary Registration District No. 2178

Registered No. 384

FULL NAME OF CHILD Florence Morris

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	12 - 1 - 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Morris	FULL MAIDEN NAME	Mary Tyler
RESIDENCE	Hibbard (Rexburg Ida)	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed 12/30 1920 G G Estes

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

'77 MAR 25 AM 11

Certificate No. 86228

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morris (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 1, 1920 (Date of Event)
in Hibbard, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Morris	Florence

Subscribed and sworn to before me this 23 day of February, 19 77

Notary Public, residing at Rexburg, Idaho
My commission expires 12-18-78
(Seal)

Signed Reba R Widdison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
568 Park St. Rexburg, Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2/18/77 1cc pd.rec. # 13074 Rush!

Letter from LDS Church, Rexburg,Idaho gives nameas Florence Morris Simmons born Dec 1, 1920 at Hibbard, Idaho. father's name as Elias Morris and mother's as Mary Tyler. viewed by V. S.

FEB 2 8 1977

Family record gives name as Florence Morris Simmons (married to Alfred Alam Simmons born Dec 1, 1920 at Hibbard. viewed by V. S.

1296

469-101-033-383

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. 100

File No. 86229

Primary Registration District No. 2178

Registered No. 385

FULL NAME OF CHILD Lawrence Morris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes	Dec 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Morris	FULL MAIDEN NAME	Mary Tyler
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed 12/30 1920 G. G. Esk

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1247.

238-204033-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF ~~IDAHO~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86230

Primary Registration District No. 2178 Registered No. 386

FULL NAME OF CHILD RUTH SCHWENDIMAN

Sex of Child Female	Twin Triplet or other? Single and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12-4-20 191.... (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rulon John Schwendiman	FULL MAIDEN NAME	Rhea Winter
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho,	BIRTHPLACE	Idaho
OCCUPATION	Time Keeper Utah Idaho Sugar Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Loren F. Rich

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 12-30 1920 G G Espe

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86230

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruth Schwendiman

Subscribed and sworn to before me this 25
day of April, 19 44.

Notary Public, residing at Boise, Idaho

My commission expires 1-14-47
(Seal)

Signed G S Vaughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 25 1944

249-205-033-993

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86231

Primary Registration District No. 2178 Registered No. 387

FULL NAME OF CHILD FRED MELLOR SMITH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	One	—	Yes	12 5 1920

FATHER	MOTHER
FULL NAME Uriel Smith	FULL MAIDEN NAME Helena Richards
RESIDENCE Rexburg Ida.	RESIDENCE Rexburg Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Rexburg Ida	BIRTHPLACE Salt Lake Ut.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive, at 9¾ P. M. on the date above stated.
(Born alive or stillborn)

(Signature) A. L. Parkinson

Physician

(Physician or midwife)

Address .....

Filed 12/29 1920

G. G. Epe
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 14 1942 Certificate No. 86231
County of Madison } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Fred (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 5. 1920 (DATE OF EVENT)
in Rexburg Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Smith	Fred Mellor Smith

Subscribed and sworn to before me this 12
day of January, 1942
D. W. Stowell
Notary Public, residing at Rexburg Ida
My commission expires Sept 5-1942.
(SEAL)

Signed Thelma Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
257 East 2nd N. Rexburg
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of January 1942
D. W. Stowell
Notary Public, residing at Rexburg Idaho
My commission expires Sept 5-1942
(SEAL)

Signed Henry Dietrich
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rexburg 133 W 1st South
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By .....
(REGISTRAR'S SIGNATURE)

215-206-033-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Roxburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86232

Primary Registration District No. 2178 Registered No. 388

FULL NAME OF CHILD Sarah Ann Sanders

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12 6 1920

FATHER		MOTHER	
FULL NAME	Chas. A Sanders	FULL MAIDEN NAME	Sarah Howell
RESIDENCE	Lima Mont	RESIDENCE	Lima, Mont,
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-15 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86232

Date Filed ..... FEB 1 3 48 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Sanders (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1920 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Sarah Ann Sanders

Subscribed and sworn to before me this 31 day of January, 19 73

Jane M. Peterson

Notary Public, residing at Wendell Idaho

My commission expires 10/10/76

(Seal)

Signed Verla Lancaster

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January, 19 73

Jane M. Peterson

Notary Public, residing at Wendell Idaho

My commission expires 10/10/76

(Seal)

Signed Melvin S. Jones

(Signature of Any Credible Person)

234 N Hawkins St. Glenns Ferry, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 8/16/72

Certif. of Baptism and Confirmation from LDS Church gives name as Sarah Sanders born Dec. 6, 1920. Daughter of Charles A. Sanders and Sarah A. Howells. Was Baptized Aug. 4, 1929. Viewed by V. S.

MAR 2 1973

Certificate of Membershiop to the LDS Church gives name as Sarah Ann Sanders Smith daughter of Charles Albert Sanders and Sarah Howell. Was born Dec. 6, 1920. Blessed May 19, 1921. Was [illegible] Baptized Aug. 4, 1929. Viewed by V. S.

1298

349-206-033-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

File No. 86233

Primary Registration District No. 2178

Registered No. 389

FULL NAME OF CHILD Aradath Ireta Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 6 1920

FATHER		MOTHER	
FULL NAME	George Curtis	FULL MAIDEN NAME	Irene Bruce
RESIDENCE	Sugar City Idaho	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Sugar Boiler	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin St. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed 12/30 1920 G. G. Espe

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 14 9 28 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86233

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Curtis (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 6, 1920 (Date of Event)
in Sugar, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Aradath Ireta Curtis

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California }
County of Stanislaus } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 19 78

Notary Public, residing at Modesto, CA
My commission expires October 6, 1978

(Seal)

Signed Tina B Curtis
(Signature of Any Credible Person)

Box 17th st Ceres Calif
(Street Address, City, State)

Modesto Calif 95354

I am Mother of applicant.

GWENN F. WALKER
NOTARY PUBLIC-CALIFORNIA
COUNTY OF STANISLAUS
My Commission Expires Oct. 6, 1978

FORM DH 60-155

CL 12/23/77 RUSH

Certificate of birth of child is filed in California and gives mother's name as Aradath Ireta Curtis age 30 and born in Idaho. Child born April 20, 1951, at Modesto, California,
Viewed by V.S.

Certificate of Baptism issued by the Seventh-day Adventist Church gives name as Aradath Ireta Curtis. Baptized July of 1933. A. B. Huenergart, Minister.
Viewed by V.S.

619-207-033-263

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

name added 12/27/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Newdale

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86234

Primary Registration District No. 2178 Registered No. 390

FULL NAME OF CHILD Mazel Fairbanks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Roy Fairbanks	FULL MAIDEN NAME	Ada Boles
RESIDENCE	Newdale Ida	RESIDENCE	Newdale Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Druggist	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-15 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 1 53 PM '79

State of California
County of Humboldt } ss.

Certificate No. 86234

Date Filed Dec. 12, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Mazel Fairbanks who born on Dec. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Newdale, Idaho (Fremont) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church Records Life Insurance prepared on May 4 1970, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unamed	Mazel Fairbanks

Subscribed and sworn to before me this 19th day of May, 19 70

Notary Public, residing at Eureka, Calif.
My commission expires Nov. 3, 1972
(Seal)

X Signed Glen A. Fairbanks (Older Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 834, Klamath, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Humboldt } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 70

Notary Public, residing at Eureka, Calif.
My commission expires Nov. 3, 1972
(Seal)

Signed
(Signature of Any Credible Person)

P.O. Box 84, Samoa, Calif.
(Street Address, City, State)

FORM DH 60-155 Copy for Rec. # 31055

Transcritpf from Metropoliton Life Ins. Company gives name as Mazel F. Bates. born Dec 7, 1920. dated record dated July 1, 1945. Policy no 700360 M1 dated may 4, 1970. signed by John J. Korn. Head office Vice-President. viewed by V. S.

DEC 2 - 1979

Certif of Birth from the LDS Church gives name as Mazel Fairbanks born Dec 7, 1920. birthplace as Newdale, Idaho. Father's name as J. R. Fairbaks and mother's name as Ada Bowles. viwed b V. S.

219-209-
022-319

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 — File No. 86235

Primary Registration District No. 2178 — Registered No. 391

Full Name of Child Nina Ellen Barnhart

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec. 9th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Felix Barnhart	FULL MAIDEN NAME	Carrie Carlisle
RESIDENCE	Teton Ida	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Louisiana	BIRTHPLACE	Louisiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed 12-29 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86235

State of Idaho } ss.
County of Bannock

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Nina Ellen Barnhart (Name on Original Certificate) who was born (Was Born or Died) on Dec 9, 1920 (Date of Event) in Iron City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Sept 16, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nina Ellen Barnhart

Subscribed and sworn to before me this 16th day of September, 1942

[illegible signature]

Notary Public, residing at Pocatello, Idaho

My commission expires November 4, 1943
(Seal)

Signed Carrie Carlile Barnhart, (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 18 1912

314216-033-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86236

Primary Registration District No. 2178 Registered No. 392

FULL NAME OF CHILD RUTH LAMBERT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	12 16 1920

FATHER		MOTHER	
FULL NAME	Orsel C Lambert	FULL MAIDEN NAME	Florence Smith Ballif
RESIDENCE	St. Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	School-Teacher	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-25 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Utah }

Certificate No. 86236

Date Filed /

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Ruth Lambert (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 16, 1920 (DATE OF EVENT)

in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Genealogy Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on About Jan. 15, 1942 (GIVE DATE), when this person was named in church, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Ruth Lambert

Subscribed and sworn to before me this 1st day of May, 1942.

Notary Public, residing at Provo, Utah

My commission expires Jan. 12, 1945.

(SEAL)

Signed A. E. Lambert Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

388 N. 4 West, Provo, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1942.

Notary Public, residing at Provo, Utah

My commission expires Jan. 12, 1945.

(SEAL)

Signed Florence Bally Lambert (Mother)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

388 N. 4 W. Provo, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 2 1942 By X

(REGISTRAR'S SIGNATURE)

OCT 1 2 1973

466117.033-555

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86238

Primary Registration District No. 2178 Registered No. 394

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	12 (Month) 17 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Moore	FULL MAIDEN NAME	Mary E. Neeley
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Brigham Utah	BIRTHPLACE	American Falls Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12/29 1920 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-218 033-866

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86239

Primary Registration District No. 2178 Registered No. 395

FULL NAME OF CHILD MARY KATHERINE NICHOLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. (Month) 18th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Quincy B. Nichols	FULL MAIDEN NAME	Esther Howells
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Yost Utah
OCCUPATION	Electric Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec 18th 1920 at 8-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)*

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 12/29 1920

G G Espa
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }ss.
County of Salt Lake }

FEB 5 [illegible]

Certificate No. 86239

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mary Katherine Nichols (Name on Original Certificate) who Born (Was Born or Died) on Dec. 18th-1920 (Date of Event) in Rexburg-Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record-Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec.18-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Mary Katherine Nichols

Subscribed and sworn to before me this 4th day of February, 1942

Notary Public, residing at Salt Lake City, Utah

My commission expires Commission Expires Aug 25, 1942
(Seal)

Signed O.B. Nichols-Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

48 East 7th So.#5 Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1942

Notary Public, residing at

My commission expires Commission Expires Aug. 25, 1942
(Seal)

Signed Marshall M. Allen
(Signature of Any Credible Person Other Than Previous Year)

1883 So. 3rd East Salt Lake City, Utah
(Street Address, City, State)

SEP 4 1973

AUG 3 0 1973

419-118·033-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hoonton

Registration District No. 100 File No. 86240

No. ____ St.

Primary Registration District No. 2178 Registered No. 396

Hospital ____

FULL NAME OF CHILD Warren Morris Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Dec. 18 1920

FATHER	MOTHER
FULL NAME Geo. E. Martin	FULL MAIDEN NAME Tillie Carlson
RESIDENCE Hoonton Idaho	RESIDENCE Hoonton Idaho
COLOR White	AGE AT LAST BIRTHDAY 45 (Years)
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE DeKalb Co. Indiana	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 A.M. on the date above stated.

(Signature) O. O. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 12-25 1920

V. G. Kestle Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19__

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-120-03 3-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86241

Primary Registration District No. 2178 Registered No. 397

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 20 1920

FATHER		MOTHER	
FULL NAME	Edward Briggs	FULL MAIDEN NAME	Hazel Lavon Anderson
RESIDENCE	Thornton Ida	RESIDENCE	Thornton
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-25 1920

G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1970

713-221-033-294

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 **File No.** 86242

Primary Registration District No. 2178 **Registered No.** 398

Full Name of Child Laura Hope Galloway

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reginald Galloway	FULL MAIDEN NAME	Flora Kidd
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Kentucky
OCCUPATION	Mechanic & farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Mann

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed 12-29 1920 G. G. Estes

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 9 53 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86242

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Galloway (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1920 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Laura Hope Galloway

Subscribed and sworn to before me this 13th day of May, 19 75

Notary Public, residing at 3960 Stanley Lane S.

My commission expires March 12, 1977

(Seal)

Signed John P. Gilbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/5/75 1bc & 1ccpd

Certi.f of Baptism and Confirmation from the LDS Church gives x the child's nameas Laura Hope Galloway daughter of R. Galloway and and Flora Kidd. Born Dec. 21, 1920 at Sugar City, Idaho. Was Baptized July 7, 1929. viewed by VS

JUN 9 1975

Certif. of Blessing fromtthe LDS Church gives name as Laura Hope Galloway daughter of Reginald Galloway and Flora Kidd. Born Dec. 21, 1920 at Suagr City, Idaho. Was Blessed Mar 6, 1921, viewed by V. S.

JAN 6 1976

719-121-033-295

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86243

Primary Registration District No. 2178 Registered No. 399

FULL NAME OF CHILD Glen Joseph Park

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Park	FULL MAIDEN NAME	Elva Lavon Kington
RESIDENCE	Thornton Ida	RESIDENCE	Thornton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-25 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #518-10-8589 gives full name as Glen Joseph Park, - viewed by V.S. card issued on Oct. 22, 1937 -

Own Child's Birth Cert. on file, #314015 gives full name of father as Glen Joseph Park - viewed by V.S.

AFFIDAVIT

TO WHOM IT MAY CONCERN:

STATE OF IDAHO)
) ss.
County of Bonneville)

THIS IS TO CERTIFY that we, Joseph Park and Elva LaVon Kington Park, are the parents of Glen Joseph Park, who was born December 21, 1920, at Thornton, Idaho, and who is the unnmaed male child shown on Certificate of Birth, State File No. 86243, State of Idaho.

Joseph Park

Elva LaVon Park

Subscribed and sworn to before me this 23rd day of June, 1960.

Wendell M. Baker

Notary Public
Residing at Idaho Falls, Idaho

My commission expires Oct. 24, 1960.

SEP 14 1960

212-221-033-639

PLACE OF BIRTH

County of Madison

City of Sugar

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86244

Primary Registration District No. 2178 Registered No. 400

Full Name of Child Zola Baker

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Dec. 21 1920

FATHER		MOTHER	
FULL NAME	Melvin Baker	FULL MAIDEN NAME	Mary Flint
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Truce

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed 12-29 19 20

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 9 1968

1945

1945

386-123-033-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86245

Primary Registration District No. 2178 Registered No. 401

FULL NAME OF CHILD William Durrell Thomson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 23 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Thompson	FULL MAIDEN NAME	Virginia Anderson
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Butler Utah	BIRTHPLACE	Salina Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BornAlive On Dec. 23 1920 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 12-29 1920 G G Eispe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

El Monte, Calif.
Aug 22/1937

Dr. R. M. Finch
Boise, Idaho.

Dear Sir:

Please find inclosed a birth registration certificate in which there are several errors which I have marked correctly. Will you please send me a new certificate made out as I have this one marked? Also I have six other children whose birth has never been registered. I am sending their names & birth date. Will you ~~kindly look them out on the records & find~~ me a certificate for each

one?
William Durrell Boam 86245
Dec. 23rd, 1920 at Burton, Idaho.

Harold Dean Born July, 27, 111967
1922 at Pocatello, Idaho.

Verna Marie Born Nov 6 1928
at Pocatello Idaho. 166853

Wanda Darleen Born Aug. 139440
18 1930 at Rigby, Idaho.

Vanda LaVee Born Feb 1
1932 Shelley Idaho. 199610

~~Iris Elda Born at Elkhorn~~
California April 19 1933 —

Thanking you in advance
I am Very Truly Yours
Mrs. Wm. Thomson
1029 E. Killian Lane
El Monte Calif.
General Delivery.

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

SEP 20

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS . . . . . LAVA
IDAHO SOLDIERS' HOME . . . BOISE
STATE HOSPITAL NORTH . . OROFINO
STATE SCHOOL AND COLONY . NAMPA
STATE HOSPITAL SOUTH . BLACKFOOT

C. BEN ROSS, GOVERNOR

August 30, 1934.

Dr. Parley Nelson,
Rexburg, Idaho

Dear Doctor:

Will you kindly advis us on the bottom of this letter the correct birth date of William Durrell Thomson, son of Mr. and Mrs William Thomson of Burton, Idaho. The certificate sent to this office for registration gives the birth date as December 24, 1920, and the mother says it should be December 23, 1920. We are unable to make this change without a written statement from the attending physician. We are enclosing a stamped envelope and will appreciate a reply by return mail.

Thanking you in advance for your kind attention to this matter we remain

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

PBA

9-18-34

There are no records in my office to show that Wm Durrell Thomson was ever born. I do not remember anything about the case, so you will have to take the mother's word for it I suppose. Respectfully

Parley Nelson

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-126-033-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 86246

No. ..... St.

Primary Registration District No. 2178 Registered No. 402

Hospital .....

FULL NAME OF CHILD James Ross Taylor

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lewis James Taylor	FULL MAIDEN NAME	Emma Irene Beattie
RESIDENCE	Rexburg Ida	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12-26 1920

G G Espe

Registrar

3 X-22F-033-154

Amended April 24, 1972

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86247
Local Reg. No. 403
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Ruby
b. (Middle): Bernice
c. (Last): Campbell

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): December 26, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Gilbert
b. (Middle):
c. (Last): Campbell

8. AGE (At time of this birth): 39 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ut.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lydia
b. (Middle):
c. (Last): Anderson

13. AGE (At time of this birth): 32 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Ut.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. G. Espe, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12-30-1920
22. REGISTRAR'S SIGNATURE: G. G. Espe
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___

REGISTRAR in the district where the birth occurred ... the date of birth of the child. Address ... dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 86247

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ruby Bernice Campbell (Name on Original Certificate) who was born (Was Born or Died) on December 26, 1920, (Date of Event)

in Rexburg, Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Ruby Bernice Campbell
~~XXX~~ Sex	Male	Female

Subscribed and sworn to before me this 8th day of January, 1969

[signature]

Notary Public, residing at Idaho Falls, Idaho

My commission expires 12-15-72

(Seal)

Signed Ruby Bernice Young

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of January, 1969

[signature]

Notary Public, residing at Seattle, Washington

My commission expires 5-18-71

(Seal)

Signed Marie Scism

(Signature of Any Credible Person)

4431 S. Willow, Seattle, Wash.

(Street Address, City, State)

FORM DH 60-155 No Search Made 4-30-68

#2553 Patriarchal Blessing, Rexburg, Idaho, August 11, 1931.
A Blessing given by Andrew J. Hansen, upon the head of Ruby Bernice Campbell Scott, daughter of Gibion Campbell and Lydia May Hansen Anderson Campbell, and adopted daughter of Thomas Ray Scott and Mary V. Hansen Scott born at Rexburg, Idaho, Decm 26, 1920. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 108 File No. 86247

Primary Registration District No. 2178 Registered No. 403

FULL NAME OF CHILD .....

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 26 (Day) 1920 (Year)

FATHER

FULL NAME Gilbert Campbell

RESIDENCE Rexburg Ida

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ut

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lydia Anderson

RESIDENCE Rex

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Ut.

OCCUPATION

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3,30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Campbell M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-30 1920

G G Esplin

Registrar

NOV 2 1967

APR 24 1972

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
County of King)

Marie Scism, being first duly sworn, deposes and says:

That she is the sister and is twelve years older than Ruby Bernice Campbell, the daughter of Gilbert Campbell and Lydia May Anderson Campbell, born at Rexburg, Idaho on the 26th day of December, 1920; that she is aware the Idaho Certificate of Birth under file numbers 86247 indicates the birth was for a male child born to the named parents, but no name indicated for the child; that your affiant, being twelve years of age, recalls the birth of her sister, Ruby Bernice, and that the information contained herein is accurate; further, that the birth certificate above mentioned showing the birth of a male child born to the mother and father of your affiant on the 26th day of December, 1920, is inaccurate and wrong, because Ruby Bernice, a female child, was born to the parents of your affiant upon said day.

Marie Scism

Subscribed and sworn to before me this 5th day of ~~March,~~ April 1972.

Notary Public for the State of Washington
Residing at Seattle

551-226-033-33V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86248

Primary Registration District No. 2178 Registered No. 404

Full Name of Child Verla Evans

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eddie Evans	FULL MAIDEN NAME	Sarah Cluff
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed 12-29 1920 G. G. Espe

Registrar Registrar

FEB 2 4 1944

214.127.033-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 86249

No. ..... St.

Primary Registration District No. 217 Registered No. 405

Hospital .....

FULL NAME OF CHILD Stanley Ryphi Saurey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 27th 1920

FATHER		MOTHER	
FULL NAME	George Saurey	FULL MAIDEN NAME	Oleia F. Smith
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hibbard Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec27th, 1920 at 10-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Parley Nelson

M.D.

(Physician or Midwife)

Address Rexburg Idaho

Filed 12-29 1920 G. L. Cope

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 - 1970

391-130-C33-243

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86250

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 406

Full Name of Child JACK RUSSELL CRAWLEY

SEX OF CHILD: Male	Twin Triplet or other? Twin and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Dec. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thaddeus Otto Crawley	FULL MAIDEN NAME	Marion Levina Butt
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	~~Idaho~~ Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed 12/30 1920 G. G. Eske

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 86250

County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jack Russell Crawley

Which twin is this - 1st or 2nd? First

Subscribed and sworn to before me this 31st

day of August, 1942

O. Riverry

~~Notary Public, residing~~ at Probate Judge

~~My commission expires~~

(Seal)

Signed Mrs J. O. Crawley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Teton, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires

(Seal)

SEP 18

391-130-033-243

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86251

Primary Registration District No. 2178 Registered No. 407

Full Name of Child DICK OTTO CRAWLEY

SEX OF CHILD Male	Twin Triplet or other? Twin and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thaddeus Otto Crawley	FULL MAIDEN NAME	Marion Levina Butt
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19...

Address .....

Filed 12/30 1920 G. G. Espe

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 86251

County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dick Otto Crawley

Which twin is this - 1st or 2nd? Second

Subscribed and sworn to before me this 31st day of August, 1942

O. K. Meservy

~~Notary Public, residing~~ at Probate Judge

~~My commission expires~~

(Seal)

Signed Mrs. T. O. Crawley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Teton, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 18 1942

414-131-033-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rex

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 86252

Primary Registration District No. 2178 Registered No. 408

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	12 (Month) 31 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. H. Maughan	FULL MAIDEN NAME	Olive Hanson
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Weston Ida.	BIRTHPLACE	Hyde Park Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12/31 1920 G. H. Epe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-231-033-631

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 86253

Primary Registration District No. 2178 Registered No. 409

FULL NAME OF CHILD Irma Ellsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Claude Ellsworth	FULL MAIDEN NAME	Matilda Flamm
RESIDENCE	Rexburg Ida	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 12/31 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

169-226-034-274

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

BU[redacted]STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn,

Registration District No. 19 File No. 86254

No. ..... St.

Primary Registration District No. 2015 Registered No. 267

Hospital .....

FULL NAME OF CHILD RoseElizabeth Jordan,

Sex of Child	Twin Triplet or other? ---- and	Number in order of birth ----- (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 26 1920.

FATHER	MOTHER
FULL NAME: Earl L. Jordan,	FULL MAIDEN NAME: Phebe Spurgeon,
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Idaho.
COLOR: White,	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Ambie, Indiana.	BIRTHPLACE: Norfolk County, England.
OCCUPATION: Carpenter.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) R. O. Barta

(Physician or ~~midwife~~)

Address Burley, Idaho.

Filed Dec. 4 1920 E. E. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
U OF Vita

JUN 23 1944

219-203-034-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 86255

Primary Registration District No. 2015 Registered No. 265

FULL NAME OF CHILD REVA BAILEY

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) - 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William A. Bailey	FULL MAIDEN NAME	Rhea Baird
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert, Idaho

Filed Dec 27 - 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86255

State of California } ss.
County of Los Angeles }

Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Reva Bailey (Name on original certificate) who born (Was born or died) on Dec 3rd 1920 (Date of event)
in Rupert. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Bible (Bible record, insurance policy, etc.) prepared on Dec 3rd 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bailey	Reva Bailey
Reva Bailey		

Subscribed and sworn to before me this 27th
day of February 1942
Fred Adams
Notary Public, residing at 3346 Michigan South Gate Cal.
My commission expires Oct 21- 1942
[SEAL]

Signed Rhea Bailey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9337 San Gabriel South Gate Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February, 1942
Fred Adams
Notary Public, residing at South Gate
My commission expires Oct 21- 1942
[SEAL]

Signed William A Bailey
(Signature of any credible person other than the previous affiant.)
9337 San Gabriel South Gate Calif.
(Street Address, City, State)

Received for filing on MAR 2 1942 By
(Registrar's signature)

NOV 1 3 1974

469-102-034-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 9 File No. 86256

No. ..... St.

Primary Registration District No. 2015 Registered No. 266

Hospital .....

FULL NAME OF CHILD Pierce ~~xxxxxxxxx~~ JOSEPH Doris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 - 3 2nd 1920

FATHER		MOTHER	
FULL NAME	Eli Doris	FULL MAIDEN NAME	Lea Seivel
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Gr[illegible]

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed Dec. 27 1920 E. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 86256

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Pierre Joseph Doris (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1920 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Pierre August Doris	Pierre Joseph Doris
birthdate	Dec. 3, 1920	Dec. 2, 1921

Subscribed and sworn to before me this 18th day of February, 19 42

A. C. DeMary

Notary Public, residing at Rupert, Idaho.

My commission expires July 6, 1943.
(Seal)

Signed E. L. Doris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1942

A. C. DeMary

Notary Public, residing at Rupert, Idaho.

My commission expires July 6, 1943.
(Seal)

Signed Lea Doris
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Idaho.
(Street Address, City, State)

261-20B-03X-25-6

PLACE OF BIRTH Amended 6/8/78

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 86257

No. ____ St.

Primary Registration District No. 2015

Registered No. 261

Hospital ____

FULL NAME OF CHILD Georgia Lee Boatright

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes.	Dec. 6, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Boatright	Lily Snow
RESIDENCE	Rupert R. # 2	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Arkansas	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) V. V. Killen M.D.

(Physician or midwife)

Address ____

Filed Dec 27 1920

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
MAY 10 11 50 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86257

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Boatright (female) who was born on Dec 7, 1920 in Rupert, Idaho (Minidoka) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by X X prepared on ....., are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Georgia Lee Boatright
birthdate	Dec. 7, 1920	Dec. 6, 1920

Subscribed and sworn to before me this 1 day of May, 1978

Notary Public, residing at Burley, Idaho

My commission expires 3-1-80

(Seal)

Signed Kate Boatright Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

715 H. St Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of May, 1978

Notary Public, residing at Burley

My commission expires 3-1-80

(Seal)

Signed Ward Vollmer
(Signature of Any Credible Person)

333 Mt. View Drive - Jerome, Ida. 83338
(Street Address, City, State)

FORM DH 60-155

CL 11/9/77 nm

Family Bible record gives name as Georgia Lee Boatright born Dec 6 1920 viewed by V.S.

JUN 8 1978

Application to the Union National Life Insurance co gives name as Mrs Georgia Volkers. born Dec 6, 1920. dated Feb. 1, 1945. viewed by V. S.

235-210-034-345

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86258

Primary Registration District No. 2015 Registered No. 268

FULL NAME OF CHILD Hazel E. Stephens

Sex of Child: Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec. 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. D. Stephens	FULL MAIDEN NAME	Janet Cunnington
RESIDENCE	Rupert R. Route	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 40 a. M. on the date above stated.

(Signature) V. R. Killen M.D.

(Physician or midwife)

Address Rupert Ida

Filed Dec. 27 1920 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-109-034-235

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86259

Primary Registration District No. 2015 Registered No. 269

FULL NAME OF CHILD Ernest Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. L. Smith	FULL MAIDEN NAME	Gladys Stewart
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Wn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) V. R. Kellen M.D.

(Physician or midwife)

Address .....

Filed Dec. 27 1920 E. H. Elmore
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1970

697-213-034-613

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86260

Primary Registration District No. 2015 Registered No. 210

FULL NAME OF CHILD Wiggins (Premature 8 mo)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes.	Nov. 13 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. W. Wiggins	Florence Walker
RESIDENCE	Rupert	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Utah	Kansas
OCCUPATION	Dentist	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. V. Allen M D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 27 1920 E. H. Thomson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7/28/71

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 243-114-7034-165

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of ~~Bonneville~~ Madison CERTIFICATE OF BIRTH

City of Heyburn Registration District No. 19 File No. 86261

No. ..... St.

Primary Registration District No. 2015 Registered No. 271

Hospital .....

FULL NAME OF CHILD Thomas Gordon Bullock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.				Yes	Nov. 14. 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lonzo Bullock	Clara Jones
RESIDENCE	Heyburn R. 1 # 1	Heyburn R. 1 # 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	36
BIRTHPLACE	Ogden, Utah	~~Marti~~, Utah
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 27 1920

E. W. Ehmore

Registrar

MAR 16 1971

3-16-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUL 27 1971 Bureau of Vital Statistics

State of CALIFORNIA } ss.
County of MERCED

Certificate No. 86261

Date Filed

The undersigned does solemnly swear that certain items on the certificate of Birth (Birth or Death) for Thomas n Gordon Bulloc (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1920 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	Bulloc	Bullock
Last name of father	Bulloc	Bullock

Subscribed and sworn to before me this 24th day of July, 1971

Thomas N. Gordon

Notary Public, residing at Merced Calif

My commission expires

Signed Hugh Walter Bullock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

912 W. Street Merced Calif
(Street Address, City, State)

OFFICIAL SEAL
THOMAS N. GORDON
NOTARY PUBLIC-CALIFORNIA
MERCED COUNTY
My Commission Expires Feb. 6, 1974

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of MERCED

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1971

Thomas N. Gordon

Notary Public, residing at Merced, Calif

My commission expires

Signed Ruth Bullock
(Signature of Any Credible Person)

912 W. St Merced Calif
(Street Address, City, State)

FORM DH 60-155

CC (B) nm

Certificate of Blessing from LDs Church gives name as Thomas Gordon Bullock son of Honri Bullock and Clara Jone. N Born Nov. 14, 1920 at Heyburn, Idaho. Blessed April 3, 1921. Signed by Chas. Smith, Bishop. Viewed by V. S.

JUL 28 1971

Certificate of Bsptism and Confirmation dated Nov. 26, 1950 from the LDS Church gives nameas Thomas Gordon Bullock son of Honri Stewart Bullock and Clara Jones. Born Nov. 14, 1920 at Heyburn, Idaho. Baptized Nov. 5, 1950 by K. Liddle. Confmd. Nov. 12 1950. Viewed by V. S.

619-206-034-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 86262

No. ..... St.

Primary Registration District No. 2015 Registered No. 272

Hospital .....

FULL NAME OF CHILD Dorothy Lorene Ward

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec. 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leander Ward	FULL MAIDEN NAME	Bessie King
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	So. Dak.
OCCUPATION	Cement worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Dec. 6 1920 E. W. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1974

231-208-034-693 Name added 10-31-86 JLH

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 86263

Primary Registration District No. 2015 Registered No. 273

FULL NAME OF CHILD Merintha May Blacker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12 - 8 1920

	FATHER		MOTHER
FULL NAME	Thomas Blacker	FULL MAIDEN NAME	Hetty May Wilks
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wales	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert, Idaho

Filed Dec 27 1920 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86263

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Blacker (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 8, 1920 (Date of Event)
in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Merintha May Blacker

Subscribed and sworn to before me this 9th day of January, 19 77

Notary Public, residing at Rupert Idaho

My commission expires 3 June 1979

(Seal)

Signed Lekoy Blacker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

724 10th St. Rupert Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 8/14/78 Rush

OCT 31 1986

Certificate of blessing from LDS church gives child's name as Merintha May Blacker daughter of Thomas Blacker and Hettie Wilkes. Born December 8, 1920 at Rupert (Minidoka) Idaho and was blessed on Feb. 6, 1921 by Thomas Blacker.
Viewed by V.S.

Child's birth certificate gives mother's name as Merintha May Blacker. Child born 7-13-43 to Merintha May Blacker (Garner) and Carl Beazer Garner at Rupert(Minidoka) Idaho. State File No. 378463.
Viewed by V.S.

S62-214-034-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 86264

Primary Registration District No. 2015 Registered No. 274

FULL NAME OF CHILD Gladys Elneda Noble

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Female				yes	12-14-1920

	FATHER	MOTHER
FULL NAME	Travers Noble	Gladys Minerva Titcomb
RESIDENCE	Rupert R-F-D.	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore M.D.

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

Filed 12-15 1920 E. H. Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1975

RECEIVED
BUREAU OF
VITAL
MAR 13 11 44 AM '75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Minnesota } ss.
County of Hennepin

Certificate No. 86264 (12-15-20)

Date Filed 3/1/75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Noble (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1920 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy Blessing certificate (Bible Record, Insurance Policy, Etc.) prepared on 4-13-43 3-6-21 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Gladys Elneda Noble

Subscribed and sworn to before me this 11th day of March, 19 75.

Notary Public, residing at Minneapolis, MN
My commission expires July 21, 1976
(Seal)

Signed Edward W. Nicholson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2320 Sumter Ave. So., Mpls. Mn. 55426
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of Hennepin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 19 75

Notary Public, residing at Minneapolis, MN
My commission expires July 21, 1976
(Seal)

Signed Patricia Boos
(Signature of Any Credible Person)

3035 Humboldt So., Mpls, Mn. 55408
(Street Address, City, State)

FORM DH 60-155 CL 3/6/75 RUSH

Certif. of Blessing from the LDS Church gives name as Gladys Elneda Noble daughter of Francis Noble and Gladys M. Titcomb. born Dec. 14, 1920 at Rupert, Idaho. Was Blessed March 6, 1921. viewed by V. S.

MAR 14 1975

American National Ins. Co. policy gives name as Gladys Elneda Noble. dated April 13, 1943. viewed by V. S.

663-114-034-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86265

Primary Registration District No. 2015 Registered No. 275

FULL NAME OF CHILD LEONARD ELDEN WOLD

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard E. Wold	FULL MAIDEN NAME	Winnie Croner
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sugar Factory Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert, Idaho

Filed Dec 27 1920 E. T. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1949

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86265

State of Wyoming }ss.
County of Goshen }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leonard Verle Wold (Name on Original Certificate) who was born (Was Born or Died) on December 14-1920 (Date of Event) in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on August 20 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leonard Elden Wold

Subscribed and sworn to before me this 10th day of June, 1942

Signed Winnie Wold - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eben N. Perry - United States Commissioner ~~Notary Public~~, residing at

My commission expires July 1-1942
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUN 17 1942

JUN 2 2 1942

JUL 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-115-034-753

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86266

Primary Registration District No. 2015 Registered No. 276

FULL NAME OF CHILD John Garland DeBord

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	H. E. DeBord	FULL MAIDEN NAME	Virginia Peters
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) A. V. R. Killen

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec. 27 1920 E. H. Elmore Registrar

S-Y-CO. 38071

299-216-034-863

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

Registration District No. 19 File No. 86267

Primary Registration District No. 2015 Registered No. 277

FULL NAME OF CHILD Sarah Margaret Krivanec

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Oct. 16 1920

FATHER		MOTHER	
FULL NAME	Chas. B. Krivanec	FULL MAIDEN NAME	Sarah Holt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 48 M. on the date above stated.

(Signature) V. R. Killeen M.D.

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Dec. 27 1920 E. H. Ehrne Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-109.034-792

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86268

Primary Registration District No. 2015 Registered No. 278

FULL NAME OF CHILD .....

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 12 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jay N. Shaver	FULL MAIDEN NAME	Francis Gibson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groome

M. D.
(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 27 1920 E. B. Elmore
Registrar

996-208-034-253

Form V. S. No. 11-C--25m.-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86269

Primary Registration District No. 2015 Registered No. 279

FULL NAME OF CHILD Shirley Agnes Brown

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl Brown	FULL MAIDEN NAME	Grace Kelly
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown, M.D.

(Physician or midwife)

Address Rupert, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 27 1920 E. E. Elmore

Registrar

SEP 2 1 1945

NOV 22 1972

MAR 9 1944

238-115-034-414

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 86270

Primary Registration District No. 2015 Registered No. 286

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 - 15 - 1920

FATHER		MOTHER	
FULL NAME	Lamont Schofield	FULL MAIDEN NAME	Myrian Madsen
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 27 1920 Ett Elmore
Registrar

036-116-034-2.19

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86271

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 241

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 - 16 1920

FATHER		MOTHER	
FULL NAME	Vern Stone	FULL MAIDEN NAME	Olive Bailey
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. P. Groom

M. D.

(Physician or midwife)

Address Rupert Idaho

Filed 12-27-'20 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STONE

465-213-034-431

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

Registration District No. 19 File No. 86272

No. ..... St.

Primary Registration District No. 2015 Registered No. 282

Hospital .....

FULL NAME OF CHILD Eva Louise Montgomery

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David M. Montgomery	FULL MAIDEN NAME	Evelyn McAllister
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert, Idaho

Filed Dec. 27 1920 E. H. Ehnore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 5 1965

764218-034- -269

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 86273

No. ..... St.

Primary Registration District No. 2015 Registered No. 283

Hospital .....

FULL NAME OF CHILD Ezma Adell Poulsen

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth 12 (Month) - 18 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Lorenzo George Poulsen	FULL MAIDEN NAME Selma Christina Sorensen
RESIDENCE Rupert R.F.D.	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Elmore

M.D.
(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12 - 18 1920

E M Elmore
Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

12 13 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 86273

Date Filed .....

DEC 12 11 52 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Poulsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 18, 1920 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ezma Adell Poulsen

Subscribed and sworn to before me this 12 day of December, 1973

Notary Public, residing at Boise Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Eldon B. Pearson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cambridge Idaho 83610

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Social Security Card # 519-32-2634 Form OA-702 Rev. 1-46 gives name as Ezma Adell Pearson.
Viewed by VS

DEC 12 1973

Own childs birth certificate Clee Bernard Pearson born May 15, 1937 in Ruptert, Idaho State Fiel # 257287 gives mother name as Ezma Adell Poulsen,
Viewed by VS

154-109-034-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

Registration District No. 19 File No. 86274

No. ..... St.

Primary Registration District No. 2015 Registered No. 24

Hospital .....

FULL NAME OF CHILD Dan Elmore Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John E. Anderson	FULL MAIDEN NAME	Emma Stringham
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M D,
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 12-18 1920

E H Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-220-034-342

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 86275

Primary Registration District No. 2013 Registered No. 282

FULL NAME OF CHILD MADRID CROSSMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Crossman	FULL MAIDEN NAME	Edna Luker
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed Dec. 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 21 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 86275

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Madrid Crossman (Name on Original Certificate) who Born (Was Born or Died) on Dec. 20, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on May 1, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Madrid Crossman

Subscribed and sworn to before me this 20 day of February 1942

William G. Comstock
Notary Public, residing at Jerome
My commission expires
(Seal)
Probate Judge & Ex-Officio Clerk

Signed Edna Luker Crossman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of February 1942

William G. Comstock
Notary Public, residing at Jerome
My commission expires
(Seal)
Probate Judge & Ex-Officio Clerk

Signed Mrs. Nellie Roberts
(Signature of Any Credible Person Other Than Previous Year)

Jerome, Idaho
(Street Address, City, State)

665-102-034-619

PLACE OF BIRTH

County of Mundika

City of Hughes

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. #19 2015 File No. 86276

Primary Registration District No. 2196 Registered No. 286

FULL NAME OF CHILD Baby Owen NEIL WARNER OWENS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Owen	FULL MAIDEN NAME	Clois Warner
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida

Filed Dec. 24 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 86276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Neil Warner Owens (Birth or ~~Death~~) for Neil Warner Owens (Name on Original Certificate) who (Was Born or ~~Died~~) on Nov. 2-1920 (Date of Event) in Hagerman Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on 6-2-42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of ~~Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Name~~ Birth	Unnamed	Neil Warner Owens
Neil Warner Owens		Neil Warner Owens
		Neil Warner Owens

Subscribed and sworn to before me this 2nd day of June, 1942

William J. Comstock
~~Notary~~ Public, residing at Jerome Idaho.

My commission expires 1-14-43
(Seal)

Signed Cloie Warner Owens.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1942

815-115-034-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 7 19 File No. 86278

No. ..... St.

Primary Registration District No. ~~2 16~~ 2013 Registered No. 28

Hospital .....

FULL NAME OF CHILD ~~XXXXXXX~~ Hansen, DELMER ZENUS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	Twin		2	Yes	12 - 13 - 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. U. Hansen	FULL MAIDEN NAME	Marya Jensen
RESIDENCE	Heyburn Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
A. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Dec. 24 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-115-034-155

Form V. S. ~~No. 11-C~~ 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Magistrate

City of Hayburn

No. ..... St.

Hospital .....

Registration District No. ~~7~~ 19 File No. 86279

Primary Registration District No. ~~2196~~ 2015 Registered No. 249

FULL NAME OF CHILD ELMER JANUS HANSEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	Twin		1	Yes	12 (Month) 15 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A.A. Hansen	FULL MAIDEN NAME	Marva Jensen
RESIDENCE	Hayburn Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida

Filed Dec. 24 1920 E. T. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 7 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 36278-36279
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
of Elmer Janus Hansen ← first born (Name on original certificate) who born (Was born or died) on Dec. 15, 1920 (Date of event)
and Delmer Gervais Hansen ← second
in Heyburn, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Elmer, Janus, Hansen ← first twin		
Delmer, Gervais Hansen ← second		

Subscribed and sworn to before me this 6 day of June, 1941

Notary Public, residing at Salt Lake City

My commission expires Aug. 15, 1944

[SEAL]

Signed Aaron A. Hansen
(Signature of parent of attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Bountiful, Utah
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Utah } ss.
County of Salt Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 1941

Notary Public, residing at Salt Lake City

My commission expires Aug. 15 1944

[SEAL]

Signed Art Bolton
(Signature of any credible person other than the previous affiant)

533 - South Main Salt Lake
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

692-125-034-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 86280

No. ..... St.

Primary Registration District No. 2015 Registered No. 290

Hospital .....

FULL NAME OF CHILD Richard Lloyd Fisk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) - 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lilbert Lloyd Fisk	FULL MAIDEN NAME	Mary Cara
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed Dec. 27 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 16 1944

753109.034-762

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert. Registration District No. 19 File No. 86281

No. ..... St. Primary Registration District No. 2015 Registered No. 411

Hospital .....

FULL NAME OF CHILD LEONARD PETERS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Dec 9 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Peters.	Anna Gossen.
RESIDENCE	Rupert.	Rupert.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	31.	29.
BIRTHPLACE	Nebraska.	Minnesota
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 3:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician.
(Physician or midwife)

Address Rupert Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 27 1920

E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1975

Certificate number from card 6/[illegible]/4[illegible] Z.[illegible]

236-213-034-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 86282

No. ..... St.

Primary Registration District No. 2015 Registered No. 292

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emmet Anderson Scott	FULL MAIDEN NAME	Lillie Ann Davis
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida.

Registrar

Filed Dec. 27 1920 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SCOTT

Dup of 1920-D49-1311

635-124-034693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 86283

No. ..... St.

Primary Registration District No. 2015 Registered No. 293

Hospital .....

FULL NAME OF CHILD Ben J. Olenslager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abenadi Olenslager	FULL MAIDEN NAME	Millie M. Wilson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Registrar

Filed Dec 27 1920 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 198

c.c. 6/19/41 w.h.

255-222-034-431

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert.

Registration District No. 19 File No. 86284

No. ..... St.

Primary Registration District No. 2015 Registered No. 294

Hospital .....

FULL NAME OF CHILD Barbara ~~Eleanor~~ Eloise Kenagy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Dec 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gayre Henry Kenagy.	FULL MAIDEN NAME	Hattie McArthur.
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Canada
OCCUPATION	Physician	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida.

Filed Dec. 27 1920 E H Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1963

NOV 12 1963

791-126-034-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

Registration District No. 19 File No. 86285

Primary Registration District No. 2015 Registered No. 295

FULL NAME OF CHILD Bruce Myron Pratt.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Dec 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sumner William Pratt	FULL MAIDEN NAME	Bessie S. Hays.
RESIDENCE	Arco. Ida.	RESIDENCE	Arco. Ida.
COLOR	White. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinoise.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Ida.

Filed Dec 27 1920 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

AUG 21 1944

318/19.035-485

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C--25m-7-21-19

STATE [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Key Perce

City of Nur Culdesac Ida. Registration District No. 128 File No. 86286

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac & Vicinity

FULL NAME OF CHILD Wilbur Ray Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	12	19	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Bert Taylor	Pearl Myers
RESIDENCE	Culdesac Idaho.	Culdesac, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	37
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 19 20 George Gaignard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-118-031-118

PLACE OF BIRTH

[redacted] No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Slickfoo Ida. Registration District No. 128 File No. 86287

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD. Reinhardt Joseph Feucht

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 18 1920

FATHER		MOTHER	
FULL NAME	Anton Feucht	FULL MAIDEN NAME	Rasa Dahman
RESIDENCE	Slickfoo Idaho	RESIDENCE	Slickfoo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Filed Dec 1920 George Gaignard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 86287

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Reinard (Name on Original Certificate) who was born (Was Born or Died) on December 18, 1920 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Reinard	Reinhardt Joseph Feucht

Subscribed and sworn to before me this 27
day of June, 1942

Felix Martin
Notary Public, residing at Cottonwood Ida

My commission expires 12-14-1945
(Seal)

Signed Anton Feucht X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 64 Cottonwood, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of June, 1942

Felix Martin
Notary Public, residing at Cottonwood Ida

My commission expires 12-14-1945
(Seal)

Signed Mrs Anton Feucht X
(Signature of Any Credible Person Other Than Previous Year)

Box 64 Cottonwood, Idaho
(Street Address, City, State)

JUN 29 1942

1545

JUN 30 1942

653105-035-617

PLACE OF BIRTH

For [redacted] m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Sweetwater Ida. Registration District No. 128 File No. 86288

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Culdesac Vicinity Oliver Warren Fellows

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	12 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orig Virgil Fellows	Lelia May Wagner
RESIDENCE	Sweetwater Ida.	Sweetwater Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaynard
Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 1920 George Gaynard MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

In V. S. No. 11-C.

APR 18 1944

619221-235-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida

Registration District No. 128 File No. 86289

No. ..... St.

Primary Registration District No. Culdesac & Vicinity Registered No. .....

Hospital .....

FULL NAME OF CHILD Jennie Marie Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Pick Ward	FULL MAIDEN NAME	Lillian Broncheau
RESIDENCE	Culdesac Ida.	RESIDENCE	Culdesac Ida.
COLOR	White	COLOR	1/4 Red
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Culdesac Ida

Filed Nov. 1920 George Gaignard MD Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-106-035-234

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida

Registration District No. 128 File No. 86290

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital Culdesac a Vicinity

FULL NAME OF CHILD Tronk Dillard Walker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	11 6 1920

FATHER

FULL NAME: William Wallace Walker

RESIDENCE: Culdesac Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Common Laborer

MOTHER

FULL MAIDEN NAME: Zella May Blucher

RESIDENCE: Culdesac Ida

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Nov. 19 20 George Gaignard
Registrar

253-114-075-234

PLACE OF BIRTH

County of Nez Perce

City of Summit

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 92

File No. 86291

Primary Registration District No. 2170

Registered No. 38

FULL NAME OF CHILD ..... Justin Stanley Beloit .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes	12 14 1920

FATHER		MOTHER	
FULL NAME	Isaac J Beloit	FULL MAIDEN NAME	Myra L Stapp
RESIDENCE	Summit	RESIDENCE	Summit
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Neb
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth .... 1 .... Number of children of this mother now living, including present birth .... 1 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Clifford

Filed 12-14 1920

E E Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

299-210-035-36 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick

Registration District No. 93 File No. 86292

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vera Louise Kirk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Nov 10th 1920

FATHER		MOTHER	
FULL NAME	David R Kirk	FULL MAIDEN NAME	Maude E Loy
RESIDENCE	Southwick	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kans	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at Pocatello on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Baker M.D.

(Physician or midwife)

Given names added from a supplemental report.

Nov 26 1920

J M Layle
Registrar

Address Southwick

Filed Nov 26 1920 J M Layle
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

919-213-035-219

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perse

City of Southwick

Registration District No. 93 File No. 86293

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		2nd	yes	Nov 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mathis Rasda	FULL MAIDEN NAME	Barbara Lesa
RESIDENCE	Southwick	RESIDENCE	Southwick
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bohemia	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 2 o'clock P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Baker M D

(Physician or midwife)

Given names added from a supplemental report.

Nov 26 1920

Address Southwick

J M Lyle M 4
Registrar

Filed Nov 26 1920 W. C. Murphy
State Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KA ZDA

255-126-035-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick

Registration District No. 93 File No. 86294

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				✓	Oct 26 1920

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME Edna Bennett
RESIDENCE	RESIDENCE
COLOR	COLOR White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE Ill
OCCUPATION	OCCUPATION House Keeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Baker M D

(Physician or midwife)

Address Southwick

Given names added from a supplemental report.

Nov 20 1920

Wm J Baker M D
Registrar

Filed Nov 20 1920 Wm J Baker M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-375680

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH:

414102 1035-257

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86295

Primary Registration District No. 1009 Registered No. 590

FULL NAME OF CHILD George William Madden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	12-2-1920

FATHER		MOTHER	
FULL NAME	Joseph B. Madden	FULL MAIDEN NAME	Kittie A Begle
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9:30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Lewiston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1924 Evan E. Bruce Registrar

855-104-035-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 86296

Primary Registration District No. 1009 Registered No. 54

FULL NAME OF CHILD Jean Edward Hendershott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	December 4th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest C. Hendershott	FULL MAIDEN NAME	Reva Fordham
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Farming Tractor Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carson

Lewiston, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Jan 8 1921 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-104-035-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 86297

No. ..... St.

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 592

FULL NAME OF CHILD Charles L. Harlan Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	December 4th 1920

FATHER		MOTHER	
FULL NAME	Charles L. Harlan	FULL MAIDEN NAME	Osa Sherry
RESIDENCE	408-6th Avenue, Lewiston	RESIDENCE	408-6th Avenue Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Normal Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Lewiston, Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 8 1921 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-105-035-413

Form V. S. No. 11-C--25m-7-21

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 96 File No. 86298

No. ..... St.

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 593

FULL NAME OF CHILD Robert Wendell Weaver

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	December 5th 1920

	FATHER	MOTHER
FULL NAME	John R. Weaver	FULL MAIDEN NAME Leona Malone
RESIDENCE	P. O. Pomeroy, Washington	RESIDENCE P.O. Pomeroy Washington
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE Washington
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Lewiston Idaho.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 8 1921 Susan E. Bruce
Registrar

JUL 18 1957

613-205-035-963

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86299

Primary Registration District No. 1009 Registered No. 594

FULL NAME OF CHILD Virginia Luella Waterman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	December 5th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter A. Waterman	FULL MAIDEN NAME	Clara Roth
RESIDENCE	Clarkston, Wash.	RESIDENCE	Clarkston, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
Lewiston, Idaho.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 8 1921 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413/08.035-386

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86300

Primary Registration District No. 1009 Registered No. 595

FULL NAME OF CHILD Oliver Monroe Mackey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 (Month) 8 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. M. Mackey	FULL MAIDEN NAME	Gertrude Helen Lyons
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Banker.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Jan 8 1921 Anna E. Bruce

Registrar

Registrar

Amended 4/23/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86301
Local Reg. No.
Reg. Dist. No. 95

695-20-035-757

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ruth

b. (Middle): Harriet

c. (Last): Finney

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 9, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Frank

b. (Middle): Z.

c. (Last): Finney

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

10. USUAL OCCUPATION: Orchardist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Helen

b. (Middle): Mae

c. (Last): Inglis

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. C. Carssow

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED: Jan. 8, 1921

21. DATE REC'D BY LOCAL REG.: Jan. 8, 1921

22. REGISTRAR'S SIGNATURE: Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark }

OCT 22 1941

Certificate No. 86301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ruth Finney (Name on original certificate) who was born (Was born or died) on December 9 1920 (Date of event)
in Lewiston Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		
Date of birth	Dec. 10, 1920	Dec. 9, 1920

Subscribed and sworn to before me this 14
day of October, 1941
Pearl Carruth
Notary Public, residing at Vancouver
My commission expires April 1, 1944
[SEAL]

Signed Helen M Finney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2701 J St Vancouver Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of October, 1941
Pearl Carruth
Notary Public, residing at Vancouver
My commission expires April 1, 1944
[SEAL]

Signed Thelma Fitzgerald
(Signature of any credible person other than the previous affiant.)
908- E 30 St Vancouver Wash
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 21 1968

APR 23 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 29 1968 Bureau of Vital Statistics

State of WASHINGTON } ss.
County of CLARK

Certificate No. 86301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruth Harriet Finney (Name on Original Certificate) who was born (Was Born or Died) on December 9, 1920 (Date of Event) in Lewiston Orchards, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Washington	Wisconsin
Mother's Maiden Name	Ruth Harriet Finney	Helen Mae Inglis

Subscribed and sworn to before me this 15th day of November, 1968

Josephine Holmes

Notary Public, residing at Vancouver Wash.

My commission expires Feb. 25, 1972

(Seal)

Signed Jean Marie (Finney) Fischer (sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3202 E McLaughlin Blvd

(Street Address, City, State) Vancouver, Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1968

Josephine Holmes

Notary Public, residing at Vancouver Wash.

My commission expires Feb. 25, 1972

(Seal)

Signed Wilma L Franklin

(Signature of Any Credible Person)

4707 Lovina St Vancouver Wash

(Street Address, City, State)

RUSH FORM OH 60 155 CL 10-29-68. nm

Father's Own Death Certificate on file (Idaho Death), #48193, gives birthplace as Wisconsin - viewed by VS.

Brother's Birth Certificate on file (Idaho Birth), #117157, gives name of mother as Helen Mae Inglis and birthplace of father as Wisconsin - viewed by VS.

Birth Certificate for Brother on file (Idaho Birth) #117157 gives mothers's name as Helen Mae Inglis. Viewdd by V. S.

Photostat copy of father's obituary published in lewiston, Idaho in 1924 showing marriage to her mother on November 1, 1913. Viewd By V. S.

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lenalon Orchards

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 86301

No. ..... St.

Primary Registration District No. 1009 Registered No. 596

Hospital .....

FULL NAME OF CHILD Ruth Harriet Finney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	December 9th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank J. Finney	Ruth Harriet Finney
RESIDENCE	Lenalon Orchards	Lenalon Orchards
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	30 (Years)
BIRTHPLACE	Washington	Wisconsin
OCCUPATION	Orchardist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson

Lenalon, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 6 1921 Emma C. Bruce
Registrar

793-112-035-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96

Primary Registration District No. 1009

-86302

File No. 86302

Registered No. 597

FULL NAME OF CHILD Robert Edwin Gill

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	12 12 1920

FATHER		MOTHER	
FULL NAME	Kenneth E. Gill	FULL MAIDEN NAME	Edna Irene Sumpter
RESIDENCE	Clarkston Wn.	RESIDENCE	Clarkston Wn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Whites M.D.

(Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 5 1921 Susan E. Bruce Registrar

AUG 17 1972

546-114-035-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 86303

No. 730 - Eleventh St.

Primary Registration District No. 1009

Registered No. 5-98

Hospital

FULL NAME OF CHILD James Louis Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	December 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis F. Edwards	FULL MAIDEN NAME	Jessie Knapp
RESIDENCE	Lewiston, Idaho 730 11th Street	RESIDENCE	Lewiston, Idaho 730 11th Street
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lewiston, Idaho	BIRTHPLACE	Iowa
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. [illegible]

Lewiston, Idaho

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 12 1921

Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1974

MAR 1 1 1975

335-117-035-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 86304

No. 2204 - 7th Avenue

Primary Registration District No. 1009 Registered No. 599

Hospital —

FULL NAME OF CHILD Robert Milton Cleveland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	December 17th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred H. Cleveland	FULL MAIDEN NAME	Julia Borsos
RESIDENCE	Lewiston, Idaho 2204 - 7th Avenue	RESIDENCE	Lewiston, Idaho 2204 - 7th Avenue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Hungary
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

Lewiston, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Jan 8 1921 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-22 1-235-253

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86305

Primary Registration District No. 1009 Registered No. 600

FULL NAME OF CHILD Sallyann Ward

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	12 21 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Stuart Ward	FULL MAIDEN NAME	Elizabeth De Roy Kettenbach
RESIDENCE	Juneau, Alaska	RESIDENCE	Juneau, Alaska
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	Lewiston Ida
OCCUPATION	Officer U.S. Army	OCCUPATION	Y. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:31 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. L. White M.D.

Lewiston

(Physician or midwife)

Address Susan E. Brace

Filed Jan 8 1921 Susan E. Brace

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

919-222-035-695

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86306

Primary Registration District No. 1009 Registered No. 601

FULL NAME OF CHILD Helen Marie Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. H. Martin	FULL MAIDEN NAME	Pearl Winck
RESIDENCE	Clarkston Wn.	RESIDENCE	Clarkston Wn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Oklahoma
OCCUPATION	Fireman	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston

Filed Jan 8 1924 Susan E Bruce

Registrar

APR 27 1961

219-122-035-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86307

Primary Registration District No. 1009 Registered No. 602

FULL NAME OF CHILD James Patrick Barkley (James Patrick Barkley)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	December 22nd 1920

FATHER		MOTHER	
FULL NAME	James Barkley	FULL MAIDEN NAME	Rose Wallner
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Wisconsin
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Lewiston, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Jan 8 1921 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1969

DEC 7 1944

NOV 10 1944

177-226-035-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White

Registration District No. 96 File No. 86308

Primary Registration District No. 1009 Registered No. 603

FULL NAME OF CHILD Elizabeth Josephine Appleford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 26 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. L. Appleford	FULL MAIDEN NAME	Matilda Hendrickson
RESIDENCE	Craig Wash	RESIDENCE	Craig Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wisconsin.
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Jan 8 1921 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 7 1972

JUL 7 1942

959-128-035-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 86309

No. ..... St.

Hospital St. Josephs Primary Registration District No. 1009 Registered No. 604

FULL NAME OF CHILD Alvin Charles Reif

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	December 28th 1920

FATHER		MOTHER	
FULL NAME	Fred Reif	FULL MAIDEN NAME	Stella L. Stone
RESIDENCE	Uniontown Washington	RESIDENCE	Uniontown, Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	T Caussas	BIRTHPLACE	Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

Lewiston Idaho.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Jun 8 1921 Susan E Brun
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 3 1976

239-223-075-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96 File No. 86310

Primary Registration District No. 1009 Registered No. 605

FULL NAME OF CHILD Mary Carolyn Kling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	December 23rd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert E. Kling	FULL MAIDEN NAME	Theodora Hamilton
RESIDENCE	Anatone, Washington	RESIDENCE	Anatone, Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Lewiston, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Jan 8 1921 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

/Anatone High School (Washington) Diploma, May 26, 1939 gives name as Mary Carolyn Kling - viewed by V.S. and Cradle Roll Sunday School Certificate, Methodist Episcopal Church - April 20, 1924 gives name as Mary Carolyn Kling - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Asotin

Certificate No. 86310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kling (Name on Original Certificate) who born (Was Born or Died) on December 23, 1920 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Kling	Mary Carolyn Kling

Subscribed and sworn to before me this 26 day of Nov., 1958

Notary Public, residing at Lewiston, Idaho
My commission expires Oct 20, 1960
(Seal)

Signed Stella Benedict
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Anatone Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of November, 1958

Notary Public, residing at Clarkston, Wash
My commission expires Oct 20, 1960
(Seal)

Signed Homer T. Elling
(Signature of Any Credible Person)

N 11-15th St. Clarkston (W)
(Street Address, City, State)

FORM DPH 55.155 NNCL 8-25-58. nm

MAR 11 1959

796-130-035-463

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 86311

No. 1608 - 17th Avenue

Primary Registration District No. 1009 Registered No. 606

Hospital

FULL NAME OF CHILD STANLEY JOHN Provost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	December 30th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl N. Provost	Miriam Dole
RESIDENCE	Webb, Idaho	Webb Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Idaho	Wisconsin
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) Lazelle Johnson

Lewiston Idaho
(Physician or ~~midwife~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 8 1921 Susan E Bruce
Registrar

JUL 6 1962

DEC 14 1942

113-231-035-689

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 86314

Primary Registration District No. 1009 Registered No. 609

FULL NAME OF CHILD Rachel Jackson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	12 (Month) 31 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Jackson	FULL MAIDEN NAME	Stella Whitman
RESIDENCE	Lapwai Ida	RESIDENCE	Lapwai Ida
COLOR	Red. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	Red AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Jan 8 1921 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

497-125-035-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston, R.D.

No. Lewiston R.D. St.

Hospital

Registration District No. 96 File No. 86315

Primary Registration District No. 1009 Registered No. 610

FULL NAME OF CHILD Carl Eugene Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	December 25th 1920

FATHER		MOTHER	
FULL NAME	L. C. Dixon	FULL MAIDEN NAME	Pearl Chandler
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Braddock

Lewiston Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 8 1921 Arvin E Brice
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 369114036-253

[redacted] OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(86316)

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. [redacted] 86316

Registered No. 225

FULL NAME OF CHILD Nyle Cordingly

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	Twin		6	Yes	Nov. 14 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest E. Cordingly	FULL MAIDEN NAME	Octavia Keller.
RESIDENCE	Samaria Ida.	RESIDENCE	Samaria Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Monroe, Sevier Co. Ut.	BIRTHPLACE	Mantua Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 14, 1920 at 5:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Reese
Midwife.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Samaria, Idaho

Filed Jan 6 1921 R. T. Mauer
Registrar

PLACE

369-114-036-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26

File No. 88317

Primary Registration District No. 2069

Registered No. 226

FULL NAME OF CHILD Neal Cordingly

Sex of Child Boy.

Twin Triplet or other? Twin and Number in order of birth 7
(To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Nov. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ernest E. Cordingly	FULL MAIDEN NAME	Octavia Keller.
RESIDENCE	Samaria Ida.	RESIDENCE	Samaria, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Monroe Sevier Co. Ut.	BIRTHPLACE	Mantua, Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, Nov. 14, 1920 at 5:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Reese, Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Samaria, Idaho

Registrar

Filed Jan 6 1921

R. T. Maurer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

562-101-036-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86318

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 227

Hospital

FULL NAME OF CHILD Wm Neal Noble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lon Noble	FULL MAIDEN NAME	Margaret Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Scotland	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Registrar

Filed June 6 1920

R T Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. NO. 27B. 5M-12-1

OF IDAHO

86318

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

BOAR -BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

MARGIN RESERVED FOR BINDING

Place of Birth

City St John

Street and House No.

County Oneida

Registered No. 227

Registration Dist. No. 26

Sex of Child Male

Date of Birth Dec 1 1920
MONTH DAY YEAR

Father Don Noble
FULL NAME

Mother Margaret Jones
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

William Neal Noble
GIVEN NAME IN FULL SURNAME

as reported by Don Noble
FATHER OR MOTHER

R. T. Mauer M.D.
LOCAL REGISTRAR

85-202-036-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Woodruff

Registration District No. 26

File No. 86319

No. ____ St.

Primary Registration District No. 2069

Registered No. 228

Hospital ____

FULL NAME OF CHILD Mary Yeasley

Sex of Child female | Twin Triplet or other? | and | Number in order of birth | Legitimate? yes | Date of Birth Dec 2 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Yeasley	FULL MAIDEN NAME	Rosie Howell
RESIDENCE	Woodruff Ida	RESIDENCE	Woodruff Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 22 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) R. T. Mauer M. D

Physician

(Physician or midwife)

Address Malad Idaho.

Filed Jan 2 1921

R. T. Mauer M. D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

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Place of Birth
City W... uff
Street and Hou... o.
County Oneida

Registered No. 228

Registration Dist. No. 26

Sex of Child female

Date of Birth Dec 2 1920
MONTH DAY YEAR

Father James Yearsley
FULL NAME

Mother Rosie Howell
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Marry Yearsley
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

R. T. Mauer M.D.
LOCAL REGISTRAR

219-206-036-864

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 86320

Primary Registration District No. 2064 Registered No. 229

FULL NAME OF CHILD Mary Josephine Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Dec	6	1920

FATHER

FULL NAME: Joe Barnett (deceased)

RESIDENCE:

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION:

MOTHER

FULL MAIDEN NAME: Lola House

RESIDENCE: Malad, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) R. T. Warner

Physician

(Physician or midwife)

Address Malad, Idaho

Filed Jan 6 1921 R. T. Warner Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 1 2 1942

FEB 2 5 1943

165-209-036-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 86321

Primary Registration District No. 2069 Registered No. 230

FULL NAME OF CHILD Edith Jones

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Barney A Jones	FULL MAIDEN NAME	Mary L Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Manager of Mechanitute	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed June 6 1921 R T Mauer MP Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. [illegible] STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

$6321

Int 4/1/21

MARGIN RESERVED FOR BINDING

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

Place of Birth

City Malad

Street and House No.

County Oneida

Registered No. 230

Registration Dist. No. 26

Sex of Child female

Date of Birth Dec 9 1920
MONTH DAY YEAR

Father Barney A Jones
FULL NAME

Mother Mary L Jones
FULL MAIDEN NAME

I Hereby Certify that the child described here has been named:

Edith Jones.
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER

R T Mauer M.D
LOCAL REGISTRAR

386109.036-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 86322

Primary Registration District No. 2069 Registered No. 231

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joshua W. Thomas	FULL MAIDEN NAME	Mary M Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ellstons
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed June 6 1925

R T Maver Mad
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-410.036-955

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Daniels

Registration District No. 26 File No. 86323

No. ..... St.

Primary Registration District No. 2069 Registered No. 232

Hospital .....

FULL NAME OF CHILD Fern Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Henry Price	FULL MAIDEN NAME	Mary Reed
RESIDENCE	Gwenford Idaho	RESIDENCE	Gwenford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Warner M.D

Physician

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 2 1921

R T Warner M.D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B.

STATE OF ID.

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Ent 4-17/

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

Place of Birth:
City: Givenford
Street and House No.:
County: Oneida

Registered No. 232

Registration Dist. No. 26

Sex of Child: female

Date of Birth: Dec (MONTH) 10 (DAY) 1920 (YEAR)

Father: Henry Price (FULL NAME)

Mother: Mary Reed (FULL MAIDEN NAME)

I Hereby Certify that the child described herei
has been named:

[illegible] (GIVEN NAME IN FULL) [illegible] (SURNAME)

as reported by Mary Price (FATHER OR MOTHER)

R. T. Mauer M.D. (LOCAL REGISTRAR)

6-27-21

63-111-036-234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86324

No. ..... St.

Primary Registration District No. 2069 Registered No. 233

Hospital .....

FULL NAME OF CHILD Daniel Fallis

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Fallis	FULL MAIDEN NAME	Sarah Stuart
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Jan 6 1921

R T Maner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

8632

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

Place of Birth

City Malad

Street and House No.

County Oneida

Registered No. 233

Registration Dist. No. 26

Sex of Child male

Date of Birth Dec 11 1920
MONTH DAY YEAR

Father Wm H Fallis
FULL NAME

Mother Sarah Stuart
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Daniel Harris
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

R. T. Mauer M.D.
LOCAL REGISTRAR

696-208-036-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 86325

Primary Registration District No. 2064 Registered No. 235

FULL NAME OF CHILD Iris Elouise Fifield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	8	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert N. Fifield	Sarah E. Price
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	36
BIRTHPLACE	Preston	Malad
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed June 6 1921

R. T. Mauer M.D.
Registrar

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APR 19 1
BUREAU OF VITAL
STATISTICS

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SUPPLEM... AL ...PORT OF BIRTH

Place of Birth
City Malad
Street and House No.
County Oneida

Registered No. 235

Registration Dist. No. 26

Sex of Child Female

Date of Birth Dec 8 1920
MONTH DAY YEAR

Father Albert W. Fifield
FULL NAME

Mother Sarah S. Price
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Aris Elorine Fifie
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

R. T. Mauer M.D.
LOCAL REGISTRAR

213-212-036-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 86326

Primary Registration District No. 2064 Registered No. 236

FULL NAME OF CHILD Wanda Irene Ballaine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Stanley Ballaine	FULL MAIDEN NAME	Lottie Allen
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Taxi driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maurer M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad Idaho

Filed Jan 2 1921

R. T. Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

96.32

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
APR 1921
BUREAU OF VITAL STATISTICS

Place of Birth

City Malad

Street and House No.

County Oneida

Registered No. 236

Registration Dist. No. 26

Sex of Child Female

Date of Birth Dec 12 1920
MONTH DAY YEAR

Father Stanley Ballaine
FULL NAME

Mother Lottie Allen
FULL MAIDEN NAME

I Hereby Certify that the child described here
has been named:

Wanda Irene Ballaine
GIVEN NAME IN FULL SURNAME

as reported by Stanley Ballaine
FATHER OR MOTHER

A. T. M[illegible] M.D.
LOCAL REGISTRAR

SPACE RESERVED FOR BINDING

MAY 27 1943

254-218-036-749

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook Ida

Registration District No. 24 File No. 86327

No. ..... St.

Primary Registration District No. 2069 Registered No. 237

Hospital .....

FULL NAME OF CHILD Gladys Alberta Knudson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Knudson	FULL MAIDEN NAME	Verna Surney
RESIDENCE	Holbrook Ida	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Lee Cardleigh M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Registrar

Filed Jan 6 1921

R T Maurer M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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FORM V. S. NO. 27B. 5M-1?

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APR 19 1921
BUREAU OF VITAL STATISTICS

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SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Holbrook

Street and House No.

County Oneida

Registered No. 237

Registration Dist. No. 26

Sex of Child female

Date of Birth Dec 18 1920
MONTH DAY YEAR

Father Fred Knutson
FULL NAME

Mother V. Gurney
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Gladys Alberta Knutso
GIVEN NAME IN FULL SURNAME

as reported by Mrs Verena Knut
~~FATHER~~ OR MOTHER

R T Mauer M.D.
LOCAL REGISTRAR

MAY 4 1945

242-120-036-816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Malad~~ Oneida

City of Malad

Registration District No. 26 File No. 86328

No. ..... St.

Primary Registration District No. 2069 Registered No. 238

Hospital .....

FULL NAME OF CHILD Clarence B. L. Busenbark

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 12 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elias Busenbark	FULL MAIDEN NAME	Agnus. Hawks
RESIDENCE	Swan Lake Ida.	RESIDENCE	Swan Lake Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Beaverdam Utah	BIRTHPLACE	Escluta Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5H 5a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Jan 6 1921

R. T. Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL STATISTICS OF BIRTH

Sent 4/17/21

Place of Birth

City Malad

Street and House No.

County Oneida

Registered No. 238 863

Registration Dist. No. 26

Sex of Child male

Date of Birth 12 (MONTH) 20 (DAY) 1920 (YEAR)

Father Elias Busenbark
FULL NAME

Mother Agnes Hawkes
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Clarence B. L. Busenbar
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

C. T. Mauer M.D.
LOCAL REGISTRAR

NOV 27 1989

MAR 1

893-120-036-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86329

No. ..... St.

Primary Registration District No. 2069 Registered No. 239

Hospital .....

FULL NAME OF CHILD Thomas Lyle Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 20 1920

FATHER		MOTHER	
FULL NAME	Thomas Hill	FULL MAIDEN NAME	Helen Hill
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Jun 6 1921

R M Maurer W.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1953

IDAHO

DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
JUN 4 1921
BUREAU OF VITAL STATISTICS

I hereby certify that the child of

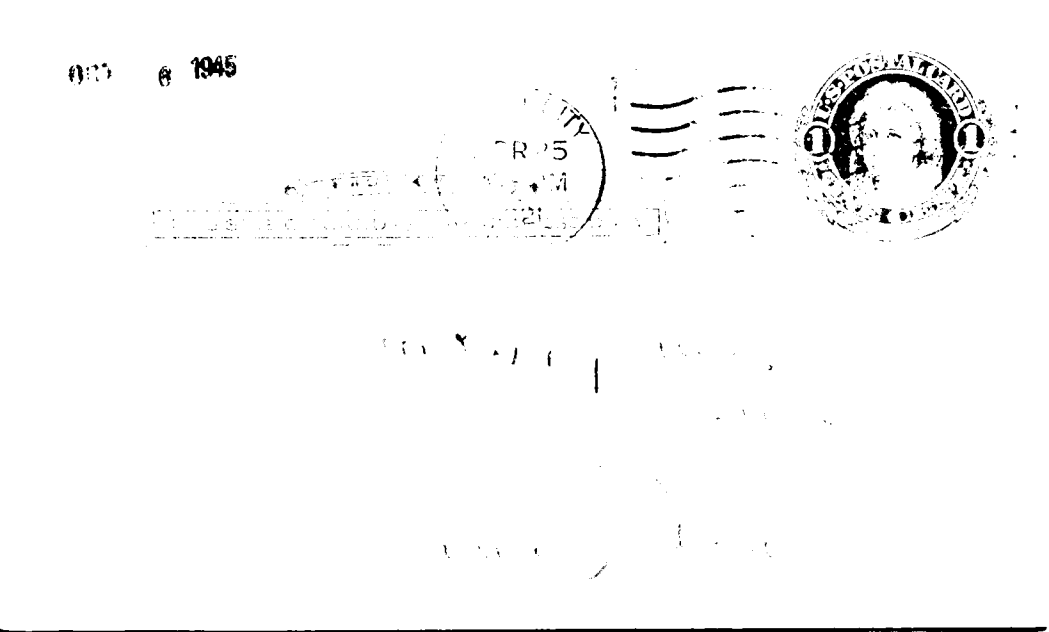
Thomas N. Hill
(NAME OF FATHER)

and Helen T. Hill
(MAIDEN NAME OF MOTHER)

born on December 20 1920

has been named Thomas Lyle Hill

Thos N. Hill, Helen T. Hill
(SIGNATURE OF FATHER OF MOTHER)



993-2122-036-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86330

No. ..... St.

Primary Registration District No. 2069 Registered No. 240

Hospital .....

FULL NAME OF CHILD IVA MARIE RICE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 22nd (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jay Rice	FULL MAIDEN NAME	Annie Anderson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Samaria	BIRTHPLACE	Samaria
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed Jan 6 1921

R. T. Marier M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Oneida

Certificate No. 86330

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Iva Marie Rice (Name on Original Certificate) who was born (Was Born or Died) on December 22, 1920 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on May, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	IvaMarie Rice

Subscribed and sworn to before me this 20
day of March, 1943

Bill Fallis
Probate Judge
Notary Public, residing at Malad, Idaho

My commission expires
(Seal)

Signed Mrs J. W. Rice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Oneida

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of March, 1943

Bill Fallis
Probate Judge
Notary Public, residing at Malad, Idaho

My commission expires
(Seal)

Signed Mary Stuart
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho
(Street Address, City, State)

AUG 2 1955

MAR 24 1943

MAR 3 1983

SEP 27 1944

249-121-036-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86331

No. ..... St.

Primary Registration District No. 2069 Registered No. 241

Hospital .....

FULL NAME OF CHILD Bell Jay Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ishmael Smith	FULL MAIDEN NAME	Charlotte Richards
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	U.S. Mail service	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Jan 6 1921

R T Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOARD OF HEALTH

16331

I hereby certify that the child of

Ishmael Smith

(NAME OF FATHER)

and Charlotte Richards

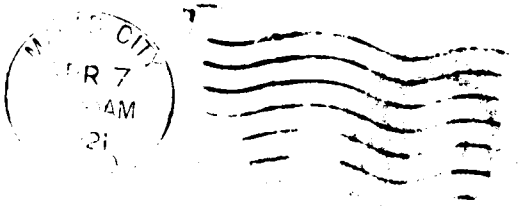
(MAIDEN NAME OF MOTHER)

born on Dec 21 1920

has been named Rell. Jay. Smith

Mr Ishmael and Charlotte Smith

(SIGNATURE OF FATHER OF MOTHER)



RECEIVED
APR 19 1921
BUREAU OF VITAL
STATISTICS

55-122-036-763

Form V. S. No. 11-C--25m-7-21

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. [illegible] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 86332

Primary Registration District No. 2069 Registered No. 242

FULL NAME OF CHILD Jack R. Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 22 1920

FATHER		MOTHER	
FULL NAME	Lauel F Evans	FULL MAIDEN NAME	Lesley V Potter
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad	BIRTHPLACE	Wyo
OCCUPATION	News Agent	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

(Signature) J F Alton

(Physician or Midwife)

Address Malad

Filed June 6 1921 R T Mauer M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

FEB 28 1957

FEB 23 1972

546-122-036-359

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 86333

Primary Registration District No. 2069 Registered No. 243

FULL NAME OF CHILD Chester L. Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 22 1920

FATHER		MOTHER	
FULL NAME	Chester A Edwards	FULL MAIDEN NAME	Mae Leigh
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed June 6 1921

R O Maver M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-223-036-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86394

No. ..... St.

Primary Registration District No. 2069 Registered No. 244

Hospital

FULL NAME OF CHILD Lois Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Dec 23 1920

FATHER		MOTHER	
FULL NAME	John D Price	FULL MAIDEN NAME	Stella Bowen
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Jan 6 1921

R T Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOARD O ... TICS

86...

Ent 4/17/21

I hereby certify that the child of

John D. Price
(NAME OF FATHER)

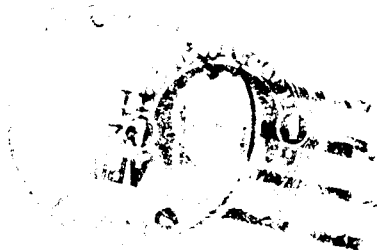
and Stella Bowen
(MAIDEN NAME OF MOTHER)

born on Dec. 23 1920

has been named Lois Price

Mrs. John D. Price
(SIGNATURE OF FATHER OF MOTHER)

RECEIVED
APR 19 1921
BUREAU OF VITAL
STATISTICS



253-725-036-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 86335

Primary Registration District No. 2069 Registered No. 245

FULL NAME OF CHILD Delen Charles Bell

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W Bell	FULL MAIDEN NAME	Elizabeth C. Parkinson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Jan 6 1921

R. T. Mann M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

993-126-036-234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86336

No. ..... St.

Primary Registration District No. 2069 Registered No. 246

Hospital .....

FULL NAME OF CHILD Fred Unnamed

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 26 1920

FATHER		MOTHER	
FULL NAME	Archie Rice	FULL MAIDEN NAME	Pearl Stuart
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Samarica	BIRTHPLACE	Minnesota
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 5:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 6 1921

R T Maurer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-128-036-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 86337

No. _____ St.

Primary Registration District No. 2069 Registered No. 247

Hospital _____

FULL NAME OF CHILD Claire J. Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 28 1920

FATHER		MOTHER	
FULL NAME	Tiff J. Davis	FULL MAIDEN NAME	Vernal M Caldwell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Day Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Registrar

Filed Jan 6 1921

R. Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 3-5-41. E.M.

BUREAU

I hereby certify that the child of

Griff J. Davis

(NAME OF FATHER)

and Vernal Caldwell

(MAIDEN NAME OF MOTHER)

born on December 27 1920

has been named Claire J. Davis

Griff J. Davis

(SIGNATURE OF FATHER OF MOTHER)

Rec'd 1/7/21

RECEIVED
APR 19 1921
BUREAU OF VITAL
STATISTICS

693-129.036-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 86338

Primary Registration District No. 2069 Registered No. 248

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	12-29 1920

FATHER		MOTHER	
FULL NAME	Joe Williams	FULL MAIDEN NAME	Pearl Campbell
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Dairyman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:40 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tigens. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Filed June 6 1921

R T Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-230-036-331

PLACE OF BIRTH
Amended 6-2-75

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 86339

Primary Registration District No. 2069 Registered No. 249

FULL NAME OF CHILD Dolores Eva Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12 30 1920

FATHER		MOTHER	
FULL NAME	Neal Christensen	FULL MAIDEN NAME	Eva Clark
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White — AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Barlow Ida
OCCUPATION	Police Officer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed June 6 1921

R T Maurer Mgr
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-3-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 2 10 58 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86339

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Christiansen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1920 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Dolores Eva Christensen
Father's name	Neil Christiansen	Neal Christensen

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of
May, 1975

Barbara J. Clayton
Notary Public residing at the District court
My commission expires .....
(Seal)

Signed Vesta J. Nelson
(Signature of Any Credible Person)

241 E 155 S. Malad Idaho
(Street Address, City, State)

FORM DN 60-155

Correction corresp. 6-3-74

JUN 2 1975

Baby book issued at time of birth by Family gives name as Dolores Eva Christensen daughter of Mr. &U Mrs. Neal Christensen born at Malad City, Idaho On Dec. 30, 1920
Viewed by V.S.

Family Bible, obviously old gives name of child as Dolores Eva Christensen daughter of Neal and Eva Christensen. Child born December 30, 1920 at 2am.
Viewed by V.S

235 231 036 215

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26 File No. 86340

Primary Registration District No. 2069 Registered No. 250

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 31 1920

FATHER		MOTHER	
FULL NAME	Joseph T. Steed	FULL MAIDEN NAME	Charlotte Sanford
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Jan 6 1921

R. W. Maver M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 86341

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-86341 A & B NOT TWINS

353-200

037465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A

County of Owyhee

City of Owyhee

No. ..... St.

Registration District No. ..... File No. 86341

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Seller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female	One	and	Yes	

FATHER	MOTHER
FULL NAME: Seller John	FULL MAIDEN NAME: Jones Daisy
RESIDENCE: Owyhee Idaho	RESIDENCE: Owyhee Idaho
COLOR: Indian — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR — AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE: Owyhee Nev.	BIRTHPLACE
OCCUPATION: Rancher	OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Yes alive (Born alive ~~or stillborn~~), at ..... M. on the date above stated.

(Signature) J. T. Reese M.D.

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Jan 31 1921 W. C. Murphy State Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

June 4, 1921.

Mrs. John Teller,

Kuna, RFD #2, Idaho.

Dear Madam:

Certificate of Birth of your child has been filed with this office. It is incomplete due to the fact that the date of birth is not given. Would you kindly give us this information in order that we may have an accurate record.

We enclose self-addressed stamped envelope and would ask the courtesy of an early reply.

Yours very truly,

F. W. Almond, M. D.
Medical Advisor.

R

2 encs.

Kindly also give us the name of the child.

No reply

249-220-036-415 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

County of Oneida

City of Malad

Registration District No. 26 File No. 86341

No. ..... St.

Primary Registration District No. 2069 Registered No. 234

Hospital .....

FULL NAME OF CHILD LUCY HELEN SMITH

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William R Smith	FULL MAIDEN NAME	Lucy V Davis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Malad

Filed Jan 6 1921

R J Maher M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 86341

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lucy Helen Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 20, 1920 (DATE OF EVENT)
in Malad Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Lucy Helen Smith

Subscribed and sworn to before me this 13
day of Apr, 1942.

Notary Public, residing at Jiler Idaho

My commission expires Apr 16 1945
(SEAL)

Signed Mrs Lucy Davis Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

Jiler Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of Apr, 1942.

Notary Public, residing at Jiler Idaho

My commission expires Apr 16 - 1945
(SEAL)

Signed W R Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Jiler Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 19[illegible] By
(REGISTRAR'S SIGNATURE)

APR 8 0 1948

363-211-037-643

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale Registration District No. 130 File No. 86342

No. ..... St.

Primary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec 11 1920

FATHER

FULL NAME: Harry Collins

RESIDENCE: Homedale

COLOR: W AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Key

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elvira Fuller

RESIDENCE: Homedale

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wash

OCCUPATION: Her

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffner MD (Physician or midwife)

Given names added from a supplemental report, Jan 1 1920

Simeon Hoffner Registrar

Address Homedale Ida

Filed Jan 1 1920 S Hoffner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-229-037-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. amended 4/ 7/72 St.

Hospital

Registration District No. 130 File No. 86343

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ruby Pearl Miller

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M				yes	Dec 29 1920

FATHER	MOTHER
FULL NAME Loyd A Miller	FULL MAIDEN NAME Annabell Ross
RESIDENCE Homedale	RESIDENCE Homedale
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebr	BIRTHPLACE Tex
OCCUPATION Farmer	OCCUPATION Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:50 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper MD
(Physician or midwife)

Given names added from a supplemental report.

Jan 1 1920 Address Homedale Ida

Simeon Hopper Registrar

Filed Jan 1 1921 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Carbon } ss.

MAR 0 2 48 PM '72

Certificate No. 86343

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Miller (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1920 (Date of Event) in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ruby Pearl Miller
date filed	Jan 1, 1920	Jan 1, 1921

Subscribed and sworn to before me this 11th day of January, 1972

Olive B. Wier N.P.

Notary Public, residing at Wellington, Utah

My commission expires October 20, 1974

(Seal)

Signed Roy A Miller Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 14 Wellington, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of ADA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of JANUARY, 1972

John W. Hinman

Notary Public, residing at BOISE

My commission expires 7-16-74

(Seal)

Signed Mattie R. DeBord

(Signature of Any Credible Person)

4222 Gage St, Boise Ida 83704

(Street Address, City, State)

FORM DH 60-155 CL 1/6/72 nm

APR 7 1972

Certificatecf Marra ge from California dated Oct. 18, 1939 gives the groom's name as Vernon Edward Wallace and the bride's name as Ruby Pearl Miller. Viewed by V. S.

Social Security Card (519-12-0278) dated 5-13-39 gives name as Ruby Pearl Miller Viewed by V. S.

Notification of birth Registration from Scaramento, Calif. gives child's name as Beverly Jean Wallace. Born Aug. 21, 1940. Gives father's name as Vernon Edward Wallace and the mothers name as Ruby Pearl Miller. Viewed by V. S.

JUL 18 1980

FEB 9 1981

693-217-038-795

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland Registration District No. File No. 86344

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Irma Claire Orcutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Dec 17, 1929

FATHER	MOTHER
FULL NAME Arthur Orcutt	FULL MAIDEN NAME Mary L. Diesler
RESIDENCE Fruitland	RESIDENCE Fruitland
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Idaho
OCCUPATION Chauffeur	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. C. Paxton M.D.
(Physician or midwife)

Address Fruitland Ida.

Filed Dec 17 1929 C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914403-038-851

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Registration District No. File No. 86345

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Hammond Howard Junior Ramey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy				Yes.	May	3	1920

FATHER		MOTHER	
FULL NAME	Tilly B. Ramey	FULL MAIDEN NAME	Bessie Blanch Heap
RESIDENCE	Near Fruitland Idaho	RESIDENCE	Near Fruitland Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida.

Filed Sept 2 1920 C. C. Payton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849.113.038-194

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

Registration District No. File No. 86346

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Max Leroy Hurd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Apr 13 1920

FATHER	MOTHER
FULL NAME: Earl Hurd	FULL MAIDEN NAME: Marian Arment
RESIDENCE: Whitley Bottom	RESIDENCE: Whitley Bottom
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette, Idaho

Filed Sept 2 1920 C. L. Paxton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 130 038462 name added 10-2-85 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 86347

Primary Registration District No. ____ Registered No. ____

Full Name of Child Rex R. Hanson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male				Aug. 30 1920

FATHER		MOTHER	
FULL NAME	Lorin Hanson	FULL MAIDEN NAME	Louie Robinson
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wyoming	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese MD

(Physician or midwife)

Address Ontario Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 8, 1920 C. A. Paxton

Registrar

9-16-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF

State of Utah
County of Carbon } ss.

OCT 1 12 42 PM '85

Certificate No. 86347
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hanson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 30, 1920 (Date of Event)

in Fruitland (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rex R. Hanson

Subscribed and sworn to before me this 27th day of September, 1985.

Notary Public, Patricia Jensen
Residing at Price Utah
My commission expires 8-9-88
(Seal)

Rex R. Hanson
Signature of Applicant

799 N 5th East
Street Address, City, State 84501
Price Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Mutual of Omaha Certificate of Insurance lists insured as Rex R Hanson issue date Aug 18, 1965. Viewed by V.S.

OCT 2 1985

Family Record dated March 26, 1942 lists Rex R. Hanson born 8-30-20 in Fruitland to Lorin Hanson and Louie Robinson. Viewed by V.S.

883-215-038-249

PLACE OF BIRTH

County of Payette

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 86348

Primary Registration District No. 2009 Registered No. 51

Full Name of Child

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
♂			Yes	Dec 15 1920

FATHER

FULL NAME Geo B. Hylton

RESIDENCE New Plymouth R 7 D 2

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nettie Burgin

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 1920 Wm J. Drysdale

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-123-038-b 32

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. R7D r- St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 86349

Primary Registration District No. 2009 Registered No. 52

Full Name of Child Arthur Bissard Meyer

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			Yes.	Dec 23 1920 (Month) (Day) (Year)

FATHER

FULL NAME Ernest F. Meyer.

RESIDENCE New Plymouth R7D r

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Nebr.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence Ackerman

RESIDENCE with husband.

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Nebr.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm J. Drysdale M. D.

(Physician or midwife)

Address New Plymouth Ida

Filed Dec 19 20 Wm J. Drysdale Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258.126.078-113

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. R 7 D 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 86350

Primary Registration District No. 2009

Registered No. 53

Full Name of Child Paul Woodruff Snyder

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M				Yes	Dec. 26 1920

FATHER

FULL NAME R. S. Snyder

RESIDENCE New Plymouth R 7 D 2

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Pa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Jack

RESIDENCE with husband.

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ore.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 1920 Wm J. Drysdale

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

FEB 10 1964

819-230-038-261

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 86351

Primary Registration District No. 109

Registered No. 54

Full Name of Child Marjorie May Harper -

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Dec 30 1920

FATHER

FULL NAME W. Fred Harper -

RESIDENCE Emmett Ida -

COLOR W AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Kans

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agnes Swatman

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE S. Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 5 1921 Wm J. Drysdale

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

891-112-038-165

County of Payette

City of Payette

~~No.~~ River St.

Hospital

Registration District No. 4

File No. 86352

Primary Registration District No. 1008

Registered No. 83

FULL NAME OF CHILD Warren Leslie Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elvon Craig Hiatt	FULL MAIDEN NAME	Martha Charlotte Jones
RESIDENCE	Weiser, Ida	RESIDENCE	Weiser, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Peru Madison Co. Iowa	BIRTHPLACE	South China Me.
OCCUPATION	Osteopathic Physician	OCCUPATION	Osteopathic Physician

Number of child of this mother, including present birth second

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.B. Catron

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette, Idaho

Filed ..... 19.....

J.C. Woodward
Registrar

1920

S-Y CO. 24655

84312.038.464

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 126 N 9th St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 86353

Primary Registration District No. 1008 Registered No. 84

FULL NAME OF CHILD James E. Hutchinson Jr.

Sex of Child Boy. | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes. | Date of Birth Aug 28 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME James E. Hutchinson	FULL MAIDEN NAME Florence Moulton
RESIDENCE Payette, Ida.	RESIDENCE Payette Ida.
COLOR White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rail Road	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed 19

J. C. Woodward
Registrar

1921

464-223-038-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave

Hospital

Registration District No. 4 File No. 86354

Primary Registration District No. 1008 Registered No. 85

FULL NAME OF CHILD Rose Marie Douglass

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Sept 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard H. W Douglass	FULL MAIDEN NAME	Grace Stockton
RESIDENCE	1231 2nd Ave S. Payette	RESIDENCE	1231 2nd Ave S Payette Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Banker.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 46 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed Oct 19 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

STATE OF CALIFORNIA)
) SS.
COUNTY OF BUTTE)

On this 19th day of April, A. D. 1941, before me, a Notary public in and for the County of Butte, State of California, duly commissioned and sworn, personally appeared Howard W. Douglass to me well known to be the person whose name is hereunto subscribed, who, being first duly sworn, deposes and says:

"That his true name is Howard W. Douglass but he usually uses the name of H. W. Douglass; that he has never been known as or used the name of H. W. Douglas; that he is the father of Rose Marie Douglass who was born at Payette, Idaho, on September 23, 1920, and whose birth was registered with the Bureau of Vital Statistics of the State of Idaho under the name of Rose Marie Douglas instead of under her true name of Rose Marie Douglass; that the following is the correct information for the registration of the birth of the said Rose Marie Douglass:

Correct Name:	Rose Marie Douglass
Date of Birth:	September 23, 1920
Place of Birth:	Payette, Idaho
Father's Correct Name:	Howard W. Douglass
Mother's Correct Name:	Grace Stockton Douglass
Attending Physician:	Dr. C. H. Avey ;

and that this affidavit is made for the purpose of furnishing the Bureau of Vital Statistics of the State of Idaho with the correct information so that the registration of the birth of Rose Marie Douglass can be properly corrected and a correct Birth Certificate be issued."

Howard W. Douglass
Howard W. Douglass

Subscribed and sworn to before me in the County of Butte, State of California, this 19th day of April, A. D. 1941.

J. J. Kitwick
Notary Public in and for County of Butte, State of California.

My Commission expires 12/28 1941

795-123-038-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 86355

Primary Registration District No. 1008 Registered No. 86

FULL NAME OF CHILD Delton Stafford Precht

Sex of Child Male. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Sept (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Herman Precht	FULL MAIDEN NAME	Kathleen Shelton
RESIDENCE	Near Payette, Ida	RESIDENCE	Near Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed 1920 19

J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-225-038-268

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave St.

Hospital

Registration District No. 4 File No. 86356

Primary Registration District No. 1008 Registered No. 87

FULL NAME OF CHILD ~~[illegible]~~ Oleta Marguerite Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Sept (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oren Daves.	FULL MAIDEN NAME	Mary Bohannon.
RESIDENCE	Boise. Idaho.	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Misouri	BIRTHPLACE	Kansas
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed OCT 1920 19 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1943

183-210-038-491

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

~~City of~~ Washoe

Registration District No. 4 File No. 86357

No. ..... St.

Primary Registration District No. 1008 Registered No. 88

Hospital .....

FULL NAME OF CHILD Anita Lola Ahlstrand

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Oct (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	E. A. Ahlstrand	FULL MAIDEN NAME	Kantha Draper
RESIDENCE	Near Fruitland, Idaho	RESIDENCE	Near Fruitland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette, Ida

Filed Oct 1 1920 19 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-213-038-213

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 86358

Primary Registration District No. 1008 Registered No. 89

FULL NAME OF CHILD Un named

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth Oct (Month) 13 (Day) 1920 (Year)

FATHER

FULL NAME A. C. Rice

RESIDENCE Near Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah.

OCCUPATION Farming.

MOTHER

FULL MAIDEN NAME Anna Salt.

RESIDENCE Near Payette Ida.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE New Zeland.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Hoxy

Physician

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed DEC 31 1920

J. B. Woodward

Registrar

623215·038-262

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 86359

Primary Registration District No. 1008 Registered No. 90

FULL NAME OF CHILD Anna Josephine Oster

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Oct 15 (Month) (Day) 1920 (Year)

FATHER

FULL NAME John Oster

RESIDENCE R.D. #2 Payette, Ida

COLOR White AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Roech

RESIDENCE R.D.#2 Payette

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Minn

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 54 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Avery

Physician

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed DEC 6 1920 J. C. Woodward

Registrar

365-201-038-289

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1537 2nd Ave S St.

Hospital

Registration District No. 4 File No. 86360

Primary Registration District No. 1008 Registered No. 9

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxxx~~ Warren Conger

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	T. J. Conger	FULL MAIDEN NAME	Grace Shidler
RESIDENCE	Payette, Ida	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Payette, Ida

Filed DEC 3 1920 J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 86360

County of Malheur } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Conger	Warren Conger

Subscribed and sworn to before me this 22 day of Jan., 1942

W B Staples

Notary Public, residing at Ontario Ore.

My commission expires 3/11/44

(SEAL)

Signed Mrs Grace Conger

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ontario Ore

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Jan., 1942

Notary Public, residing at Ontario Ore

My commission expires 3/11/44

(SEAL)

Signed Mrs Everett Staples

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ontario Ore.

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 23 1942

MAR 14 1957

365-209-038-134

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 407 3rd Ave N. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 86361

Primary Registration District No. 1008 Registered No. 92

FULL NAME OF CHILD Roma Rae Long

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov (Month) 9 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Frank Long	FULL MAIDEN NAME Fern Albin
RESIDENCE Payette Id Idaho	RESIDENCE Payette Id Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE N. Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

19

Registrar

Filed [illegible] 1920

J. B. Woodward Registrar

DEC 3 1943

APR 1 [illegible]

693.225.038-295

PLACE OF BIRTH

Form V. S. No, 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 86362

No. 1030 Center Ave. St.

Primary Registration District No. 1003 Registered No. 93

Hospital

FULL NAME OF CHILD Marion Francis Willard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 25 1920

FATHER		MOTHER	
FULL NAME	W. C. Willard	FULL MAIDEN NAME	Viola K. Bingaman
RESIDENCE	Emmett Ida	RESIDENCE	Mt. Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:50 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report. 19

Registrar

Filed DEC 31 1920

J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1 5 1974

DECEASED

393-127-038-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette — Registration District No. 4 — File No. 86363

No. ____ St.

Primary Registration District No. 100 — Registered No. 94

Hospital ____

FULL NAME OF CHILD ARTHUR CLINTON LITTLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 27 1920

FATHER	MOTHER
FULL NAME: Frank L. Littler	FULL MAIDEN NAME: Eva Cartright
RESIDENCE: Payette, Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) J. E. Woodward

(Physician or midwife)

Address Payette Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Filed DEC 31 1920 J. E. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

299-109-038-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 421 S 9th St.

Hospital

Registration District No. 4 File No. 86364

Primary Registration District No. 109 Registered No. 95

FULL NAME OF CHILD Ralph Kent Kirk

Sex of Child male. Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth Dec 9 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Earl Kirk

RESIDENCE Fruitland Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Oregon.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lillian Kent

RESIDENCE Fruitland Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19....

Registrar.

(Signature) O. H. Ivory

Physician (Physician or midwife)

Address Payette, Ida

Filed DEC 31 1920 19 J. B. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1949

DECEASED

319-216.038+55

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette Registration District No. 4 File No. 86365

No. 213 Indiana St.

Hospital Primary Registration District No. 1008 Registered No. 96

FULL NAME OF CHILD Stillborn daughter of Charles Cazier

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Dec. 16 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Charles Cazier

RESIDENCE Payette Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Montana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Jensen

RESIDENCE Payette Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Denmark

OCCUPATION None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 9:00 a M. on the date above stated.

(Signature) J C Woodward

Physician

(Physician or midwife)

Address Payette Ida

Filed DEC 31 1920 19

J C Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-229-038-366

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 86366

Primary Registration District No. 1003 Registered No. 97

FULL NAME OF CHILD Elaine Hope Saling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 29 1920

FATHER	MOTHER
FULL NAME: Hugh Saling	FULL MAIDEN NAME: Fay Cooper
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

(Signature) J. McDonald

(Physician or midwife)

Address Payette Idaho

Filed DEC 3 1920

J. C. Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 13 11 10 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86366

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Saling (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 29, 1920 (Date of Event) in Payette, Idaho (Payette) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elaine Hope Saling

Subscribed and sworn to before me this 9th day of February, 1978

Dora M. Clark

Notary Public, residing at Tigard

My commission expires My Commission Expires May 10, 1981

(Seal)

Signed Gary M. Blaylock

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1978

Dora M Clark

Notary Public, residing at Tigard

My commission expires My Commission Expires May 10, 1981

(Seal)

Signed X Al R. Blaylock

(Signature of Any Credible Person)

6605 S.W. Pine St Tigard

(Street Address, City, State)

FORM DH 60-155

CL 1/24/78

Family Record issued October 4, 1977, original obviously old gives name as Elaine Hope Saling born December 29, 1920. in Payette, Idaho, to Fay Muriel Cooper and Jefferson Hugh Saling.
Viewed by V.S.

Registration Card for the State of Oregon, Department of Motor Vehicles gives name as Elaine H. Saling Jensen. Card issued April 30, 1964
Viewed by V.S.

962-131-038-655

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 86367

Primary Registration District No. 1008 Registered No. 98

FULL NAME OF CHILD Kenneth H. Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank C. Robinson	FULL MAIDEN NAME	Josephine Fenstermacker
RESIDENCE	Payette Idaho	RESIDENCE	Payette Id o
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Winnipeg Manintoba	BIRTHPLACE	Neb.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Idaho

Filed DEC 31 1920 19.... J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1 1983
AUG 1 1 1987

268-211-038-168

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 10 Decenter Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 86368

Primary Registration District No. 1005 Registered No. 99

FULL NAME OF CHILD Pauline Boyd

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth Oct 11 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME R. L. Boyd	FULL MAIDEN NAME Ruth Johnson.
RESIDENCE Little Willow Ida.	RESIDENCE Little Willow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho.
OCCUPATION Farming	OCCUPATION Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. H. Avery

Payette Physician
(Physician or midwife)

Address Payette Ida

Filed Dec 31, 1920 J. G. Woodward
Registrar

613.124.039-552

PLACE OF BIRTH

County of Power

City of Rockland

No. ..... St.

Hospital .....

[redacted] IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 86369

Primary Registration District No. 2072 Registered No. 246

FULL NAME OF CHILD Dwayne Lavern Walker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
			Yes	Oct 24 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lee Walker	FULL MAIDEN NAME	Lucy Webster
RESIDENCE	Rockland	RESIDENCE	Same
COLOR	white	AGE AT LAST BIRTHDAY (Years)	31
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Marketman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 P. M. on the date above stated.

(Signature) C. F. Lewis M.D.

..... (Physician or midwife)

Address American Falls - Ida.

Filed Nov 5, 1920 R. F. Nolle

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613121-039-229

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 86371

No. ..... St.

Primary Registration District No. 2072

Registered No. 249

Hospital .....

FULL NAME OF CHILD ~~Leslie~~ FREDERICK LYLE WALKER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leslie C. Walker	FULL MAIDEN NAME	Mabel Grimmer
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:20 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls - Ida.

Filed Jan 4 1920. R. F. Noth.

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Virginia } ss.
County of Arlington }

Certificate No. 86371

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 21, 1920 (DATE OF EVENT)
in American Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by private records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 21, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Walker	Frederick Lyle Walker

Subscribed and sworn to before me this 24 day of Jan., 19 42.

Notary Public, residing at ARLINGTON, VA.

My commission expires NOTARY PUBLIC (SEAL)
My Commission Expires Feb. 4, 1945

Signed Lula Crowell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4628 No. 24th. St. Arlington, Va.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of VIRGINIA } ss.
County of ARLINGTON }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Jan., 19 42.

Notary Public, residing at ARLINGTON, VA.

My commission expires NOTARY PUBLIC (SEAL)
My Commission Expires Feb. 4, 1945.

Signed Mabel L. Walker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4628 No. 24th. St. Arlington, Va.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

415-212-10 39-238

PLACE OF BIRTH

County of Power

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 86372

Primary Registration District No. 2072 Registered No. 254

FULL NAME OF CHILD Mary Luella Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bradford Davis	Mary Delconover
RESIDENCE	Power Co,	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Ida.	Wash
OCCUPATION	farmer	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 P. M. on the date above stated.

(Signature) D. F. Scully MD

(Physician or midwife)

Address American Falls Ida.

Filed Jan 7 1921 R. F. Nolte. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1945

968-223-039-339

[redacted]

Form V.S. No. 11-C—25m-9-8-15

[redacted]

County of Power

City of

Registration District No. 25 File No. 86373

No. St.

Primary Registration District No. 2672 Registered No. 253.

Hospital

FULL NAME OF CHILD Cora June

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—			Yes	Dec 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fielden D Roy	FULL MAIDEN NAME	Mollie R. Scrimsher
RESIDENCE	Roy Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:15 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Scruggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls, Ida.

Filed Jan 7 1921 R. F. Noth

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V.S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 1 9 1969

695-219-039-695

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 86374

Primary Registration District No. 2072. Registered No. 252

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David J. Wiens	FULL MAIDEN NAME	Mary Freisen
RESIDENCE	Power Co	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Russia	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:15 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls

Filed Jan 6 1921 R. F. Natti

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-220-039-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 86375

No. _____ St.

Primary Registration District No. 2072

Registered No. 247

Hospital _____

FULL NAME OF CHILD Emma Wiens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry G. Wiens	FULL MAIDEN NAME	Bertha Witt
RESIDENCE	Amer. Falls	RESIDENCE	Amer. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Wiens

(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address American Falls - Ida

Filed Dec 1 1920 R. F. Nolte Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-222-039-959

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 86376

No. _____ St.

Primary Registration District No. 2072

Registered No. 248

Hospital _____

FULL NAME OF CHILD Anna Martha Schwarzenbach

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Werner Hartman Schwarzenbach	FULL MAIDEN NAME	Dina Louis Reimann
RESIDENCE	Power Co. Roy P.O.	RESIDENCE	Same ~~Lane Co Orgen~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lockwood Dade Co. Mo	BIRTHPLACE	Eugene Lane Co Orgen
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 4.30 A.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address American Falls — Ida.

Filed Dec 2 1920. R. F. Notte
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1942

912-202-039-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls.

Registration District No. 25

File No. 86377

No. ..... St.

Primary Registration District No. 2072

Registered No. 250

Hospital .....

FULL NAME OF CHILD Bertha Helena Rast

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dan Rast	FULL MAIDEN NAME	Wilhelmina Rast
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiefz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Ida

Filed Nov 12 1920. R. F. Nott.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

212-122-039-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 86378

No. _____ St.

Primary Registration District No. 2072.

Registered No. 251

Hospital _____

FULL NAME OF CHILD Albert Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. Baker	FULL MAIDEN NAME	Nora Folman
RESIDENCE	Amer. Falls	RESIDENCE	Amer. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at 1.40 a M. on the date above stated.

(Born alive or ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address American Falls. Ida.

Filed Jan 6 1920. R. F. Noble

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-129.040-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Black Bear

Registration District No. 122

File No. 86380

No. _____ St.

Primary Registration District No. 2100

Registered No. 206

Hospital _____

FULL NAME OF CHILD Richard Carl Schupp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Nov 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Schupp	FULL MAIDEN NAME	Anna Stewart
RESIDENCE	Black Bear Ida	RESIDENCE	Black Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report.

Address Hallora, Ida

Filed 1/2 1920 N C Mowery MD

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-17:040-351

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Providence

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 V

File No. 86381

Primary Registration District No. 7100

Registered No. 205

FULL NAME OF CHILD Donald Adams,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Nov 17 1920

FATHER	MOTHER
FULL NAME Ingle Mark Adams,	FULL MAIDEN NAME Lucile Bernice Teegan
RESIDENCE Burke	RESIDENCE Burke
COLOR White	COLOR W.
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Kans.
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Adams (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) G B Stockdale MD.

(Physician or midwife)

Address Wallace, Idaho

Filed 11/20 19 20

H E Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1951

433-217-040-551

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 12

File No. 86382

No. ..... St.

Primary Registration District No. 2200

Registered No. 204

Hospital

FULL NAME OF CHILD Frances Virginia McLaughlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 17 1920

FATHER	MOTHER
FULL NAME Terrence McLaughlin	FULL MAIDEN NAME Gladys Llewellyn Evans
RESIDENCE City	RESIDENCE City
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Lee, XXXXXXXXXXXXXXX Massachusetts	BIRTHPLACE Idaho
OCCUPATION Cigar maker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 11/24 1920 H. C. Mowery

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A F F I D A V I T

State of Washington)
) SS
County of King :

I, Gwenn Evans Mc Laughlin, being first duly sworn, on oath deposes and says:

That my daughter, Frances Virginia McLaughlin, having recently secured her birth certificate from the State of Idaho, finds that it is incorrect in the following instances;

Her father, Terence William Mc Laughlin, was born in Lee, Massachusetts, on July 25, 1884, whereas the record shows that he was born in Canada, which is incurrect; He died in Wallace, Idaho, on Sept. 25, 1935, and both he and I are American citizens, born in this country.

This affidavit is given to correct her certificate.

Gwenn Evans McLaughlin

Dated at Seattle, Washingt n, this 20th day of October, 1941

Subscribed and sworn to before me, a notary public, this 20th day of October, 1941.

Edah Hopkins

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **86383**

County of Shoshone

791-130-040-791

City of Kellogg

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Richard Fillmore Graves

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Nov 30 (Month) (Day) 19 20 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin Graves	Mattie Graves
RESIDENCE	Kellogg	Kellogg
COLOR	Wh	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE		
OCCUPATION	Laborer - miner and carpenter	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1: 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address _____

Filed 12/6 19.... to Geo. S Lester

Registrar

Form V. S. No. 11—25m—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

FEB 7 1961

Number SEP 1941

R6 3283

SO

(Day) (Year)

(Years)

239-218-040-213

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86384

Registration District No. 123

File No. 67

Primary Registration District No. 9201

Registered No. _____

Full Name of Child Evelyn Ann Stringer

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Girl		2	yes	Nov 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred William Stringer	FULL MAIDEN NAME	Helen Alta Salter
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Eng Cand.	BIRTHPLACE	Utah
OCCUPATION	Foreman at Smelter	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 12/6 1920 Geo S Lesher
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-105-040-364

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86385

Registration District No. 123

File No. 66

Primary Registration District No. 2201

Registered No. _____

Full Name of Child George Thomas Sandow

SEX OF CHILD	Twin Triplet or other? and Number in order of birth	Legitimate?	DATE OF BIRTH
Boy	5 (To be answered only in event of plural births)	Yes	11 (Month) 5 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME William Sandow	FULL MAIDEN NAME Rose Couch
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR White AGE AT LAST BIRTHDAY 41 (Years)	COLOR White AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed 12/6 1920 Geo S Lesher

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1958

138-131-040-646

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86386

Registration District No. 123

File No. 65

Primary Registration District No. 2201

Registered No. _____

Full Name of Child Roy William Alho.

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	1	Yes	10 31 1920

FATHER		MOTHER	
FULL NAME	Edward Alho.	FULL MAIDEN NAME	Elda Wuolle
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Coal dealer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/6 1920 Geo S Lesher

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-104-040-433

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

86387

Registration District No. 1 W 3 File No. 64

Primary Registration District No. 7 V 0 1 Registered No. .....

Full Name of Child Eileen Belva Brisbane

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy		1	yes	Oct 4 1920

FULL NAME OF FATHER	FULL MAIDEN NAME OF MOTHER
Horace Godwin Brisbane	Mildred Vivian Ritt
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: S. D.	BIRTHPLACE: Mo.
OCCUPATION: Rail Road Cashier	OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/26 1920 Geo D Lesher

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

249-123-040-265

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86388

Registration District No. 123

File No. 63

Primary Registration District No. 9201

Registered No. _____

Full Name of Child Dale Calvin Smith

SEX OF CHILD: Boy	Twin Triplet or other? and Number in order of birth: 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 23 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Calvin Lee Smith	FULL MAIDEN NAME: Cleo Bonner
RESIDENCE: Kingston	RESIDENCE: Kingston
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wash.
OCCUPATION: Mill Man	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 12/6 1920 Geo S Lesher
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-20-7040-395

PLACE OF BIRTH

County of Shoshone

City of Carbonite

No. _____ St.

Hospital Yes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

86389

Registration District No. 1N 3

File No. 62

Primary Registration District No. 8 No 1

Registered No. _____

Full Name of Child Ruth Elaine Keefer

SEX OF CHILD: Girl	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 5	Legitimate? Yes	DATE OF BIRTH: Oct 7 (Month) (Day) 1920 (Year)	

FATHER

FULL NAME: Tom Keefer

RESIDENCE: Carbonite

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Mining Man.

MOTHER

FULL MAIDEN NAME: Mattie J Lien.

RESIDENCE: Carbonite

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Norway

OCCUPATION: House Swife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Mason

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 11/6 1920 Geo. S. Lesher Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.... E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

625-203-040-469

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86390

Registration District No. 173 File No. 3

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Beatrice Obelisk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	Yes	10 3 1920

FATHER		MOTHER	
FULL NAME	Chas Obelisk	FULL MAIDEN NAME	Beatrice Morrison
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Cuba	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 1/8 1921 Geo D Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 5 1973

231-203-040-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

86391

Registration District No. 123 File No. 4

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Rosaline Georgia St Amand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	6	Yes	11 3 1920

FATHER		MOTHER	
FULL NAME	Oscar D St Amand	FULL MAIDEN NAME	Nora Peterson
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Canada	BIRTHPLACE	Wis.
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

..... Registrar

Filed 1/8 1921 Geo S Lesher Registrar

AUG 25 1944

261-119. 070-669

Form V. S. No. 11-G. 25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86392

County of Shoshone

City of Kellogg Registration District No. 123 File No. 3

No. ..... St. Primary Registration District No. V.V.01 Registered No. .....

Hospital ..... George Ralph

FULL NAME OF CHILD [redacted] Swaim

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	12 19 1920

FATHER		MOTHER	
FULL NAME	Clyde Swaim	FULL MAIDEN NAME	Lillian [redacted] Wort
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Indiana	BIRTHPLACE	Montana
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [redacted]

(Physician or midwife)

Address Kellogg Ida.

Filed 1/8 1921 [redacted] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/16/41. w.h.

FEB 27 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 12 1941

State of Washington } ss.
County of Chelan }

Certificate No. 86392
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Gerrald Lucain (Name on original certificate) who was born (Was born or died) on Dec. 19, 1920 (Date of event)
in Kellogg Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Dec. 19, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
My name	Gerrald Lucain	George Ralph Lucain
Mothers Name	Lillian Wood	Lillian Wort
Fathers Name	Clyde Lucains	Clyde Lucains

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Mrs. Lillian Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

302 S. Chelan Wenatchee, Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Chelan }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of June, 1941

Fred S. Munson
Notary Public, residing at Wenatchee
My commission expires Apl. 20 1945
[SEAL]

Signed Mrs. C. N. Grossarth
(Signature of any credible person other than the previous affiant)

302 S. Chelan, Wenatchee, Wash.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

219-202.cYO-445

PLACE OF BIRTH

AMENDED - SEPTEMBER 17, 1948

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 173 File No. 86393

Primary Registration District No. 2201 Registered No. 2

FULL NAME OF CHILD Elizabath Barichello
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	11 - 2 - 1920

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Peter Barichello	FULL MAIDEN NAME: Branka Muniani
RESIDENCE: Kellogg, Idaho	RESIDENCE: 7 Kellogg, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.C. Lindsay, M. D.

(Physician or midwife)

Address Kellogg, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 1/8 1921 Geo. S. Lesher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

CANADA
Province

Affidavit to Correct or Amend An Original Certificate of Birth or Death

~~State~~ of British Columbia
County of Westminster } ss.

Certificate No. 86393

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blanch Barochilli (Name on Original Certificate) who born (Was Born or Died) on Nov. 2, 1920 (Date of Event)
in Kellogg, Idaho, U.S.A. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Blanch Barochilli	Elizabeth Barichello

Subscribed and sworn to before me this 13th day of September 19 48

Notary Public, residing at
My commission expires
(Seal)

A Notary Public in and for the Province of British Columbia

Signed Dorothy A. Barichello
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

P. C. 1042

SEP 13 1945

OCT 11 1950

MAY 25 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86393

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 173

Primary Registration District No. 7901

File No. V

Registered No. .....

FULL NAME OF CHILD Blanche Borachelli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	4	yes	11 2 1920

FATHER		MOTHER	
FULL NAME	Peter Borachelli	FULL MAIDEN NAME	Bianka Muniani
RESIDENCE	Kellogg Ida	RESIDENCE	Kellogg Ida
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Miner

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kellogg Ida

Filed 1/8 1921 Geo. S. Lesher Registrar

653-226-040-958

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

Registration District No. 127

File No. 86396

No. _____ St.

Primary Registration District No. 2400

Registered No. 6

Hospital None

FULL NAME OF CHILD Carol Ada Feldt

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry S. Feldt	FULL MAIDEN NAME	Ada Nancy Rehbein
RESIDENCE	Avery	RESIDENCE	Avery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Michigan
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Avery

Filed Jan 9 1921

C Busey
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755.213.041-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of ~~Dud~~ Driggs

Registration District No. 77 File No. 86398

No. ..... St.

Primary Registration District No. 2176 Registered No. Four

Hospital .....

FULL NAME OF CHILD Maurine Penfold

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Penfold	FULL MAIDEN NAME	Georgia Hillman
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Marker
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida

Filed Jan 5 1921 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1965

615-217-041-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Chapin Ida

Registration District No. 77 File No. 86399

No. ..... St.

Primary Registration District No. 2176 Registered No. Six

Hospital .....

FULL NAME OF CHILD Etta Lee, Wanlass

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rubens F. Wanlass	FULL MAIDEN NAME	Clemmie M Cover
RESIDENCE	Chapin Ida	RESIDENCE	Chapin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ryo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Oriz Ida

Filed Jan 5th 1921 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1976

236-225-041-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Chapin, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 86400

Primary Registration District No. 2176 Registered No. Fine

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 25 1920

FATHER		MOTHER	
FULL NAME	James F. Stone	FULL MAIDEN NAME	Minerva Smith
RESIDENCE	Chapin Ida	RESIDENCE	Chapin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Drizzy Ida

Filed Jan 5th 1921 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1966

217-113-041-853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs R D 1 Registration District No. 77 File No. 86401

No. ..... St.

Primary Registration District No. 2176 Registered No. Three

Hospital .....

FULL NAME OF CHILD Kenneth Bagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 13 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Bagley	Rose Hall
RESIDENCE	Driggs R D 1	Driggs R D 1
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	36
BIRTHPLACE	Grantsnell Utah	Wellsville Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6-45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Mrs Asine Larsen

Midwife Driggs R D 1 Box 25
(Physician or midwife)

Address .....

Filed Jan 5th 1921 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-21-64-157

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH
Amended 2-19-80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs R D 1 Registration District No. 77 File No. 86402

No. ..... St. Primary Registration District No. 2176 Registered No. Two

Hospital .....

FULL NAME OF CHILD Isola Florence Kirk

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Dec 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ned Lewyean Kirk	Laura Jepsen
RESIDENCE	Driggs R.D.	Driggs R.D.1
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Pleasant, grove Utah	Pleasant, Grove Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11-15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anne Lonen
midwife
(Physician or midwife)

Address Driggs R D 1 Box 25

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 5 1921

Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 11 2 24 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86402

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Eveline Kirk (Name on Original Certificate) who was born (Was Born or Died) on Dec 17, 1920 (Date of Event)

in Driggs, Idaho (TetonCo.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Eveline Kirk	Isola Florence Kirk

Subscribed and sworn to before me this 7th day of February, 1980

Notary Public, residing at Sacramento Co

My commission expires June 3, 1983

(Seal)

X Signed Estelle M. Chatman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 5525 Maddison Ave Sacramento, Ca

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 3/14/77 1bc & 1cc pd.

Certificate of Birth issued by the L. D. S. Church gives name as Isola Florence Kirk born December 11, 1920, in Darby, Teton County, Idaho.
Father - Ned L. Kirk
Mother Laura M. Jeppsen. Re- orded 1921 page 200 line 395 ot Births and Blessings in the Teton Stake, Darby Ward.
Viewed by V.S.

Certificate of Marriage issued by the Ormsby County, Nevada Recorder's Office gives name of bride as Isola Florence Kirk married to Murrell F. Wozney on October 12, 1940.
Viewed by V.S.

STATE OF CALIFORNIA

County of Sacramento

. On February 7 1980 before me, the undersigned, a Notary Public in and for said State, personally appeared Estelle M. Cochran known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that She executed the same.

Notary Public

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
CHARLES A. SMITH
NOTARY PUBLIC-CALIFORNIA
Principal Office in Sacramento County
My Commission Expires June 3, 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-324

PLA[redacted]

041-632

County of Teton

City of Tetonia name added 12-1-82

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-1-1-18

[redacted] IDAHO
[redacted] VITAL STATISTICS
[redacted]E OF BIRTH

Registration District No. 77

File No. 86403

Primary Registration District No. 2176

Registered No. One

FULL NAME OF CHILD Inez Daines

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				Yes	Nov (Month) 24 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. H. Daines	FULL MAIDEN NAME	Lettie Olsen
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Tetonia, Idaho.

Filed Dec 15th 1920 Martha Marker
Registrar

S-Y CO. 24656

STATE OF
BUREAU OF VITAL
CERTIFICAT

DEC 1 2 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Davis } ss.

Certificate No. 86403

Date Filed 11/27/82

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Daines (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1920 (Date of Event)
in Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Cert of Birth (Bible Record, Insurance Policy, Etc.) prepared on 5/11/43 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Inez Daines

Subscribed and sworn to before me this 27th day of Nov., 1982

Notary Public residing at Bountiful, Utah

My commission expires 6/16/83

(Seal)

Signed Inez Daines Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1078 E. 75 So., Bountiful, Utah 84010
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Nov., 1982

Notary Public residing at Bountiful, Utah

My commission expires 6/16/83

(Seal)

Signed Weldon L Daines
(Signature of Any Credible Person)

1210 E. Millbrook Way, Bountiful Utah 84010
(Street Address, City, State)

FORM DH 60-155 CL 12/12/72

Cert of Baptism from LDS Church gives Inez Daines daughter of Malcolm Daines and Alitha Olsen born Nov 24, 1920 in Teton, was baptised Jan 1, 1929. Viewed by V.S.

DEC 1 1982

Certificate of birth from LDS Church gives Inez Daines born 11-24-20 in Teton to Malcolm H Daines and Alethea Olsen . Dated May 11, 1943. Viewed by V.S.

493 125-042-391

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

Registration District No. 36

File No. 86407

No. ..... St.

Primary Registration District No. .....

Registered No. 91

Hospital home

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Nov 25, 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Terry E. Mills	FULL MAIDEN NAME: Emilie May Crandall
RESIDENCE: Eden gIdaho	RESIDENCE: Eden Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Wash.
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

....., 19....

Registrar

Filed Nov. 30, 1920

J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

231-105-042-225

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36 File No. 86410

No. ____ St.

Hospital home

Primary Registration District No. ____ Registered No. 94

FULL NAME OF CHILD Charles James Stanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec. 5 1920

FATHER	MOTHER
FULL NAME: John T. Stanger	FULL MAIDEN NAME: Grace Helen Skeen
RESIDENCE: Hansen, Ida.	RESIDENCE: Hansen, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. W. Davis

phydician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 15, 1920

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Hansen Registered No. 94

Street and House No. Registration Dist. No. 36

County Twin Falls

Sex of Child Male

Date of Birth Dec. (MONTH) 4 (DAY) 1910 (YEAR)

Father John F. Stanger (FULL NAME)

Mother Grace Helen Skeen (FULL MAIDEN NAME)

I Hereby Certify that the child described here has been named:

Charles James Stanger (GIVEN NAME IN FULL) (SURNAME)

as reported by Grace H. Stanger (FATHER OR MOTHER)

(LOCAL REGISTRAR)

KIMBERLY, ID

FEB 10 1942

793-209.042-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital Hospital

Registration District No. 36

File No. 86411

Primary Registration District No. .....

Registered No. 95-

FULL NAME OF CHILD unnamed Giles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin		first	yes	Dec, 9, 1920

FATHER		MOTHER	
FULL NAME	Henry Giles	FULL MAIDEN NAME	Nettie Hanks
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw,

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 19, 1920

J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-209-042-815

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital Hosp.

Registration District No. 36 File No. 86412

Primary Registration District No. ..... Registered No. 96

FULL NAME OF CHILD unnamed Giles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	second	yes	Dec. 9, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Giles	Nettie Hanks
RESIDENCE	Kimberly, Idaho	Kimberly, Idaho.
COLOR	W	W
AGE AT LAST BIRTHDAY	41 (Years)	35 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Hw.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 19, 1920

J. W. Davis
Registrar

863-111-042-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Hansen

Registration District No. 36

File No. 86413

No. ____ St.

Primary Registration District No. ____

Registered No. 97

Hospital home

FULL NAME OF CHILD Forest Jerome Holford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Dec. 11, 1920 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Abraham Mattour Holford	FULL MAIDEN NAME: Ruth Isabelle Ward
RESIDENCE: Hansen, Ida.	RESIDENCE: Hansen, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Ill.
OCCUPATION: Carpenter	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 20, 1920

J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/1/41. w.h.

65-213-042-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36 File No. 86414

No. ..... St.

Primary Registration District No. ..... Registered No. 98

Hospital home

FULL NAME OF CHILD Jewel Irene Fear

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec. 13, 1920

FATHER		MOTHER	
FULL NAME	Mart Fear	FULL MAIDEN NAME	Nora Alice Jones
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 23 1920 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278 SM-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

16414

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
MAY 23 1942
BUREAU OF VITAL STATISTICS

Place of Birth

City Kimberly Registered No. 98

Street and House No.

County Twin Falls Registration Dist. No. 36

Sex of Child Female

Date of Birth May 13 1920
MONTH DAY YEAR

Father Mast Frear
FULL NAME

Mother Nora Alice Jones
FULL MAIDEN NAME

I Hereby Certify that the child described here has been named:

Jewel Irene Frear
GIVEN NAME IN FULL SURNAME

as reported by Mast Frear
FATHER OR MOTHER

JOSEPH H. [illegible]
Local Registrar of Vital Statistics
LOCAL REGISTRAR
District No. 33. Kimberly and Vicinity
KIMBERLY, IDAHO

NOV 1 2 1971

238-218-042-257

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36 File No. 86415

No. ..... St.

Primary Registration District No. ..... Registered No. 99

Hospital home

FULL NAME OF CHILD Bernice Leona Scherupp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 18, 1920 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Fred L. Scherupp	FULL MAIDEN NAME	Augusta Mary Becker
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Hw,

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Kimberly, Idaho

Registrar

Filed Dec. 28, 1920 19

J N Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-220-042-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 86416

No. _____ St.

Primary Registration District No. _____

Registered No. 100

Hospital home

FULL NAME OF CHILD Atha Loraine Cantlon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec. 20, 1920

FATHER	MOTHER
FULL NAME: William Marvin Cantlon	FULL MAIDEN NAME: Fannie Faye Ginn
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Okla.	BIRTHPLACE: Okla.
OCCUPATION: blacksmith	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report. _____ 19____

Filed Dec. 30, 1920

J. M. Davis
Registrar

_____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 17 1973

FEB 26 1973

295-126-042-355

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ____ St.

Hospital home

Registration District No. 36

Primary Registration District No. ____

File No. 86417

Registered No. 101

FULL NAME OF CHILD Teddy King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 26, 1920

FATHER		MOTHER	
FULL NAME	Fount F.King	FULL MAIDEN NAME	Mary Celesta Lee
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 30, 1920

J M Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1974

APR 19 1943

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C--25m-7-21-19

243-126-042-795

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

Registration District No. 35

File No. 86418

No. ..... St.

Hospital Home

Primary Registration District No. .....

Registered No. 103

FULL NAME OF CHILD Jack Telford Butler

Sex of Child male

Twin Triplet or other? ( ) and Number in order of birth

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Dec. 26 1920 (Month) (Day) (Year)

FATHER

FULL NAME Orin S. Butler

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mo.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Connie Presnell

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE N. Carolina

OCCUPATION Hsw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Dec. 30, 1920

J. M. Davis Registrar

Form V. S. 1

PLACE OF BIRTH

MAR 24

NOV 30 1942

766-226-042-468

PLACE OF BIRTH Middle name amended 4-4-85 fc

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36

File No. 86419

No. ..... St.

Hospital home

Primary Registration District No. .....

Registered No. 102

FULL NAME OF CHILD BESSIE ~~IRENE~~ IVENE Goodman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 26, 1920.

FATHER		MOTHER	
FULL NAME	William N. Goodman	FULL MAIDEN NAME	Annie Moyes
RESIDENCE	Murtaugh, Idaho.	RESIDENCE	Murtaugh, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:45 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec. 30, 1920

J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Tw[illegible] Fa[illegible]

[illegible]urtaugh

home

female

William N.Goodman

Murtaugh, Idaho.

W 36

Utah

farmer

7

36

yes Dec.[illegible],1920

Annie Moyes

Murtaugh,Idaho

W 35

Utah

Hw.

6

born alive 5:45 A.

physician

Kimberly, Idaho

Dec.30,1920

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Rec'd 4-4-85

Certificate No. 86419
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Bessie Irene Goodman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 26, 1920 (Date of Event)

in Murtaugh (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Irene	Ivene

Subscribed and sworn to before me this 4th day of April, 1985.

Notary Public, Florence Curtright
Residing at Boise
My commission expires 4-20-86
(Seal)

Bessie Ivene Goodman Blackburn
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cp pd [illegible] 72

Own child's birth certificate on file with Idaho Vital Statistics shows name of mother as Bessie Ivene Goodman. Child born April 23, 1947, in Twin Falls, Idaho, Certificate # 436243.
Viewed by V.S.

Certificate of Blessing gives name as Bessie Ivene Goodman born December 26, 1920 in Murtaugh, Twin Falls County, Idaho. Blessed March 12, 1921, in L.D.S.Church.
Viewed by V.S.

166230-042.093

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital home

Registration District No. 36

File No. 86420

Primary Registration District No. ____

Registered No. 104

FULL NAME OF CHILD Virginia May Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec. 30 1920

FATHER	MOTHER
FULL NAME: Bennie Moore	FULL MAIDEN NAME: Pearl Billington
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: barber	OCCUPATION: Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

19____

Registrar

Filed Dec. 31, 1920

J M Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED MAR 15 1920 BUREAU OF VITAL STATISTICS

Place of Birth

City Kimberly Idaho

Street and House No.

County Twin Falls

Registered No. 104

Registration Dist. No. 36

Sex of Child Female

Date of Birth Dec 30 1920
MONTH DAY YEAR

Father Bennie Moore
FULL NAME

Mother Pearl Billington
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Virginia Mae Moore
GIVEN NAME IN FULL SURNAME

as reported by father
FATHER OR MOTHER

J. J. Davis
LOCAL REGISTRAR

996-274-042-645

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 86421

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	11 – 14 19 20

FATHER		MOTHER	
FULL NAME	Ray E. Irwin	FULL MAIDEN NAME	May Florence Funk
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W – AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W – AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

T. S. Wasson
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19 ....

Address Twin Falls.

Filed Dec 9 – 1920 J. F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

NOT

613-114-042-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 86422

No. ____ St.

Primary Registration District No. 1085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Robert Lyman Wall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	11 14 1920

FATHER	MOTHER
FULL NAME: Enoch Moore Wall	FULL MAIDEN NAME: Ethel Louise Lyman
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: N. C.	BIRTHPLACE: Oregon
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 6 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) T. L. Hasson
(Physician or ~~Midwife~~)

Address Twin Falls

Filed Dec. 9 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO Holding Money Order WU $1.

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 86422

1941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)

for Robert Lyman Wall (Name on original certificate) who (Was born ~~or died~~) on Nov. 14, 1920 (Date of event)

in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be added to record	No name given	Robert Lyman Wall

Subscribed and sworn to before me this 31st day of July, 1941

T. O'Byrne
Notary Public, residing at Buhl, Idaho

My commission expires 6-19-1943

[SEAL]

Signed Enoch Wall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Box 86 Buhl Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of July, 1941

T. O'Byrne
Notary Public, residing at Buhl, Idaho

My commission expires 6-19-1943

[SEAL]

Signed Adam W Power
(Signature of any credible person other than the previous affiant)

317 12th ave N. Buhl Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

534-212042-312 No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86423

Primary Registration District No. / Registered No. .....

FULL NAME OF CHILD ELAINE CHARLOTTE ELDRED

Sex of Child Girl | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) - 12 (Day) - 1920 (Year)

FATHER	MOTHER
FULL NAME Arthur R. Eldred	FULL MAIDEN NAME Helen E. Taber
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6:15 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) T. L. Hanson
(Physician or ~~midwife~~)

Address Twin Falls

Filed Dec. 9 1920 J. F. Coughlin
Registrar

NOV 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Twin Falls, }

Certificate No. 86423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (unamed) Eldred (Name on Original Certificate) who was born (Was Born or Died) on November 12, 1921 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elaine Charlotte Eldred

That I am the father of said Elaine Charlotte Eldred

Subscribed and sworn to before me this 5th
day of November, 1942

Ray Agee
Notary Public, residing at Twin Falls, Idaho.
My commission expires October 23, 1945.
(Seal)

Signed Arthur Richard Eldred
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
561 Fifth Avenue North,
Twin Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

INCOMING

693-107-042-271

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37. File No. 86424

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	10 - 7 1920

FATHER		MOTHER	
FULL NAME	Charles Lyscom Fitzsimmons	FULL MAIDEN NAME	Letha Sparks
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. S. Wasson

~~T. S. Wasson~~

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Registrar

Filed Dec. 9. 1920 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-106-042-314

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 86425

No. ..... St.

Primary Registration District No. 1075 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Lamoreaux Allen

Sex of Child Boy | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) 6 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Melvin E. Allen	FULL MAIDEN NAME Fern Lamoreaux
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W- AGE AT LAST BIRTHDAY 35 (Years)	COLOR W- AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) T. L. Hasson

(Physician or ~~midwife~~)

Address Twin Falls

Filed Dec 9 1920

J. H. Coughlin
Registrar

485-229-042-563

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 31 File No. 86427

No. ..... St.

Primary Registration District No. 2083 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva Vernice Dyer

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	10/29/20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George S Dyer	Estella Noland
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	24
BIRTHPLACE	Wisconsin	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Twin Falls Id.

H. M. Leete (Physician or midwife)

Address Twin Falls

Filed Dec 7 1920 F. Loughlin Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Baptism, Dec. 14, 1949 gives full name of child as Eva Vernice Dyer, born Oct. 29, 1920 at Twin Falls, Idaho, Baptized in St. John's Er. Lutheran Church - viewed by V.S. and Birth Certificate (Copy of) of Own Child, State of Wisconsin, Birth, Aug. 10, 1942 gives full name of mother as Eva Vernice Dyer - viewed by V.S.

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86427

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Dyer (Name on Original Certificate) who born (Was Born or Died) on Oct. 29, 1920 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Eva Vernice Dyer

Subscribed and sworn to before me this 24th day of February, 1960

Notary Public, residing at Menomonie, Wisconsin
My commission expires 12-3-61
(Seal)

Signed ..... FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2, Elk Mound, Wisconsin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.
County of Dunn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Feb., 1960

Notary Public, residing at Menomonie, Wis.
My commission expires 12-9-1962
(Seal)

Signed Sharron Larson
(Signature of Any Credible Person)

1213 Broadway
Menomonie, Wisconsin
(Street Address, City, State)

CL 2-3-60. one copy pd. receipt #19721.

FORM DPH 55. 155

MAR 24 1960

699-103-042-446

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 86428

No. ..... St.

Primary Registration District No. 1603

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Reiner Orwig

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	11 / 3 / 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond H Orwig	FULL MAIDEN NAME	Helena Dufra
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Dec. 7 1920 J. F. Conyers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-125-0.42-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. 352 Sixth. N. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86429

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Marion Francis Pollard.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes.	Oct. 25, 1920.

FATHER		MOTHER	
FULL NAME	Floyd Henry Pollard.	FULL MAIDEN NAME	Dorothy Pritchett
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Indiana.	BIRTHPLACE	Iowa.
OCCUPATION	Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M. D.
(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Nov 5, 1920 J. F. Coughlin M.D.
Registrar

453-124-042-239

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls. Registration District No. 37. File No. 86430

No. ..... St.

Hospital ..... Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Guy Cecil Metcalf

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				yes	Nov	24	20

FATHER		MOTHER	
FULL NAME	Guy U. Metcalf	FULL MAIDEN NAME	Pearl Strode
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho.

Filed Nov. 3. 1920

J. F. Craighead Registrar

Certificate of Satisfactory Service, United States Navy, dated January 2, 1944 gives full name as Guy Cecil Metcalf - viewed by V.S. Honorable Discharge, U.S. Navy, dated May 17, 1946 gives full name as Guy Cecil Metcalf - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 86430
Date Filed 4-14-62

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Metcalf (Name on Original Certificate) who was born (Was Born or Died) on November 24, 1920 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 24, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Guy Cecil Metcalf

Subscribed and sworn to before me this 14th day of April, 1962

Notary Public, residing at Filer, Idaho
My commission expires Nov. 26, 1964
(Seal)

Signed Mrs. Earl Metcalf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 1962

Notary Public, residing at Filer, Idaho
My commission expires Nov. 26, 1964
(Seal)

Signed X Guy C. Metcalf
(Signature of Any Credible Person)
Filer Idaho RT 1
(Street Address, City, State)

FORM DPH 55. 155

JUN 8 1962

795-122-042-213

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86431

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Granville M. Pierson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 22 1920

FATHER		MOTHER	
FULL NAME	Granville M Pierson	FULL MAIDEN NAME	Lucy Bachand
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Laundry Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 34 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida

Filed Dec 13 1920 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1971

245-112-042-551

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. 633 2nd Ave. W. St.

Hospital

Registration District No. 37 File No. 86432

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Neal Francis Buemz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Nov. 12 1920

FATHER		MOTHER	
FULL NAME	Albert O. Buemz	FULL MAIDEN NAME	Cecil Pearl Neal
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Electrical Engineer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Coughlin
M.W.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Nov. 26. 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16 1941

FEB 8 1967

DEC 18 1968

619-113-042-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 141 Popular Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37. File No. 86433

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Warner. GEORGE WILLIAM WARNER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Nov 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. A. Warner	FULL MAIDEN NAME	Ethel Manker
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls
COLOR	white. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Goodhart

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

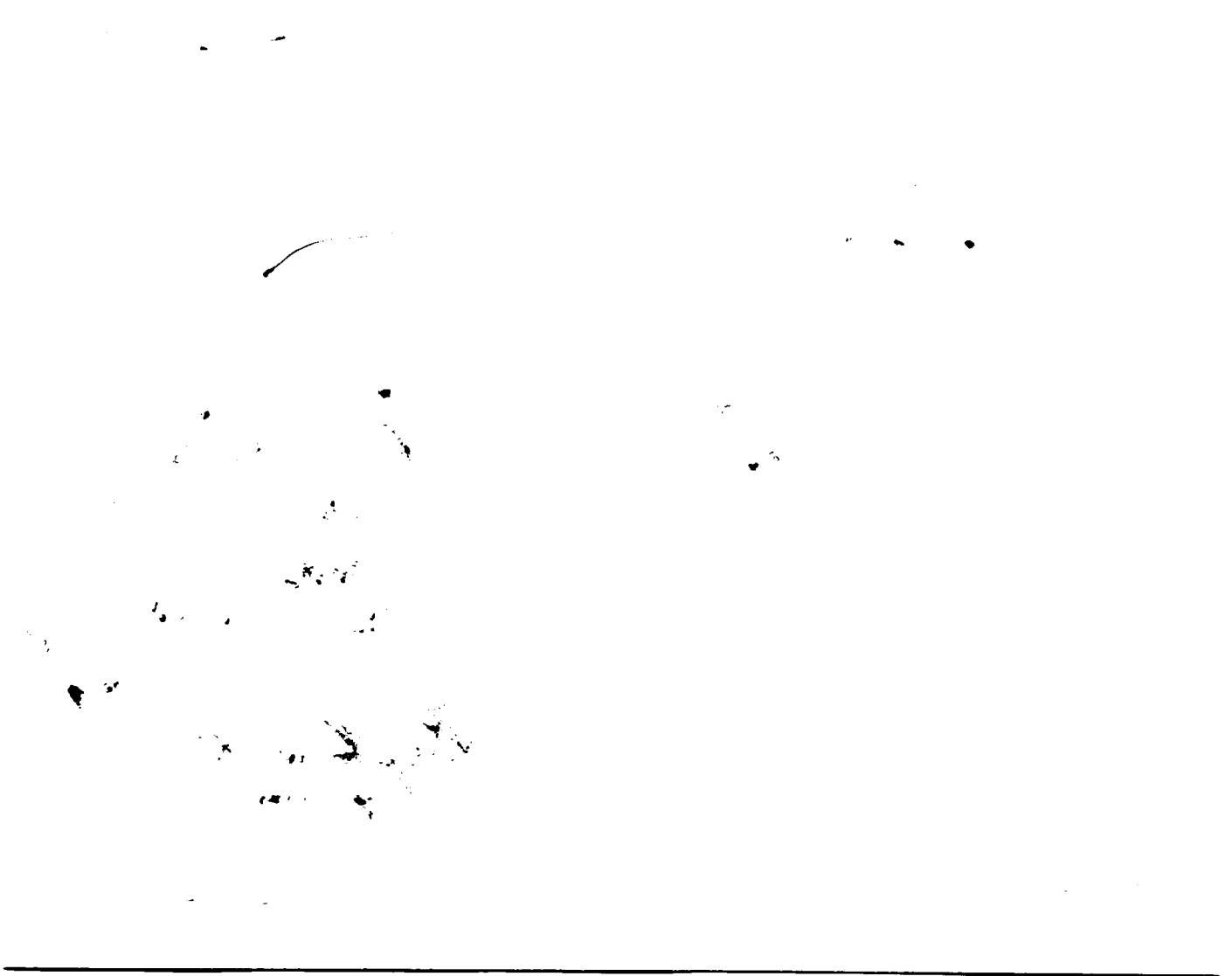
Address Twin Falls, Idaho.

Filed Dec. 3. 1920 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 86433
Date Filed JUL 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for unnamed Warner (Name on original certificate) who was born (Was born or died) on Nov 13, 1920 (Date of event) in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
NAME	Unnamed Warner	George William Warner

Subscribed and sworn to before me this 25th day of July, 1942

Thomas K. White
Notary Public, residing at Twin Falls Ida.
My commission expires January 28 1944
[SEAL]

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 206 Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 25th day of July, 1942

Thomas K. White
Notary Public, residing at Twin Falls Ida.
My commission expires January 28 1944
[SEAL]

Signed Dorothy Warner Brann
(Signature of any credible person other than the previous affiant.)

R.F.D. #1 Filer, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

843-214-042-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital La Merced

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86434

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Hutto DOROTHY BERNICE HUTTO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Hutto	FULL MAIDEN NAME	Bernice Santer
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Okla	BIRTHPLACE	Oregon
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Churchet
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec. 3 1920

J. F. Cosgrove
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
City and
County of San Francisco } ss.

Certificate No. 86434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Hutto (female) (Name on Original Certificate) who born (Was Born or Died) on November 14, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by this affidavit (Bible Record, Insurance Policy, Etc.) prepared on July 28, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Bernice Hutto
Dorothy Bernice (Hutto)	Baby (Hutto)	

Subscribed and sworn to before me this 28th
day of July, 1942.

Signed Arlene Bernice Hutto
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at City and County of San Francisco, California

My commission expires
(Seal) MY COMMISSION EXPIRES NOVEMBER 20, 1943

356 Pierce Street, San Francisco, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUL 31 1942

AUG 4 18..

284-218-042-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Registration District No. 37 File No. 86435

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Opal V. Shuey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 18 1920

FATHER		MOTHER	
FULL NAME	George E. Shuey	FULL MAIDEN NAME	Mary Seaton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	——

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Registrar

Filed Dec. 3. 1920 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 21 3 43 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 86435

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Shuey (Female)- (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1920 (Date of Event)

in Twin Falls, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Opal Viola Shuey

Subscribed and sworn to before me this 19th day of October, 1977

Gladys E. Brush

Notary Public, residing at Ellensburg

My commission expires 4-11-81

(Seal)

Signed Fern Shuey Frederickson (sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

905 E. Tacoma, Ellensburg, Wa. 98926

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 2/29/72 nm

Insurance policy from State Farm Fire and Casualty Co. gives names as Alexander and Opal V. Meldrum. dated June 15, 1971. Policy No. 47-23 48 55. viewed by V. S.

OCT 24 1977

Certif of marriage from Washington gives namea as Alex Meldrum and Opal Robbins. dated June 13, 1959. viewed by V. S.

219-126-042-356

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86436

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD ~~Donald~~ Blair ~~Barbee~~ Barber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov 26 1920

	FATHER	MOTHER
FULL NAME	Harry E. ~~Barbee~~ Barber	FULL MAIDEN NAME Marion Leonard
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Kansas	Minn
OCCUPATION	Shoe Merchant	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. F. Coughlin M D

(Physician or midwife)

Address Twin Falls

Filed Nov. 29 1920 J. F. Coughlin

Registrar

JUL 23 1942

JAN 8 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-106-042-693

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister Ida Registration District No. 37 File No. 86437

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital ..... JOHN

FULL NAME OF CHILD ~~[illegible]~~ Leroy Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil S. Harris	FULL MAIDEN NAME	Viola May Williams
RESIDENCE	Hollister Ida.	RESIDENCE	Hollister Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed Dec 14 1920 J. F. Coughlin

Registrar

Registrar

3/11/41 L. B.

JUN 8 1948

389-127-042-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86438

No. ..... St.

Primary Registration District No. 2185 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Winsor Thieman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov. 27, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Thieman	Sophie Johnson
RESIDENCE	Twin Falls - R.F.D.	Twin Falls - R.F.D.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Kansas	Kansas
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Scott

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 14, 1920 J. F. Coughanour Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/2/40 L. B.

SEP 25 1940

391-109-042-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 86439

Registered No. .....

FULL NAME OF CHILD CLARENCE GILBERT CRANDALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 9 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Clarence Eugene Crandell	FULL MAIDEN NAME: Emilia Jacobson
RESIDENCE: 102 Jackson - Twin Falls, Ida	RESIDENCE: Twin Falls Ida
COLOR: white — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Denver, Colo	BIRTHPLACE: Keil, Germany
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida

Filed Dec 13 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT . AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 165320

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Clarence Gilbert Crandall (NAME ON ORIGINAL CERTIFICATE) who Dec. 9. 1920 (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 6 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	~~Boyd~~	Clarence Gilbert Crandall
Clarence Gilbert Crandall		

Subscribed and sworn to before me this 27th day of February, 1948.

Signed Sophia Crandall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires December 29-1945
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1948.

Signed Lula Lula Merkley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Twin Falls Idaho 343½ - 3rd ave west
(STREET ADDRESS, CITY, STATE)

My commission expires December 29—1945
(SEAL)

Twin Falls Idaho.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

236-017-042-693

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86440

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD FRANCIS VERSHEL Sloan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	V. W. Sloan	FULL MAIDEN NAME	Maggie Wilson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Poke

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Dec 13 1920 J. F. Coughlin

Registrar

Registrar

5/16/41 L. E.

TO WHOM IT MAY CONCERN: .

I hereby affirm that on November 17, 1920, there was born to me a son named Francis Vershel Sloan, at our ranch one mile northwest of the City Limits of Twin Falls, Idaho. The attending physician was John F. Coughlin of Shoshone St., Twin Falls, Idaho.

Mother Maggie Wilson Sloan

Father O W Sloan

Subscribed and sworn to before me this 2nd day of May 1941

NOTARY PUBLIC
In and for the County of San Diego, State of California

V66-106-042-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 311 6th Ave E. St.

Registration District No. 37 File No. 86441

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Robert Ernest Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 6 1920

FATHER	MOTHER
FULL NAME Lawrence Thomas Moore	FULL MAIDEN NAME Maude May Stone
RESIDENCE Twin Falls, Idaho	RESIDENCE Twin Falls, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Ogden Utah
OCCUPATION Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5- 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Sawyer M.D.

Twin Falls, Ida

(Physician or midwife)

Given names added from a supplemental report. 19

Address Twin Falls

Registrar

Filed Dec. 13 1920 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1952

359-204-042-319

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 31 File No. 86442

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Leichliter, Marjie Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lee Leichliter	FULL MAIDEN NAME	Elda Carlson
RESIDENCE	Gannett, Ida	RESIDENCE	Gannett, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed Dec 13 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 15 1962

FEB 2

989-130-042-249

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86443

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rhinehart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harlan Rhinehart	FULL MAIDEN NAME	Clara Burkholder
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	Gasoline salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Dec. 13 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-208-042-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 144 9th Ave. E. St.

Hospital

Registration District No. 31. File No. 86444

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Taber, Virginia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	12 8 1920

FATHER		MOTHER	
FULL NAME	Paul Revere Taber	FULL MAIDEN NAME	Grace Adeline Barger
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lanark, Ill.	BIRTHPLACE	Burk, Idaho.
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Sauver,
Twin Falls, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed Dec. 13. 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 - 1966

10-7-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 14 1966
Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 86444

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Taber (Name on Original Certificate) who was born (Was Born or Died) on Dec. 8, 1920 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by hospital record (Bible Record, Insurance Policy, Etc.) prepared on Date Shown Hereon (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Virginia L. Taber

Subscribed and sworn to before me this 10th day of October, 1966

Notary Public, residing at Twin Falls Idaho

My commission expires 4-22-70

(Seal)

Signed [signature] Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

184 - 6th Ave No Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1966

Notary Public, residing at Twin Falls Idaho

My commission expires 4-22-70

(Seal)

Signed [signature]
(Signature of Any Credible Person)

136 - 6th Ave East
(Street Address, City, State)
Twin Falls Idaho

FORM DH 60-155 Gen'l Corresp.

name added as Virginia Taber, not sufficent documents for adding full name as Virginia L. Taber or Virginia Louise Taber - gbh - 11-2-66.

Photo Copy of Twin Falls, Idaho-High School Record, date of entrance Sept. 3, 1935, age at entrance 14 - graduated May 25, 1939 gives full name of student as Virginia Taber, born Dec. 8, 1921 - viewed by V.S.

NOV 2 1966

Statement from Robert C. Harvey, Pastor, First Presbyterian Church of Twin Falls, Idaho, dated Oct. 11, 1966 - states "This is to certify that Virginia Louise Taber, daughter of Grace and Paul R. Taber, is recorded in the records of the First Presbyterian Church of Twin Falls, Idaho, Volume B, Section VII, as having been born December 8, 1920, and baptized in this church April 12, 1925." - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

815-R03-042-366

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 86445

Primary Registration District No. 2018

Registered No. .....

FULL NAME OF CHILD Evelyn Leonore Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 3 1920

FATHER		MOTHER	
FULL NAME	Andrew C. Hansen	FULL MAIDEN NAME	Nora Leona Lowe
RESIDENCE	RR 1 Twin Falls Ida	RESIDENCE	RR 1 Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Driggs Ida	BIRTHPLACE	Elgin Oregon
OCCUPATION	Farmer	OCCUPATION	H W Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Gimms
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address 310 3rd Av North
Twin Falls Idaho

Filed 5/3 1920 J. F. Laughlin
Registrar

Dec. 13. 20

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. OCT 8 1943 Certificate No. 86445

County of Clark } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Evalyn	Evelyn Leonore Hansen

Subscribed and sworn to before me this 6 day of Oct, 1943

L J Archer

Notary Public, residing at Vancouver Wash

My commission expires May 4/1945

(SEAL)

Signed Mrs Nora L Powell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Oct, 1943

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

OCT 6 2 1945

366-105-042-417

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 86446

No. 140 Addison Ave E St.

Primary Registration District No. 1885 Registered No.

Hospital

FULL NAME OF CHILD Ernest Judson Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Dec. 5 1920

FATHER

FULL NAME: D. Harvey Cook.

RESIDENCE: Twin Falls. Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Maryland.

OCCUPATION: Insurance agent

MOTHER

FULL MAIDEN NAME: Alice May Maxon.

RESIDENCE: ~~Colorado~~ Twin Falls

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Colorado.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7. a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. F. Coughlin

Physician

(Physician or midwife)

Address Twin Falls

Filed Dec 8. 1920

J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-119-942-912

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86447

No. ..... St.

Primary Registration District No. D 85 Registered No. .....

Hospital .....

FULL NAME OF CHILD DOUGLAS R. BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	11 19 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claudius Brown	Bertha Rasmussen
RESIDENCE	Twin Falls	Twin Falls
COLOR	W-	W-
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 9. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) T. L. Hasson
(Physician or ~~Midwife~~)

Address Twin Falls

Filed Dec. 9- 1920 J. F. Laughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Recorded in the Twin Falls Ward Record of Members

Book 5, Line 222 Ward Clerk

No. 161

Certificate of Baptism and Confirmation

TWIN FALLS

This Certifies that Douglas R. Brown

Son (Son or ~~Daughter~~) of Claudius Brown (Father's Name) and Bertha Rasmussen (Mother's Maiden Name)

Born Nov 19 1920 (Date), at TWIN FALLS (City or Town), TWIN FALLS (County), Idaho (State or Nation),

was baptized May 4 1929 (Date), by Albert T. Ward (Elder or ~~Priest~~),

and confirmed a member of the Church of Jesus Christ of Latter-day Saints, May 4 1929 (Date)

by Elder Grover N Arrington

Signed Milus P Bartlett (Clerk) Signed Roy Hood (Bishop)

213-218-042-698

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Amended 11/30/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86448

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frances Viola Baldwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	11 18 1920

FATHER		MOTHER	
FULL NAME	John W Baldwin	FULL MAIDEN NAME	Amy Fry
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Colorado	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Hasson
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec 9 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 18 8 37 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86448

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Baldwin (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 18, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frances Viola Baldwin

Subscribed and sworn to before me this 13 day of October, 1978

Notary Public, residing at Portland, Ore
My commission expires May 15, 1979
(Seal)

Signed Frances Viola Baldwin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of October, 1978

Notary Public, residing at Portland, Ore
My commission expires May 15, 1979
(Seal)

Signed Mrs. Pauline W. Baldwin Sister
(Signature of Any Credible Person)

1332 SE Powell Blvd, Apt. 58
(Street Address, City, State)
Portland, Oregon 97236

FORM DH 60-158

CL 10/2/78 1cc pd.

Insurance policy from the Prudential Ins Co of America gives nameas Frances V. Wahl policy No. M 95 778 172. dated Oct 14, 1957. viewed by V. S.

NOV 30 1978

Marriage License and Certificate gives name as Frances Viola Baldwin as the bride and Sam B. Wahl as the groom. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/13/06 · 042-817

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86449

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen Mathes	Hattie Bell Haggy
RESIDENCE	Twin Falls	Twin Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42.	33
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Plasterer	Hsmf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:35P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) John H Coughlin

(Physician ~~or midwife~~)

Address Twin Falls Idaho

Filed Dec 8. 1920 J. H. Coughlin Registrar

238-118-042-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 37 File No. 86450

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~xxxxxxxxx~~ Schwinn ; Floyd William

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		No II	yes	11/18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles B Schwinn	FULL MAIDEN NAME	Della May Barnett
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leite

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec. 8 1920

J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941
APR 8 19[illegible]

Form V. ~~E.~~ No. 11-C--25m-7-21-19

PLACE OF BIRTH

238-118-042-219

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86451

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD LLOYD HENRY ~~Boy~~ Schwinn ~~No 1~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		NOT	yes	11 (Month) / 18 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles B Schwinn	FULL MAIDEN NAME	Della May Barnett
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Coote

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec 8 1920 J. A. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86451

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~death~~ birth (BIRTH OR DEATH)
for ~~Lloyd Henry Schwinn~~ (NAME ON ORIGINAL CERTIFICATE) who ~~was born~~ (WAS BORN OR DIED) on ~~Nov 18 1920~~ (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lloyd Henry Schwinn
Mustang Ida		
Nov. 18 - 1920		

Subscribed and sworn to before me this 26th day of January, 19 43

G. D. McQueary
Notary Public, residing at Hendell, Ida.
My commission expires .....
(SEAL)

Signed Della M. Schwinn (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
Hendell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1943

G. D. McQueary
Notary Public, residing at Hendell, Ida.
My commission expires Jan. 2 - 1944
(SEAL)

Signed Harold G. Holsinger Jr.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hendell, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 5 1943

855-107-042-744

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Berger

No. ..... St.

Hospital .....

Registration District No. 37 File No. 86452

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Baby Henry ORVILLE J. HENRY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	11/1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alton L Henry	FULL MAIDEN NAME	Maude Gummerson
RESIDENCE	Berger	RESIDENCE	Berger
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Dec 8. 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1952

249-211-042-858

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls,

Registration District No. 37 File No. 86453

No. 310 Eleventh St. E.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Shirley Jane Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Nov. (Month) 11, (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Wood Dodge Smith	FULL MAIDEN NAME	Helen Eliz. Heydon
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Baker	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Ida.

Filed Nov. 19 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566-213-042-286

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Ida.

City of Twin Falls.

Registration District No. 37 File No. **86454**

No. 212 Walnut St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Virginia Elaine Hoffeditz.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes.	Nov. 13 1920.

FATHER

FULL NAME: William Lewis Hoffeditz.

RESIDENCE: Twin Falls.

COLOR: white. AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Civil Engineer

MOTHER

FULL MAIDEN NAME: Hildred Aurora M. Skogren

RESIDENCE: Twin Falls

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at Three P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M.D.
(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Nov. 19. 1920

J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1944

867-108-042-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hanson

Registration District No. 37

File No. 86455

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Heber Hogge, Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Heber Hogge	FULL MAIDEN NAME	Sarah Meikale
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Milford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Dec 1 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-113-042-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86456

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lloyd Eugene Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1st	yes	Nov. 13 1920

FATHER		MOTHER	
FULL NAME	Oren Homer Moon	FULL MAIDEN NAME	Edna Fay Johnson
RESIDENCE	198 Sydney St.	RESIDENCE	198 Sydney St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address McCormick Bldg. Twin Falls.

Filed Dec. 1 1920 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-105-042-168

name added 11-18-82

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 86457

Registered No. .....

FULL NAME OF CHILD James Raymond Gillespie

Sex of Child Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 12 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Cedric Earl Gillespie	FULL MAIDEN NAME	Bessie Joyner
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Jan 10 1921 J. F. Gaughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-233811

10-28-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
NOV 17 11 40 AM '82

State of Oregon
County of Klamath } ss.

Certificate No. 86457
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gillespie (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 5, 1920 (Date of Event)
in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	James Raymond Gillespie

Subscribed and sworn to before me this 2nd day of November, 1982
Notary Public, Judy B Pubols
Residing at Klamath Falls, Oregon
My commission expires 11-2-85
(Seal)

x James R. Gillespie
Signature of Applicant
2045 Oregon Ave Klamath Falls Or
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif
County of Eldorado } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Nov, 1982
Notary Public, David B. Shaffer
Residing at South Lake Tahoe
My commission expires 4-15-1983

DAVID B. SHAFFER
NOTARY PUBLIC — CALIFORNIA
COUNTY OF EL DORADO
My Commission Expires April 15, 1983

lcc pd

Joan Wilbur
Supporting Signature
1281 Bonanza #16
Street Address, City, State
So. Lake Tahoe, CA

Stipulated Order Establishing Paternity dated April 26, 1968 State of Oregon gives father listed as James Raymond Gillespie. Viewed by V.S

NOV 18 1982

U.S. Armed Forces Record shows James R. Gillespie born 12-5-20 in Twin Falls, Idaho was discharged on Sept 13, 1951. Viewed by V.S.

412-226-042-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 86458

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 26 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. A. Mason	Chloma Hill
RESIDENCE	Main Ave. N.	Main Ave. N.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Utah	West Va.
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Mason
(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 10 1921 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-210-042-753

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 429 2nd Ave. W. St.

Hospital

Registration District No. 37 File No. 86459

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Elizabeth Anne Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) - 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Guy Walter Jones	FULL MAIDEN NAME	Marian Pettit
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Preacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wasson
(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Jan. 10 1921 J. H. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/8/41 L. B.

MAY 22 1941

613-116-042-719

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 86460

No. ..... St.

Primary Registration District No. 1055 Registered No. .....

Hospital .....

FULL NAME OF CHILD Adelaido Ovalle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 16 1920

FATHER		MOTHER	
FULL NAME	Felix Ovalle	FULL MAIDEN NAME	Helena Soria
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	Mex.	COLOR	Mex
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mexico	BIRTHPLACE	Vera Cruz. Mexico
OCCUPATION	Laborer.	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 a.m.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report.

..... 19.....

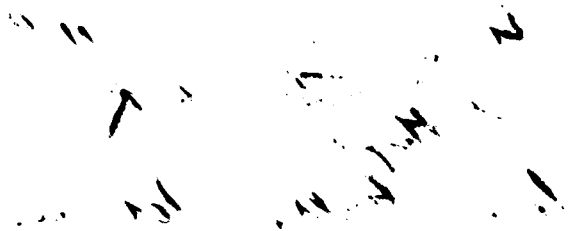
Registrar

Filed Jan 1 1921

Registrar

AUG 10 1942

FEB 26 1963



312-211-042-234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 86461

No. 204 Blue Lakes Blvd.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Cashen, Helen Lucile

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J C Cashen	FULL MAIDEN NAME	Ina Bluff.
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls
COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 10 30P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Souchek.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Filed Jan 10 1921 J. F. Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for UNNAMED Chasen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 11-1920 (DATE OF EVENT) in Twin Falls Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Apr. 1-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Chasen	Helen Lucile Cashen
Helen Lucile Cashen		
Dec. 11-1920		

Subscribed and sworn to before me this 1st day of April, ~~1914~~ 1942

Signed John C Cashen Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

M A Falmer Los Angeles Co
Notary Public, residing at Huntington Park Calif

My commission expires MY COMMISSION EXPIRES MAR. 12, 1944
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

512-206-042-268

Amended 5-21-63 (Be sure the information is complete and accurate)

State File No. 86462

Local Reg. No.

Reg. Dist. No. 37

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Vivian b. (Middle): Rose c. (Last): Hash

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 6, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Paul b. (Middle): c. (Last): Hash

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): N. C.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Laura b. (Middle): c. (Last): Boyd

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Clouchek

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG. 22b. WEIGHT AT BIRTH

Send Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of TWIN FALLS } ss.

Certificate No. 86462

MAR 14 1963
Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vivian Hash (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Vivian Hash	Vivian Rose Hash
Child's Date of Birth	Dec. 6, 1920	December 7, 1920

Subscribed and sworn to before me this 1st day of February, 19 63

Notary Public, residing at TWIN FALLS, IDAHO
My commission expires MAR. 21, 1963
(Seal)

Signed + Mrs. Paul Hash
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bx 443, FILER, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of TWIN FALLS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 19 63

Notary Public, residing at TWIN FALLS, IDAHO
My commission expires APRIL 21, 1963
(Seal)

Signed Mrs. Edith Knight
(Signature of Any Credible Person)

Route #3 Twin Falls Ida
(Street Address, City, State)

FORM DM 60-155 CL 1-25-63. ~~mm~~ one copy pd. rec. #01830.

5-21-63 - no documents submitted to correct date of birth - ~~Orr, Baby Book, appears old and unaltered~~

Filer High School Diploma, Filer, Idaho, given at Filer, Idaho on May 23, 1939 gives full name of student as Vivian Rose Hash - viewed by V.S.

Class of 1939, Commencement Invitation, states "The Senior Class Filer Rural High School invites you to its Annual Commencement, Tuesday evening, May 23, at eight o'clock - Merchant's Building - gives full name of graduating Senior as Vivian Rose Hash - viewed by V.S.

Notification of Birth Registration, State of Oregon, gives full name of child as Glen William Patterson, Jr., born Aug. 31, 1943 at Vanport to: Glen William Patterson and Vivian Rose Hash - viewed by V.S. - No. 42.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 725 - 4 Ave E St.

Hospital

Registration District No. 37

File No. 86462

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Vivian Hash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Paul Hash	FULL MAIDEN NAME	Laura Boyd
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	Tenn.
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchet

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Registrar

Filed Dec 1920

Registrar

MAY 21 1963

398 17.042-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave E St.

Hospital

Registration District No. 37 File No. 86463

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Oris Donald Cryder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oris Cryder.	FULL MAIDEN NAME	Bessie Berry.
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Oregon.
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.35 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls. Idaho.

Filed Dec 17. 1920 J. F. Coughlin. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 24 1955

DECEASED

238-213-042-214

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 86464

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marcella Mary Schwent

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

~~Legitimate?~~ Yes

Date of Birth 12 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oliver F. Schwent	FULL MAIDEN NAME	Elizabeth Baumgartner
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Registrar

Filed Jan 10 1921 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-12-41

351-230-042-955

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 86465

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Wm Teague	FULL MAIDEN NAME	Edith Jeanette Reed
RESIDENCE	Berger Ida	RESIDENCE	Berger, Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Blue Rapids, Kansas	BIRTHPLACE	Genoa, Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Heaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Clinic Twin Falls, Ida

..... Registrar

Filed Jan 10 1921 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-210-042-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls R.R. No. 2.

Registration District No. 37. File No. 86466

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Laurel Annabell Rudolph.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Dec. 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred L. Rudolph.	FULL MAIDEN NAME	Alice N. Brown.
RESIDENCE	Twin Falls, R.R. No 2.	RESIDENCE	Twin Falls, R.R. No 2.
COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Carmin, Ill.	BIRTHPLACE	Odell, Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Passer, M.D.

Rex Arms Apts.

([illegible])

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls, Idaho.

Filed Dec. 29. 1920 J. F. Coughlin. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

Amended 3-8-71

PLACE OF BIRTH

864-229-042-413

County of Twin Falls

City of ——

No. —— St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 86467

Primary Registration District No. 2 85

Registered No.

FULL NAME OF CHILD DOROTHY May Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	12 (Month) 29 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie Roy Young	FULL MAIDEN NAME	Anna Matthiesen
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Van Cott

BOX 1043 TWIN FALLS, IDAHO

MD (Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed Dec 3 1921

J. F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 86467

County of Washington } Date Filed

FEB 11 1971

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorth May Young (Name on Original Certificate) who was born (Was Born or Died) on December 29, 1920 (Date of Event)

in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Baptism Record, High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on Apr 6, 1941 and May 20 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorth May Young	Dorothy May Young

Subscribed and sworn to before me this 3rd day of February, 1971

Godfrey F. Atrops

Notary Public, residing at Sherwood Ore

My commission expires My Commission Expires Sept. 8, 1973

(Seal)

Signed Dorothy May Schlichting

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 Box 427 Sherwood Ore 97140

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1971

G. Godfrey F. Atrops

Notary Public, residing at Sherwood Oregon

My commission expires Sept. 8, 1973

(Seal)

Signed Ivy M. Boesl

(Signature of Any Credible Person)

Rt 2 Bx 21 D Sherwood Ore 97140

(Street Address, City, State)

FORM DH 00-105 1-28-71 nm CL

Forest Grove Union High School, Forest Grove, Oregon certifies that Dorothy May Young has satisfactorily completed the Course of Study prescribed for Graduation from this High School and is therefore awarded this Diploma. Given this 20th day of May 1938. J.P. McGlasson, Principal .
Viewed by V.S.

Certificat Baptism certifies that Dorothy May young was born Dec. 29, 1920 at Twin Falls, Idaho and Baptized in the Lutheran Congregation in April 16, 1941. Arthur A. Hartenberger, Pastor.
Viewed by V.S.

MAR 8 1971

154-204-042-418 Name added 11-19-86 lh

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 80468

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Andrews, Doris Bette

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Andrews	FULL MAIDEN NAME	Stella Mayo
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 4P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho.

Filed Dec 1920

Registrar

Registrar

8/12/86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of ada } ss.

Certificate No. 86468
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Andrews (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec.4, 1920 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Andrews	Doris Bette Andrews

Subscribed and sworn to before me this 12 day of August, 1986.

Notary Public, Teresa L. Cleverly

Residing at Boise, Idaho

My commission expires April 9, 1991

(Seal)

Burniece Andrews Hill
Signature of Applicant

862 Walnut St. N, Twin Falls, ID 83301
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 19 1986

school record from Twin Falls High School dated Setp 4, 1934 gives name as Doris Andrews father's name as Joe Andrews. viewed by tlc

Certificate of marriage from State of California dated April 5, 1941 gives names as Albert Marchi and Doris Bette Andrews. Married in San Francisco, CA.
Viewed by V.S.

Certificate of Marriage of Oliver Andrew Olsen and Doris Bette Marchi, married at Woodside, CA on Nov. 20, 1949.
Viewed by V.S.

342-116-c 42-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 86469

No. ..... St. — Primary Registration District No. 2085 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Ernest Cubbon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 16 1920

	FATHER	MOTHER
FULL NAME	Chas E. Cubbon	FULL MAIDEN NAME Mary Brooks
RESIDENCE	Twin Falls Ida.	RESIDENCE Twin Falls Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Missouri
OCCUPATION	Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Fike

Physician

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 10 1921 J. H. Coughlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON
County of YAKIMA } ss.

Certificate No. 86469
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ernest Cubbins (Name on Original Certificate) who was born (Was Born or Died) on 12-16-20 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 14 November 40 Military Record 30 September 43 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Ernest Cubbins	Charles Ernest Cubbins

Subscribed and sworn to before me this 30th day of January, 1957
Edward J. Bahr
Notary Public, residing at Grandview
My commission expires 12-12-59
(Seal)

Signed C. E. Cubbins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RTE 1 SUNNYSIDE, WASHINGTON
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of YAKIMA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of JANUARY, 1957
Edward J. Bahr
Notary Public, residing at Grandview
My commission expires 12-12-59
(Seal)

Signed C. Cubbins
(Signature of Any Credible Person)
RTE 1, SUNNYSIDE WASH.
(Street Address, City, State)

FORM DPH 55. 155

666-217-042-132

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-27

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 86470

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Genevieve Leah Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. G. Wood	Angie Atkinson
RESIDENCE	Filer, Idaho	Filer, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4-th Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 9-20

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Dwight M.D.

Filer Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec. 13 1920 Dr. A. A. Dwight Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-111-042-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer, Ida. Registration District No. 38 File No. 86471

No. ..... St. Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Named

Sex of Child: Boy	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: Dec 11 (Month) (Day) 20 191 (Year)

FATHER	MOTHER
FULL NAME: J. T. Marsh	FULL MAIDEN NAME: Ora DeVall
RESIDENCE: Filer Ida	RESIDENCE: Filer Ida
COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Denver Colo	BIRTHPLACE: Ida
OCCUPATION: Lab.	OCCUPATION: Hwfe

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:30 a M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr a a Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 11 20 19..... G A Newberry Registrar

S-Y-CO 38071

291-215.042-447

PLACE OF BIRTH

RECEIVED
MAY 19 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, City of Filer, Ida. Registration District No. 38 File No. 86472

No. ____ St. Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD [redacted] Diamond Dolly Bradley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Dec 15 1920

FATHER	MOTHER
FULL NAME W. L. Bradley	FULL MAIDEN NAME Mary L. Humphrey
RESIDENCE Filer, Idaho	RESIDENCE Filer, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Stenographer

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4:00 P.M. on the date above stated. (Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Mewburn

(Physician ~~or midwife~~)

Address Filer, Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed Dec 15 1920 Dr. A. A. Mewburn

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-218-042-316

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
MAY 19 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida.

Registration District No. 38

File No. 86473

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~not~~ Named Ruth Wilma Hunton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes.	12 (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John H. Hunton	FULL MAIDEN NAME	Caroline E. Lawrence
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Quebec, Canada
OCCUPATION	Farmer.	OCCUPATION	H-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Filer, Idaho.

Filed 12/18 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 86473

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ruth Wilma Hunten (BIRTH OR DEATH) for Ruth Wilma Hunten (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec 18-1920 (DATE OF EVENT) in Filer Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by my records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 18 - 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ruth Wilma Hunten	Ruth Wilma Hunton
birthdate	Dec. 18, 1920	Dec. ~~20~~ 18 1920
father's name	John H. Hunten	John H. Hunton

Subscribed and sworn to before me this 14th day of April, 1942

Signed A. A. Newberry

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls Idaho

My commission expires April 30 1942

(SEAL)

536 N Main Twin Falls Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1942.

Signed Mrs S A Beem

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

E M B by Son

Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945

(SEAL)

Filer Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 21 1942 By

(REGISTRAR'S SIGNATURE)

APR 24 1942

FEB 15 1972

AUG 17 1953

814-120-092-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 19 1921
BUREAU OF VITAL STATISTICS

County of Twin Falls,

City of Filer, Ida.

Registration District No. 38

File No. 86474

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Not Named~~ CLARENCE ROLLAND HAMP

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy.		Yes.	12 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Owen Hamp.	FULL MAIDEN NAME	Giddy C. Hennefer.
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	~~Utah~~ Utah.	BIRTHPLACE	Utah.
OCCUPATION	Plumber.	OCCUPATION	Hewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Dr. A. A. Newberry
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address ..... Filer, Idaho.

Filed 12/20 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form v. s. No. 11-C—25m-9-8-15

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Washoe }

Certificate No. 86474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20 - 1920 (Date of Event)
in Filer Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by My presence (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clarence Rolland Hamp

Subscribed and sworn to before me this 15th
day of October, 19 42
W. E. Nolet
Notary Public, residing at Reno, Nevada
My commission expires July 14, 1944
(Seal)

Signed Mrs Marion Crafton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister
38 Caliente St. Reno Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 1 1942

27-165-042-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 86475

No. ..... St.

Hospital ..... Primary Registration District No. 2087 — Registered No. .....

FULL NAME OF CHILD Lewis Theodore Spangler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 5 1920

FATHER		MOTHER	
FULL NAME	LeRoy Carson Spangler	FULL MAIDEN NAME	Sadie Argene Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Telephone

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) Geo Jennings M.D.
(Physician or midwife)

Address Buhl Idaho

Filed DEC 31 1920 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8647

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** LeWis Theodore Spangler

5. Date of Birth of Child (Month, day, year) Dec. 5-1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LeRoy Carson Spangler
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Imperial (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Arzena Johnson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Soldier (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 p M. on the date and at the place stated above, and that personal particulars were furnished by Sadie A. Spangler (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Jerome } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr George Jennings (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie A. Spangler Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1943

(SEAL) Estella H. Pierce Notary Public, residing at Jerome, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 22 19[illegible]

469.205.042-284

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
Name added 3-11-81

City of Buhl

Registration District No. 34 File No. 86476

No. ..... St.

Primary Registration District No. 87 Registered No. .....

Hospital .....

FULL NAME OF CHILD Barbara Jean Morley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Welford Morley	FULL MAIDEN NAME	Mary C. Sayme
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	utah	BIRTHPLACE	utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed DEC 31 1920 19....

J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 11 4 43 PM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Lane } ss.

Certificate No. 86476

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Morely (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1920 (Date of Event)

in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Barbara Jean Morley
father's last name	Morely	Morley

Subscribed and sworn to before me this 27 day of December, 1978

Notary Public, residing at Eugene, Oregon

My commission expires 3/3/80

(Seal)

Signed Barbara Jean Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

512 Waite Eugene Ore 97402
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Lane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of December, 1978

Notary Public, residing at Eugene, Or.

My commission expires 3/3/80

(Seal)

Signed Rosmary A Morley
(Signature of Any Credible Person)

Rt #3 Eagle, Idaho 83616
(Street Address, City, State)

FORM DH 60-155

son in office 5-17-78 no corresp.

A brother's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho, gives name as Glenn Morley, born August 8, 1922, in Twin Falls, Idaho, to Wilford Morley and Mary C. Syne.
Viewed by V.S.

MAR 11 1981

Certificate of Baptism gives name as Barbara Jean Morley Eggers, born December 5, 1920 and Baptized May 21, 1961, in Zion Ev. Lutheran Church, Corvallis, Oregon.
Viewed by V.S.

Certificate of Marriage gives name as Barbara J. Eggers (Morley) married to Ivan D. Clark on September 28, 1966, in the Ziond Lutheran Church, Corvallis, Ore.
Viewed by V.S.

295-106-042-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl. Registration District No. 39 File No. 86477

No. ..... St. Primary Registration District No. 7087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Drury King.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	12-6-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. D. King.	Anna Hart.
RESIDENCE	Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Texas.	Kan.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Munsley M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-17 1920 J. H. Munsley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

253-20-2042-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl. Registration District No. 39 File No. 86478

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD WINONA BETH BELL

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	12-7-1920

	FATHER	MOTHER
FULL NAME	J. E. Bell	Ethel Smith
RESIDENCE	Buhl.	Dawn
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Tex	Ora
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-12 1920 J. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 86478
Date Filed APR 1 3 19

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for WINONA BETH BELL (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR ~~DIED~~) on DEC. 7, 1920 (DATE OF EVENT)
in BUHL, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by PHYSICIAN'S RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Winona Beth Bell

Subscribed and sworn to before me this 9
day of April, 1942
Bryan Heery
Notary Public, residing at Jerome, Idaho
My commission expires Aug 10, 1944
(SEAL)

Signed ETHEL BELL
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9
day of April, 1942
Bryan Heery
Notary Public, residing at Jerome, Idaho
My commission expires Aug 10, 1944
(SEAL)

Signed J. E. Bell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

355·207·042-349

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86479

No. ..... St.

Primary Registration District No. [illegible] Registered No. .....

Hospital .....

FULL NAME OF CHILD Opal Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	12 (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Steve Lee	FULL MAIDEN NAME	Dora Turner
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Ida

Filed DEC 31 1920

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

693107-042-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86480

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ref Willis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 - 7 - 1920

FATHER		MOTHER	
FULL NAME	Bryant Willis	FULL MAIDEN NAME	Maud Hammond
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Arizona	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed DEC 31 1920

J. F. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/17/41. w.h.

SEP 25 1950

359-2 09.042-695

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Burley

No. ..... St.

Registration District No. 39 File No. 86481

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma D. Terry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		7	yes	15 9 20

FATHER		MOTHER	
FULL NAME	Harry Terry	FULL MAIDEN NAME	Maude Sminster
RESIDENCE	Burley, Ida	RESIDENCE	Burley Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ills	BIRTHPLACE	Neb.
OCCUPATION	Blacksmith	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Marsh

Physician (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-10 1920 J. W. Murphy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1961

291-210-042-253

FILE DATE & DATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

amended 8-7-91

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JLH

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86482

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Brobb

12-11-20

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	12-10-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. A. Brobb	FULL MAIDEN NAME	Hazle Record
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 12-12-20 1912

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1945

8-7-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
AUG 7 1991
COOPERATIVE CENTER FOR VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 86482
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margaret Brabb (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 10, 1920 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	Dec 10, 1920	Dec 11, 1920
Date filed by Registrar	Dec 12, 1912	Dec 12, 1920

Subscribed and sworn to before me this 7 day of Aug, 1991.

Notary Public, Melanie C Metzger

Residing at Boise, ID

My commission expires 2-22-95

(Seal)

12-12

Margaret Melton
Signature of Applicant

290 Filer Ave W #7 Twin Falls, Ida 83301
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record (looks old) shows Margaret Brabb born Dec 11, 1920 near Buhl, ID and Married Alexander Melton Aug 20, 1938 in Elko, NV. Viewed by VS.

PRINTOUT FROM SOCIAL SECURITY OF ORIGINAL APPLICATION FOR SOCIAL SECURITY NUMBER SHOWS MARGARET BRABB BORN 12-11-20 IN BUHL, TWIN FALLS, IDAHO. PRINT OUT FROM SOCIAL SECURITY SHOWS ENTRY DATE OF 02/xx/66 VIEWED BY VS

CERTIFICATE WITH FOLLOWING CERTIFICATE NUMBER SHOWED A FILE DATE OF 12-12-20 VIEWED BY VS

268-213-042-869

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 86483

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	First	Yes	Dec 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh Kenneth Boyd	FULL MAIDEN NAME	Lora Ethel Hornning
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Laurel Montana	BIRTHPLACE	Clifford, Mich.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Buhl, Idaho

Filed 12-12 1920 J. H. Wurfler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-214-042-335

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 86484

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A. W. Carpenter	FULL MAIDEN NAME	Orris Clements
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address A. F. McClusky

Filed DEC 31 1920 19.. J. H. Humphrey Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.24.042.652

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 86485

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Dora Fern Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	12 - 14 - 1920

FATHER

FULL NAME: Arthur Smith

RESIDENCE: Buhl, Ida.

COLOR: Wht — AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Pearl Webb

RESIDENCE: Buhl, Id.

COLOR: Wht — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Mo

OCCUPATION: Nurse

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Geo Jennings M D

(Physician or midwife)

Address Buhl Ida.

Filed DEC 31 1920 19

J. W. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

762-223-042-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86486

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD CAROL JAYNE POST

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	12 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Past	FULL MAIDEN NAME	Inez Watson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregan	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed DEC 31 1920 J. F. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 6 19

968-124-042-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86487

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Leslie Royce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) - 24 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Tom L. Royce	FULL MAIDEN NAME	Susie Martin
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hsewfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed DEC 31 1920

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38/425·042·653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 86488

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Cuthbert Charlton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	12-25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. F. Charlton	Vena Wetenkamp
RESIDENCE	Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Mo	Utah.
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 12-31 1920 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

569-226-042-366

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 31 File No. 86489

Primary Registration District No. 205 Registered No. .....

FULL NAME OF CHILD DOROTHY EDNA NORRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4.		Yes	12 - 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Norris	FULL MAIDEN NAME	Lena Lowe
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 12-31 1920 J. H. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86489

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dorothy Edna Norris

Subscribed and sworn to before me this 17
day of May, 19 44

Notary Public, residing at Boise, Idaho

My commission expires 1-14-47
(Seal)

Signed Lena Norris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

725 Bdwy Buhl Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 17 1944

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH 319-130-042-942

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 86490

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD James Jay Carr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	L. H. Carr	FULL MAIDEN NAME	Hazel Rubel
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	North Da.	BIRTHPLACE	North Da.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Registrar

Filed DEC 31 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1946

MAR 3 1988

JUN 12 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Valley

City of Clover

No. 114-206-043-219 St.

Registration District No. 14

File No. 86491

Primary Registration District No.

Registered No. 251

Hospital

FULL NAME OF CHILD Althaea Louise James

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Worthen E James	FULL MAIDEN NAME	Louise Bartheld
RESIDENCE	Clover	RESIDENCE	~~Jerome~~, Clover
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Fullerton California	BIRTHPLACE	Pittsburg Penna
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Worthen E James

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 4 1920 Ruth Eagen Registrar

Registrar

S-Y CO. 24655

NOV 20 1942

MAR 3 1971

499-5 [redacted]

PLACE OF [redacted] IDAHO

044769

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 86492

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Marguerite Urig

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Urig	FULL MAIDEN NAME	Florence V Points
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Midvale Idaho

Filed 12-27- 1920 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1970

349.109.074-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 87 File No. 86493

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Curts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec. 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will J Curts.	FULL MAIDEN NAME	Alice D Kimpler
RESIDENCE	Cambridge I.	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Registrar

Filed Dec. 25 1920 F A Schmitz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-101-
PLACE [redacted]
044-253

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Washington

Registration District No. 87 File No. 86494

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Bobby~~ Robert Maurice Rodgers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Dec. (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Henry Rodgers	FULL MAIDEN NAME	Bertha Marie Bitner
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I.
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Bank Cashier.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Dec. 25 1920 F. A. Schmitz

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-11-41

OF BIRTH

313-121-044-266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 86495

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Clay Lacey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar R Lacey	FULL MAIDEN NAME	Maggie W. Bowling
RESIDENCE	Cambridge	RESIDENCE	Cambridge I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Oct Dec 1920 F A Schmitz Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

113-216.044-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 86496

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov. (Month) 16 (Day) 1920 (Year)

	FATHER		MOTHER
FULL NAME	Harry Glasby Jackson	FULL MAIDEN NAME	Katie Phebie Shaw
RESIDENCE	Indian Valley I	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Registrar

Filed Dec 25 1920 F. A. Schmitz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-239-044233

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 86497

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~John~~ Jane B Doe

Sex of Child	Twin X Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			two	yes	Oct. 30 1920

	FATHER	MOTHER
FULL NAME	Roy. A. Doe	FULL MAIDEN NAME Julia Marie St. Louis.
RESIDENCE	Midvale Idaho	RESIDENCE Midvale I
COLOR	White.	COLOR White.
AGE AT LAST BIRTHDAY	36 (Years)	34 (Years)
BIRTHPLACE	Wisconsin	Wisconsin.
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Schmitt

P Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed Dec. 25 1920 Ed Schmitt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1971

465-130-044-233

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Midvale

City of Washington

Registration District No. 87 File No. 86498

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD James Howard. Doe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		one	Yes	Oct. 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy A Doe	FULL MAIDEN NAME	Zelia Marie ~~Doe~~ St Louis
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	~~[illegible]~~ 34 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Dec. 25 1920 F A Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-20-40 C.S.

169-115-042-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Registration District No. 37 File No. 86499

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Kay Clayton Jordan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 15 1920

FATHER		MOTHER	
FULL NAME	Eldridge Lore Jordan	FULL MAIDEN NAME	Zella Robinson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.15 am M. on the date above stated.

(Signature) H W Wilson
Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Nov. 3. 1920 J. T. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1968

JUN 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Twin Falls } ss.

Certificate No. 86499

JUN 36 AM '76

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jordan ~~(Female)~~ (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 15, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kay Clayton Jordan

Subscribed and sworn to before me this 22nd day of June, 1976

Kathryn Peterson

Notary Public, residing at Twin Falls, Idaho

My commission expires 7-31-79

(Seal)

Signed Zella Jordan Hall

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4, Twin Falls, ID 83301

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1976

Kathryn Peterson

Notary Public, residing at Twin Falls, Idaho

My commission expires 7-31-79

(Seal)

Signed Emma Robinson Aunt

(Signature of Any Credible Person)

Route 4, Twin Falls, ID 83301

(Street Address, City, State)

FORM DH 60-155 CL 6/9/76

Family Bible record gives name as Kay Clayton Jordan born Nov 15, 1920. viewed by V. S.

AUG 11 1976

Marriage License from Idaho gives names as Kay Clayton Jordon and Ramona Jeanne Compton. dated ~~X~~ Aug 21, 1957. viewed by V. S. File No. 57-4747.

259-115-014-796

Country

PLACE OF BIRTH

County of Canyon

City of Houston R R No 1

No. ..... St.

Hospital .....

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2006

File No. 86500

Registered No. .....

Full Name of Child Reuben James Kerr

SEX OF CHILD Male	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew L Kerr	FULL MAIDEN NAME	Mary A. Gifford
RESIDENCE	Houston Ida Rural	RESIDENCE	Houston, Ida. Rural
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Nampa Idaho

Filed Jan 10 1921 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1954

437-110-001-454

PLACE OF BIRTH

Form V. S. No. [illegible]--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 86504

No. 1610 Franklin St.

Primary Registration District No. 1004 Registered No. 3

Hospital —

FULL NAME OF CHILD Basil Bernell McGlochlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 – 10 – 1920

	FATHER	MOTHER
FULL NAME	Wren B. McGlochlin	FULL MAIDEN NAME H. Jane Demmick
RESIDENCE	Carey, Idaho	Carey, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

(Signature) T. M. Bradshaw M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 17 1921 R H Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DR. THOMAS N. BRAXTAN
411 EASTMAN BUILDING
BOISE, · IDAHO

Bureau of Vital Sts.
State of Idaho.

Boise Idaho Nov 6 1941

I hereby certify that the following correction on the birth certificate of Baker Berrill McGlocklin born Dec 12 1920 to Basil Bernell McGlocklin born Dec 10, 1920. should be made.
The mistake evidently was made in transferring my notes to the certificate.

T. N. Braxtan M.D.

MAR 28 1944

MAY 24 1957

466-109.00-24

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 86505

No. _____ St.

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 4

FULL NAME OF CHILD James Mitchell Woolsey

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 - 9 - 1920

FATHER

FULL NAME Nolan Woolsey

RESIDENCE 1214 N. 19th St, Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Alice M. Bauer

RESIDENCE 1214 N. 19th St, Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report. 19____

Filed June 17 1921 R. H. Pratt Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1942

MAY 24

YEAR: 1920

FILE # 86509

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-86509 A & B TWINS

PLACE OF BIRTH

44-128 041-247

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 865094

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Wayne Edward Duffy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2nd	Yes	12 ~~30~~ 28 1920

FATHER

FULL NAME Charles E. Duffy ~~Edward~~

RESIDENCE 509 Ash St.

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Detroit, Mich

OCCUPATION Printer

MOTHER

FULL MAIDEN NAME Lorena E. ~~Baxton~~ Essie Buxton

RESIDENCE 509 Ash St.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Sioux Falls, So. Dakota

OCCUPATION .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Jan 17 1921

R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each.

14

L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Wayne Edward

366 overland Bldg

Form V. S. No. 11-C—25m-9-8-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Bars

Registration District No. 2

File No. 86509

No. ..... St.

Primary Registration District No. 1044

Registered No. 8

Hospital St. Alphonsus

FULL NAME OF CHILD Duffy Wayne Edward ~~Deceased~~ Wayne Edward Duffy ~~renamed~~

Sex of Child	Twin ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of Birth
male	twin	4 2nd	yes	12 (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Duffy Charles E Edward	FULL MAIDEN NAME	Baxton Lorena Essie E
RESIDENCE	509 Ash St	RESIDENCE	509 Ash ~~S Falls Iowa~~
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Detroit Mich	BIRTHPLACE	S. Falls ~~Iowa~~
OCCUPATION	Printer	OCCUPATION	St. Dakota

Silver nitrate

Number of child of this mother, including present births 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of ~~this~~ these child, who was Born alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. T. Gennoway

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 17 1921

R H Pratt
Registrar

20367

THIS IS TO CERTIFY That this is a true and correct copy of a birth certificate filed with the Bureau of Vital Statistics in the Division of Public Health of the Department of Public Welfare at Boise, Idaho, in compliance with Title 38 of the Idaho Code Annotated.

Date January 6, 1941 By Mae G. Attwood (Director, Bureau of Vital Statistics)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 86509
Local Reg. No. 2
Reg. Dist. No. 1004

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 509 Ash St.,
(d) Name of Hospital or Maternity Home:
St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE OF MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 509 Ash St.,
(e) How long has **MOTHER** lived in Idaho? ..... years
(f) Mother's mailing address .....

3. **RESIDENCE OF FATHER** (city, state)
Boise, Idaho

4. **FULL NAME OF CHILD** Wayne Edward Duffy

5. Date of Birth (Month, day, year) December 28, 1920

6. Sex. Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Duffy

11. Color or Race white

12. Age at time of THIS birth 40 years

13. Birthplace Detroit, (City or town) Michigan (State or foreign country)

14. Exact Occupation Printer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena E. Buxton

17. Color or Race white

18. Age at time of THIS birth 31 years

19. Birthplace Sioux Falls, (City or town) So. Dakota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Chas. V. Genoway
Chas. V. Genoway, M. D. (M. D., D. O., Midwife, etc.)
and address Boise, Idaho Date 1-6-41

26. (a) Jan. 17, 1921 (Date received) (b) R. H. Pratt (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Signed) ..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, resding at .....

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

046-028-001-247

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 86509B

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Unnamed Duffy

Sex of Child	Twin / Triplet or other? and Number in order of birth #1 (To be answered only in event of plural births)	Legitimate?	Date of Birth 12 (Month) 30 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Duffy	FULL MAIDEN NAME	Lorena E. ~~Baxton~~ Buxton
RESIDENCE	509 Ash St.	RESIDENCE	509 Ash St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Detroit, Mich.	BIRTHPLACE	Sioux Falls, So. Dakota
OCCUPATION	Printer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2:35 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Tiemeny

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Dec 1920

Registrar.

453-212 1001-451

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 86510

No. ..... St.

Primary Registration District No. 1004

Registered No. 135½

Hospital St. Lukes

FULL NAME OF CHILD ~~Valerie~~ VALERIE Delana

Sex of Child 7

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr. 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benton F. Delana	FULL MAIDEN NAME	Violet Meacham
RESIDENCE	1022 E. Jefferson	RESIDENCE	1022 E Jefferson
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dakota
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Boise Idaho

Filed 1/14 1921

R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 86510

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Zalerie Delano (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr. 12, 1920 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Zalerie Delano	Valerie Delano

Subscribed and sworn to before me this 25
day of May, 19 42.

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(SEAL)

Signed Violet M. Delano
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 26 1942

AUG 26 1957

291-211-001-168

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 233 W. S Ave St.

Registration District No. 7 File No. 86514

Primary Registration District No. 1004 Registered No. 17

Hospital

FULL NAME OF CHILD EVELYN EDITH Brassfield

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/		—	yes	10 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack Brassfield	Edith Johnson
RESIDENCE	Twin Falls.	Twin Falls Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Lineman	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) M Allen Calloway

Physician

(Physician or Midwife)

Address Boise Idaho

Filed Dec 30 19 20

R H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 86514

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Unnamed (Name on Original Certificate) who was Born (Was Born or Died) on Oct 11 1920 (Date of Event)
in Res. East Main St. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Oct 11 - 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Evelyn Edith Brassfield

Subscribed and sworn to before me this 16 th
day of June, 1942

A B Blair
Notary Public, residing at Pocatello Idaho

My commission expires 6-20-42
(Seal)

Signed John A Brassfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

251 Washington Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 th
day of June, 1942

A B Blair
Notary Public, residing at Pocatello Ida.

My commission expires 6-20-42
(Seal)

Signed Edith A. Brassfield
(Signature of Any Credible Person Other Than Previous Year)

251 Washington Ave
(Street Address, City, State)
Pocatello Idaho

JUN 18 1942

JUN 2 2 1942

795.12310d-532

11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 36515

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 13

Hospital St Lukes

FULL NAME OF CHILD Everett Daniel Green Forges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	and	yes	11 23 1920

FATHER		MOTHER	
FULL NAME	Jesse Green	FULL MAIDEN NAME	Melvina Elkins
RESIDENCE	Boise Idaho	RESIDENCE	Kuna Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	~~Idaho~~ Kentucky
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Carraway
Physician
(Physician or midwife)

Address Boise Idaho

Filed Dec 30 1920

R. H. Park
Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1968

295-102-0001-814

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 86518

No. ____ St.

Hospital Saint Lukes — Primary Registration District No. 1004 — Registered No. 16

FULL NAME OF CHILD Samuel Waring Bierbauer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb. 2 1920

FATHER

FULL NAME: Edmund Randall Bierbauer

RESIDENCE: Mayfield Idaho

COLOR:

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: West Chester, Penna.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Irma Lucile Hamilton

RESIDENCE: Mayfield Idaho

COLOR:

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Fort Morgan, Colorado

OCCUPATION: Household keeper

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazer

(Physician or midwife)

Address

Given names added from a supplemental report. ____ 19____

Registrar

Filed Jan 18 19 21

R N Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 10/28/00

593-211-001-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. 1710 N 10 St.

Hospital no

Registration District No. 2 File No. 86521

Primary Registration District No. 1004 Registered No. 19

FULL NAME OF CHILD Mary Angelena Vitley

Sex of Child female | Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? | Date of Birth Nov. 11 (Month) Nov. (Day) 11 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jim Vitley	FULL MAIDEN NAME	Bessie Pearl Garlic
RESIDENCE	1710 N 10	RESIDENCE	1710 N 10
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Itley Farmer	BIRTHPLACE	mumtpleasent utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazier
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address

Filed Jan 18 1924

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 9 1957

693211-005 318

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 86523

No. 1619 Hays St. — Primary Registration District No. 1004 — Registered No. 21

Hospital St Alphonsus

FULL NAME OF CHILD Jean Elizabeth Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 11 1920

FATHER	MOTHER
FULL NAME: Isaac Wilson	FULL MAIDEN NAME: Lydia Lahtinen
RESIDENCE: 1619 Hays St. Boise Ida	RESIDENCE: 1619 Hays St. Boise, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Little Falls, N.Y.	BIRTHPLACE: Helsingfors, Finland
OCCUPATION: Lumber	OCCUPATION: None

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~stillborn~~ (Born alive or ~~stillborn~~), at 11. A. M. on the date above stated.

(Signature) Dr. W. Frazier

(Physician ~~or midwife~~)

Address

Filed Jan 19 1921 — R. H. Craft, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-226-001-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1017 Jefferson St.

Hospital

Registration District No. 4

Primary Registration District No. 1004

File No. 86524

Registered No. 22

Full Name of Child Louise Edith Marmon

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. (Month) 26 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Jesse E. Marmon	FULL MAIDEN NAME Naomi Walker
RESIDENCE 1017 W Jefferson St. Boise Ida	RESIDENCE 1017 W Jefferson St. Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Zanesfield Ohio	BIRTHPLACE Solomon Kansas
OCCUPATION Mechanic	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 417 Overland Bldg. Boise Idaho

Filed Jun 11 1921

R H Pratt
Registrar

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

785-225-001-454

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

Registration District No. 2 File No. 86526

No. 608 Bannock St.

Hospital 6

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD Ruby Mae Phelan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 25 1920

FATHER	MOTHER
FULL NAME Anthony Cornelius Phelan	FULL MAIDEN NAME Ruby Mae Dillon
RESIDENCE 608 Bannock St Boise Idaho	RESIDENCE 608 Bannock Boise Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Woodbridge Tenn	BIRTHPLACE Nashville Tenn
OCCUPATION Bookbinder	OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 25 1920, at 3 45 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C E Armstrong

Physician
(Physician or midwife)

Address 413 Overland Bldg Boise Ida

Given names added from a supplemental report.

19

Registrar

Filed Jan 11 1921

R. H. Craft
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1967

JUN 2 1 1943

666-118-001-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 86527

Primary Registration District No. 1004 Registered No. 25

FULL NAME OF CHILD Edwin Thomas Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 18 1926 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph W Wood	FULL MAIDEN NAME	Frances W Morrison
RESIDENCE	Jefferson St. Boise Ida	RESIDENCE	Jefferson St Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denver Col	BIRTHPLACE	Spokane Wash
OCCUPATION	Waiter	OCCUPATION	Stenographer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 18 (Born alive or stillborn), at 5.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C L Armstrong

Physician (Physician or midwife)

Address 413 Overland Bldg Boise Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 11 1926

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1947

194-123-001-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 5 File No. 86529

Primary Registration District No. 1004 Registered No. 27

FULL NAME OF CHILD James David Armstrong

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) - 23 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	James C. Armstrong	FULL MAIDEN NAME	Jean Paul Roberts
RESIDENCE	1508 Jefferson St., Boise	RESIDENCE	1508 Jefferson St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Draftsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.50 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho.

Filed Jan 5 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 28, 1941 Z.J.

3/24/41 L. B.

319-125.001-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 86530

No. ——— St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 28

FULL NAME OF CHILD William Glenn Carringer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 – 25 – 1920

FATHER		MOTHER	
FULL NAME	W. H. Carringer	FULL MAIDEN NAME	Naomi A. Star
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Taylor, M D

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 5, 1921 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 1 1943

613-120-004 689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 86532

No. 759 Warm St. Span. — Primary Registration District No. 1004 — Registered No. 30

Hospital 759 Warm Spg Ave

FULL NAME OF CHILD Clyde James Fackrell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 20 1920

	FATHER	MOTHER
FULL NAME	James Sumner Fackrell	FULL MAIDEN NAME Alice Bertha White
RESIDENCE	759 Warm Spg Ave	RESIDENCE 759
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Orderville Utah	BIRTHPLACE Rego Rego Kansas
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or dead) ..... at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. W. Haughey

916 State St Boise

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 5 1921

R.N. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1942

FEB 25 1966

469-125-004-253

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 86534

No. ..... St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 32

FULL NAME OF CHILD Otis Roland Morris Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Dec (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Orland Otis Morris	FULL MAIDEN NAME	Alice Kelm
RESIDENCE	Warren Idaho	RESIDENCE	Warren Ida
COLOR	White AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wisconsin
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 25-1920 (Born alive or stillborn), at 6:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Wullbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed Jan 5 1921

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1950

695-110-001-559

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2301 N. 16th St.

Registration District No. 2

File No. 86535

Primary Registration District No. 1004

Registered No. 33

Hospital

FULL NAME OF CHILD Earl Nimm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 10 1920

FATHER		MOTHER	
FULL NAME	Grant Nimm	FULL MAIDEN NAME	Libby Neibaur
RESIDENCE	2301 N. 16th St.	RESIDENCE	2301 N. 16th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Overland Bldg. - Boise

19

Filed Jan 5 1921

R. N. Pratt
Registrar

Registrar

N. B. In case of more than one child [illegible] birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-221-001-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 5 File No. 86536

No. ..... St.

Hospital St. Alphonsus

Primary Registration District No. 1004 Registered No. 34

FULL NAME OF CHILD Mary Lucile Barber.

Sex of Child girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Vialden Barber	FULL MAIDEN NAME	Bertha Augusta Smith
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Madison Lake, Minn.	BIRTHPLACE	Aurora So. Dak.
OCCUPATION	Electrical Operator	OCCUPATION	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazier
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Jan 18 1921

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1959

683105-001-6951C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.R. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-6.

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 86549

Primary Registration District No. 11 Registered No. 1

FULL NAME OF CHILD William Burke Wylie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2 5 1920

FATHER		MOTHER	
FULL NAME	Clyde K. Wylie	FULL MAIDEN NAME	Harriett Freeman
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Mail Carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

Feb. 7 1921

W. F. Neal
Registrar

Filed Feb 8 1921 W. F. Neal
Registrar

NOV 7 1974

4/18/41 L. B.

DECEASED

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Ada
285-102-001-523
City of Meridian
No. R.R. 2 St.
Hospital

Registration District No.
Primary Registration District No.

File No. 86550
Registered No. 2

Full Name of Child James Arthur Byers

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	12 2 1920

FATHER		MOTHER	
FULL NAME	Jerome J. Byers	FULL MAIDEN NAME	Florence Estes
RESIDENCE	Meridian R.R. 2	RESIDENCE	Meridian R R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician (Physician or midwife)
Address Meridian Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Jan 15 1921 H. F. Neal
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] F BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

ADDED FATHER'S AGE 8-25-99 MS

No. RR1 St. 414

619-209.014

Registration District No.

File No. 8655

Primary Registration District No. 11

Registered No. 3

Hospital

Full Name of Child Madge Marie Waitley

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
female		yes	12 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Burtrie B. Waitley	FULL MAIDEN NAME	Vera A. Madden
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Nebraska
OCCUPATION	rancher.	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian Idaho

Filed Jan 15 1921 H. F. Neal

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

8-25-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1920-86551
Date Filed JAN. 15, 1921

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MADGE MARIE WAITLEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 9, 1920 (Date of Event)

in NOTUS (CANYON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S AGE	UNKNOWN	34

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Subscribed and sworn to before me this 25th day of August 1999

Notary Public, Mary Schneider M.
Residing at Parma Idaho
My commission expires 2-16-2000
(Seal)

x Marie Smyth
Signature of Applicant

x 1682 W. 31st St
Florence, Or. 97439
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF DEATH FILED 2/13/1959 FILE #59-456 SHOWS BURNIE B. WAITLEY DIED FEB. 7, 1959 IN BOISE (ADA) ID WAS BORN ON JUNE 28, 1886 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 1/20/1942 FILE #1921-330676 SHOWS THE FATHER'S AGE AS 35 VIEWED VS.

551-215 [redacted]

PLACE [redacted]

001-493

County of Ada

City of Meridian

No. RR 2 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 86552

Primary Registration District No. 11

Registered No. 4

Full Name of Child Elizabeth Ellen Evans

SEX OF CHILD female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oren Wm Evans	FULL MAIDEN NAME	Hattie Elizabeth Mitchell
RESIDENCE	Meridian RR2	RESIDENCE	Meridian R.R.2.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	ditch rider	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including [illegible]

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 [illegible] M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

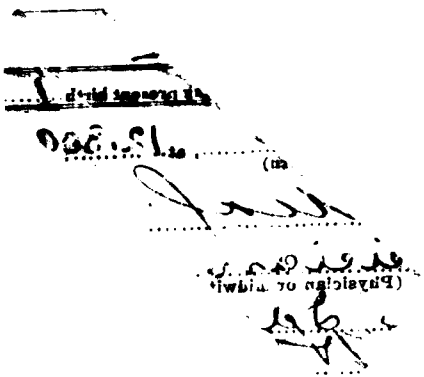
Address Meridian Idaho

Filed [illegible] 15 19 21 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUL 21 1967

319-217-

PLACE OF BIRTH

001-962

County of Ada

City of Meridian

No. R.R.2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No.

File No. 86553

Primary Registration District No. 11

Registered No. 5

Full Name of Child Roy LaRue

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			yes	12 17 1920

FATHER

FULL NAME Roy W. LaRue

RESIDENCE Meridian R.R 2

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION rancher

MOTHER

FULL MAIDEN NAME Daisy M. Roberts

RESIDENCE Meridian R.R. 2

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

physician (Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 15 19 21 W. F. Neal

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

433-124-00-455

PLACE OF BIRTH

County of Ada

City of Meridian

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 86554

Primary Registration District No. 11 Registered No. 6

Full Name of Child James Merl McLean

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	12 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. W. McLean	FULL MAIDEN NAME	Sylverena Dennison
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	real estate agent	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Meridian Idaho

Filed Jan 15 1921 H. F. Neal

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 8 1973

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: AT PRIVATE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City MEREDIAN
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) MEREDIAN, IDA

4. FULL NAME OF CHILD JAMES MERL McLEAN

5. Date of Birth of Child (Month, day, year) DEC. 24, 1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** JAMES WALTER McLEAN
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace DES MOINES, IOWA (City or town) (State or foreign country)
14. Exact Occupation REAL ESTATE
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SYLVIA RENA DENNISON
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace KANSAS CITY, MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at PRIVATE HOME M. on the date and at the place stated above, and that personal particulars were furnished by SYLVIA RENA McLEAN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Dr Neal Wood M.D. Midwife Address MEREDIAN Date

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

APR 1 1942

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-128-001-751

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Iowa and Longmont Sts

Hospital —

Registration District No. 8 File No. 86565

Primary Registration District No. 2004 Registered No. 1

FULL NAME OF CHILD Robert Keith Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	M. E. Moore	FULL MAIDEN NAME	Josephine Etta Peabody
RESIDENCE	Iowa and Longmont Sts., Boise	RESIDENCE	Iowa and Longmont Sts., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	Meat Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 25 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho.

Filed Jan 5 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-212-001-685

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. R. D. 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 86567

Primary Registration District No. 2104 Registered No. 3

FULL NAME OF CHILD Maggie Leeray Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 12 1920

FATHER		MOTHER	
FULL NAME	Chas. W. Gray	FULL MAIDEN NAME	Lena Pearl Wheeler
RESIDENCE	Boise, Ada, R. D. 4	RESIDENCE	Boise, Ada, R. D. 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Button

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Boise Fleming Bldg.

19

Filed Jan 5 1921 R. H. Pratt

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 16 1957

289-115-00-689

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 86568

Primary Registration District No. 2004 Registered No. 4

Full Name of Child Wilbur C Shideler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male		yes	Dec. 15 1920

FATHER

FULL NAME: Sylvester D Shideler

RESIDENCE: Boise R.D. #4

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Julia A Whitman

RESIDENCE: Boise - R D #4

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida

Given names added from a supplemental report

..... 19....

Registrar

Filed Jan 11 1921 R H Ball

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

OCT 10 1941

JAN 9 1958

291-111-001-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1224 ½ Main St.

Hospital

Registration District No. 8 File No. 86572

Primary Registration District No. 2004 Registered No. 9

FULL NAME OF CHILD John Othello Brady.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	March 11 1920

FATHER		MOTHER	
FULL NAME	John Andrew Brady	FULL MAIDEN NAME	Ennis Courtney Shirley
RESIDENCE	Belevue & Broadway South Boise	RESIDENCE	Belevue & Broadway South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Elko Nevada	BIRTHPLACE	Givins Springs Owyhee Co. Ida.
OCCUPATION	Lineman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 3:50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazier
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Jan 18 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-214-001-849

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] ITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 8 File No. 86574

No. ..... St.

Primary Registration District No. 2004 Registered No. 10

Hospital .....

FULL NAME OF CHILD Lela Alice McIlroy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	January (Month) - 14 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard F. McIlroy	FULL MAIDEN NAME	Verda Alice Hurlbert
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Marysville Ohio	BIRTHPLACE	Novelty, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazier
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Jan 18 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

893/13.001-462

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ 1 mi N of Boise ~~St~~

Hospital

Registration District No. 8

File No. 86576

Primary Registration District No. 3004

Registered No. 11

FULL NAME OF CHILD James Paul ~~Baby~~ Hickerson

Sex of Child Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 12 (Month) — 13 (Day) — 1920 (Year)

FATHER

FULL NAME Oscar D. Hickerson

RESIDENCE 1 mi. N. of Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Tenn.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Mattie L. Dobbs

RESIDENCE 1 mi. N. of Boise, Idaho.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Tenn.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

K ..... 19....

Registrar

Filed Jan 17 1921

R. A. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/17/41 L. B.

219-103-001-918

PLACE OF BIRTH

[redacted] orm V. S. No. 11-C—25m-~~9-8~~.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Garden St.

Hospital Franklin on Bench

Registration District No. 8

File No. 86577

Primary Registration District No. 2004

Registered No. 12

FULL NAME OF CHILD Lee Raymond Bailey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			second	yes	Nov 3 1926 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Emerson Bailey	FULL MAIDEN NAME	Lydia Raymond
RESIDENCE	Wilson Idaho	RESIDENCE	Wilson Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Carbondale Kansas	BIRTHPLACE	Huston Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

X Number of child of this mother, including present birth second X Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 3-1920 (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Cannon

Phys & surg. (Physician or midwife)

Address Boise Idaho

Filed Jan 25 1921 R. H. Pratt, Registrar

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-223-001-253

[redacted]

No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

86584

County of Ada

City of Kuna RR#1 Registration District No. 124 File No. 3

No. ..... St. Primary Registration District No. 2202 Registered No. 76

Hospital .....

FULL NAME OF CHILD Alice Elizabeth Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Irving Price	FULL MAIDEN NAME	Beulah Bell
RESIDENCE	R.F.D. Kuna Ida	RESIDENCE	Kuna Ida
COLOR	Wh AGE AT LAST BIRTHDAY 30 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 19 yrs (Years)
BIRTHPLACE	Greenfield Mo	BIRTHPLACE	Erie Ks
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion P. Fink MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Jan. 12 1921 Rue Bowell

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 2014

255-104-003-457

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86634

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 48

No. ..... St.

Primary Registration District No. 2161 Registered No. 3557

Hospital .....

FULL NAME OF CHILD (boy) Beech

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 4th 1920

FATHER

FULL NAME Carl Fletcher Beech

RESIDENCE Pocatello Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Washington

OCCUPATION Gen. Laborer

MOTHER

FULL MAIDEN NAME Evelyn Ray

RESIDENCE Pocatello Ida

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kans.

OCCUPATION H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 4-20, at 10 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) James A Miller MD

(Physician or midwife)

Address Pocatello

Filed 9/1 1921

H Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 278484

491-2071003-315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86635

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 68

No. ..... St.

Primary Registration District No. 2161 Registered No. 3558

Hospital .....

FULL NAME OF CHILD Diaz —

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Diaz	FULL MAIDEN NAME	Reina Sandelope -
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Labour-Gen -	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 7-20, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Filed 2/1 1921

J. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-204-003-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86636

County of Bannock

City of Pocatello

Registration District No. 28 File No. 68

No. ..... St.

Primary Registration District No. 2161 Registered No. 3559

Hospital Pocatello Gen'l

FULL NAME OF CHILD Ruth Ann Brothers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes.	Dec 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Wesley Brothers	FULL MAIDEN NAME	Mildred Olive Chandler
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	Wl.	COLOR	Wl.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sandy Nebraska.	BIRTHPLACE	Decatur Illinois
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McCoy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 2/1 1921 J. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1942

84[redacted]216.003-386

[redacted] OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86637

County of Bannock

City of Pocatello Registration District No. 28 File No. 48

No. 8th Ave St.

Hospital General Hosp. Primary Registration District No. 2161 Registered No. 3560

FULL NAME OF CHILD Ethel Laness Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	Dec	16	1920

FATHER		MOTHER	
FULL NAME	Joseph Hunt	FULL MAIDEN NAME	Maggie Thomas
RESIDENCE	Pocatello - Ida	RESIDENCE	Pocatello - Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	St George Utah	BIRTHPLACE	Leton City - Ut.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

Address Pocatello

Filed 2/1 1921 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-230-003-212

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86638

County of Bannock

City of Pocatello

Registration District No. 28 File No. 68

No. 215 So. 4th Ave.

Primary Registration District No. 2161 Registered No. 3561

Hospital Home

FULL NAME OF CHILD Yuki Yokota

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 30 1920

FATHER	MOTHER
FULL NAME Goshikatsu Yokota	FULL MAIDEN NAME Sugi Baba
RESIDENCE 215 So. 4th Ave.	RESIDENCE 215 So. 4th Ave
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Barber	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 P.M. on the date above stated. 1 Photostat copy 12/24/41 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Filed 2/1 1921

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1958

DEC 24 194.

269-128-003-495

PLACE OF BIRTH

amend 11-29-82

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86650

Registration District No. 2161 File No. .....

Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Elmer Wilson Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. (Month) 28th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J ohn Sorensen	FULL MAIDEN NAME	Nora B.Dietrick
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Natrona Pa	BIRTHPLACE	Natrona Pa.
OCCUPATION	railroad laboror	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Lutkendal

physician
(Physician or midwife)

Bancroft Idaho

Given names added from a supplemental report.

..... 19.....

Address

JAN 27 1921

Filed ..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-5-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
NOV 23 9 34 AM '82

State of Ohio
County of Holmes } ss.

Certificate No. 86650
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sorensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 30, 1920 (Date of Event)

in Bancroft (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Sorensen	Elmer Wilson Sorensen
date of birth	Dec 30, 1920	Dec 28, 1920

Subscribed and sworn to before me this 13th day of November, 1982

Notary Public, Carol L Billman

Residing at 2157 - Brownlee Ave NE - Canton Ohio

My commission expires Aug 15, 1985

(Seal) CAROL L. BILLMAN
Notary Public, State of Ohio
My Commission Expires Aug. 15, 1985

x Elmer Wilson Sorensen
Signature of Applicant

RD 1 Millersburg Ohio 44654
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio
County of Stark } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of November, 1982

Notary Public, Carol L Billman

Residing at 2107 - Brownlee Ave NE Canton Ohio

My commission expires Aug 15, 1985

(Seal) CAROL L. BILLMAN
Notary Public, State of Ohio
My Commission Expires Aug. 15, 1985

Ellen M Bruchey
Supporting Signature

RD 1 - 14 - Malvern, Ohio 44644
Street Address, City, State

Isabelle Cougill 44707
119 Belden Ave S.E. Canton, Oh

Canton City Schools in Canton Ohio gives Elmer Wilson Bracken Legal name Sorensen born 12-28-20 attended school on Sept 1926 thru June 1935. signed by George Kuitras director of Pupil Personnel. Viewed by V.S.

NOV 29 1982

Certificate of Discharge from U.S. Navy gives Elmer Wilson Sorensen was discharged honorably on Sept 7, 1944. Reason for Discharge Physical Disability. Date of birth listed as Dec 28, 1920. Viewed by V.S.

699 115 -

PLACE OF BIRTH

004-612

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86651

County of Bear Lake

City of Lanark

name added 5/9/80

Registration District No. 2132 File No. 494

No. ..... St.

Primary Registration District No. 53 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vyrin King Orr

Sex of Child Male | Twin Triplet or other X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David Orr	FULL MAIDEN NAME	Clara M. Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Liberty - Ida	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris

Filed 1-10-21 19.... R J Sutton Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 8 41 AM '80

State of Idaho
County of BEAR LAKE } ss.

Certificate No. 86651
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Orr (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 15, 1920 (Date of Event)

in Lanark (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Vyrin King Orr

Subscribed and sworn to before me this 7th day of May, 1980.

Notary Public, Elaine W Webb

Residing at Paris Idaho

My commission expires Non Expiring

(Seal)

x Vyrin King Orr
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Correction corresp. (O) 5-6-80

2 cpys pa 7c

Certif of Blessing from the LDS Church gives namas Vyrion King Orr son of David T. Orr and Clara Watkins. born Dec 15, 1920 at Lanark, Idaho. Blessed Mar 6, 1921. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Vyrion King Orr son of David T. Orr and Clara May Watkins. born Dec 15, 1920 at Lanark, Idaho. Baptized June 9, 1929. viwedby V. S.

MAY 9 1980

747-123-004-244

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

86652

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital ✓

Registration District No. 2182 File No. 493

Primary Registration District No. 63 Registered No. .....

FULL NAME OF CHILD FRANKLYN BUDGE PUGMIRE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	Dec. 28 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jonathan Pugmire	FULL MAIDEN NAME	Ellen Budge
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	87	AGE AT LAST BIRTHDAY (Years)	84
BIRTHPLACE	St. Charles	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris Ida

Filed 1-10-20 19.... R. J. Sutton
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

OCT 16 1941
RECEIVED

Certificate No. 86652
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Franklin Budge Pubmire (Name on original certificate) who was born (Was born or died) on Dec. 23rd, 1920 (Date of event)
in Paris, Bear Lake Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record book (Bible record, insurance policy, etc.) prepared on date of several events (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Pugmire	Franklyn Budge Pugmire

Subscribed and sworn to before me this 15th day of October, 1941

Jessie P. Peck
Notary Public, residing at Logan, Utah

My commission expires Jan. 9th, 1945
[SEAL]

Signed Ellen B. Pugmire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

468 East 4th North, Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 1941

Jessie P. Peck
Notary Public, residing at Logan, Utah

My commission expires Jan. 9th, 1945.
[SEAL]

Signed Ruth Pugmire
(Signature of any credible person other than the previous affiant.)

468 East 4th No. Logan, Utah
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

263-124-004-683

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86653

County of Bear Lake

City of Paris

No. ..... St.

Hospital ✓

Registration District No. 2132 File No. 492

Primary Registration District No. 53 Registered No. .....

FULL NAME OF CHILD GORDON WYLER BOLTON

Sex of Child Male | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Dec. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Bolton	FULL MAIDEN NAME	~~Edna~~ Wyler
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Sutton
M-D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Ida.

Registrar.

Filed 1/10/21 1921 R. J. Sutton Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86653

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gordon Wyler Bolton (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on December 24—1920 (DATE OF EVENT)
in Paris Bear Lake County Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record Book D Page 396 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 12th (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Gordon Wyler Bolton

Subscribed and sworn to before me this 12th
day of November 1942

Notary Public, residing at Paris Idaho

My commission expires Nov 22, 1943
(SEAL)

Signed David L Bolton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

Paris Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of November 1942

Notary Public, residing at Paris Idaho

My commission expires Nov 22 1943
(SEAL)

Signed Grant T Stephens
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 17 1942

955-214-004-296

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

86654

CERTIFICATE OF BIRTH

County of Bear Lake.

City of Bloomington Registration District No. 2132. File No. 491

No. ..... St.

Primary Registration District No. 53. Registered No. .....

Hospital ✓

FULL NAME OF CHILD .....

Sex of Child female | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Dec. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lotwick Reese.	FULL MAIDEN NAME	Francis Brown.
RESIDENCE	Bloomington	RESIDENCE	Bloomington.
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Bloomington.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X R. J. Sutton.
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris Ida.

Filed 1-10-1921. R. J. Sutton Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-226-005-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32

File No. 86659

No. ..... St.

Primary Registration District No. 2049

Registered No. 3

Hospital .....

FULL NAME OF CHILD Mary Rosa Parelli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfonso Parelli	FULL MAIDEN NAME	Carantra Talanco
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries

Filed Feb 7 1921 H E Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-209.005-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 86669

No. ..... St.

Primary Registration District No. 2049 Registered No. 111

Hospital St-Maries

FULL NAME OF CHILD Virginia Keeton.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12 9 1920

FATHER		MOTHER	
FULL NAME	Wm. D. Keeton	FULL MAIDEN NAME	Ruth Bennett.
RESIDENCE	St. Maries, Idaho	RESIDENCE	St. Maries, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Armour, So. Dak.	BIRTHPLACE	Philipsburg, Kansas.
OCCUPATION	Lawyer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 35/a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address St Maries

Registrar

Filed Feb. 7 1921 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1966

653-107-006-791 4

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

86670

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 612

FULL NAME OF CHILD Leland P. Wells

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and — (To be answered only in event of plural births)		Yes	Dec 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Nathan Wells	Beulah Violet Gravatt
RESIDENCE	Springfield Ida	Springfield Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Utah	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Montgomery M.D.

Physician (Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-7 1920 M. C. Montgomery

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1955

5/27/41 L. C.

753-206-006-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86671

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 11

No. ..... St.

Primary Registration District No. 2195 Registered No. 611

Hospital .....

FULL NAME OF CHILD Rowene Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—	—	—	Yes	Dec 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Helon Peterson	FULL MAIDEN NAME	Maggie Ora Bartlett
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	R.R. Station agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurkinnon M.D.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed 12-7 1920 McMurkinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bingham
City of Sterling
No. [redacted] St.
363-114-006-719
(If born in hospital or institution give name.)

[redacted] OF IDAHO
PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86672

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Donald Lethar Cole

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth Dec 14, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Cole	18. Full maiden name: Sarah Isabelle Gardner
10. Residence (usual place of abode) (If non-resident, give place and State): Sterling	19. Residence (usual place of abode) (If non-resident, give place and State): Sterling
11. Color or race: Wh | 12. Age at last birthday: 60 (years)	20. Color or race: Wh | 21. Age at last birthday: 57 (years)
13. Birthplace (city or place): Riverdale (State or Country): Utah	22. Birthplace (city or place): Mendon (State or Country): Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 4 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 4:00 at a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) M C Mackinnon, M. D.
or ....., Midwife
Address .....
Filed Dec 17, 1920 [illegible] Registrar.

393-220-006-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86673

County of Bingham

City of Pingree

Registration District No. 116 File No. 11

No. ..... St.

Primary Registration District No. 2195 Registered No. 614

Hospital .....

FULL NAME OF CHILD Alice Christine Lickingteller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Lickingteller	FULL MAIDEN NAME	Edith Ward
RESIDENCE	Pingree Ida	RESIDENCE	Pingree Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Aberdeen Ida

Filed Dec 28 1920 M. C. McKinnon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 4241 41

APR 15 1944

296-210-007-132

PLACE OF BIRTH

5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 86674

No. ..... St.

Primary Registration District No. 2045 Registered No. 1

Hospital .....

FULL NAME OF CHILD Pearl Edna Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 10 1920

FATHER	MOTHER
FULL NAME J. Elmer Brooks	FULL MAIDEN NAME Rosa Albrethson
RESIDENCE Carey	RESIDENCE Carey
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Blaine Co Idaho	BIRTHPLACE Blaine Co. Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.20 A. M. on the date above stated.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Filed Jan. 10 1921 Pearl A. Wright

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/3/41 L. E.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 1 48 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 86674

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Brooks (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 10, 1920 (Date of Event) in Carey, Idaho (Blaine) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Pearl Edna Brooks

Subscribed and sworn to before me this 3rd day of October, 1977

Ann M. Bnx

Notary Public, residing at Buna

My commission expires 6-1-80

(Seal)

Signed Rosa Albrethsen Brooks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1013 Franklin, Buna, Idaho 83634

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 1977

Ann M. Bnx

Notary Public, residing at Buna

My commission expires 6-1-80

(Seal)

Signed Esther Smith

(Signature of Any Credible Person)

218 Martinson Buna Ida. 83634

(Street Address, City, State)

FORM DH 60-155

CL 4/19/77

Family Bible record g ves name as Pearl E. Brooks born Dec 10, 1920. viewed by V. S.

NOV 16 1977

Card from U. S. Navy gives name as Pearl Edna Brooks. served during WW II. viewed by V. S. Dec 15, 1943 – Feb 1946 # 174 57 73

546-119-007-142

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86675

County of Blaine

City of Carey — Registration District No. 57 — File No.

No. ____ St.

Primary Registration District No. 2025 — Registered No. 2

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male		yes	Dec 19 1920

FATHER		MOTHER	
FULL NAME	LaFell A. Edwards	FULL MAIDEN NAME	Margery K. Justesen
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	W Male	COLOR	W Fem
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Houston E Snyder M.D.
Physician
(Physician or midwife)

Address Carey Idaho.

Filed Jan. 10 1921 R. H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-226-009-451

PLACE OF BIRTH

County of Bonner

City of Hope

No. ____ St.

Hospital ____

(1)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 80 File No. 86683

Primary Registration District No. 2157 Registered No. 39

FULL NAME OF CHILD Anabelle Lindsley

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)		yes	Nov 26 (Month) (Day) 20 (Year) 191

FATHER		MOTHER	
FULL NAME	Warren J Lindsley	FULL MAIDEN NAME	Clara Belle Mead
RESIDENCE	Hope Idaho	RESIDENCE	Hope Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fremont Neb	BIRTHPLACE	Hillsboro Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1-13 21 John Larson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1K

MAR 2 2 1976

415-131-009-619

PLACE OF BIRTH

17

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sagle

No. ..... St.

Hospital .....

Registration District No. 78 File No. 86684

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	12 - 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dillard Davis	FULL MAIDEN NAME	Effie Ward
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Jan. 24 1921

Registrar

Floyd E. Vandle
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659.231.00 9-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 527 S. Lavina St.

Registration District No. 78

File No. 86686

Primary Registration District No. 2153

Registered No.

Hospital

FULL NAME OF CHILD Nellie Ruth Weissman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Dec. 31, 1920

FATHER

FULL NAME: William Weissman

RESIDENCE: Sandpoint

COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Lethbridge, Alberta

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Wilhemina Rothenfluh

RESIDENCE: Sandpoint

COLOR: W. AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Great Falls, Mont.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Weissman

In Person

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 24 19 21 Floyd Gilkerson Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-112.009-389

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Idaho. Registration District No. 79 File No. 86688

No. ..... St.

Hospital City Hospital Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Moore Robert Newell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Dec. (Month) 12, (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Moore	FULL MAIDEN NAME	Helen Christainson
RESIDENCE	Sandpoint, Idaho	RESIDENCE	Sandpoint, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ontario	BIRTHPLACE	Michigan
OCCUPATION	Camp Foreman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Sayles

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 24 1921

Floyd G. Vandle
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1945

789-208-209-118

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bemer

City of Sagle

Registration District No. 78 File No. 86689

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital .....

FULL NAME OF CHILD NORMA CLIFTA PHILLIPS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 8 1920

FATHER	MOTHER
FULL NAME: Mason E. Phillips	FULL MAIDEN NAME: Carrie E. Payne
RESIDENCE: Sagle, Idaho	RESIDENCE: Sagle, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P M. on the date above stated.

(Signature) C. H. Payne M.D.

(Physician or midwife)

Address .....

Filed Jan 24 1921

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Sublette }

Certificate No. 86689

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 8, 1920 (DATE OF EVENT)
in Eagle, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 1, 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Norma Clifta Phillips

Subscribed and sworn to before me this 25th
day of Feb 1942
Estelle E. Hackett
Notary Public, residing at Pinedale, Wyo.
My commission expires Feb. 1, 1943
(SEAL)

Signed Carrie G. Phillips (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Daniel, Wyo.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Sublette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of Feb 1942
Estelle E. Hackett
Notary Public, residing at Pinedale, Wyo.
My commission expires Feb. 1, 1943
(SEAL)

Signed L. L. Thomas
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Pinedale, Wyo.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

763-113-009-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Idaho.

Registration District No. 78 File No. 86690

No. ..... St.

Hospital City Hospital

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Archie LeRoy Gollen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Archie Gollen	FULL MAIDEN NAME	Lena C. Fargo.
RESIDENCE	Sagle, Idaho	RESIDENCE	Sagle, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nova Scotia.	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Fagn M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 24 1921

Hoyd G. Vanderbilt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1983

442-227-0162-4662 name added 1-28-83

For [redacted] C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59 File No. 86692

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Dretta La Verne Duke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 27 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Vernee V Duke	FULL MAIDEN NAME: Mary E Dowdle
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: White AGE AT LAST BIRTHDAY 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE: Santa Quin Utah	BIRTHPLACE: College Ward Utah
OCCUPATION: Merchant	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Ida

Filed 12/28 1920 E W Fox Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Illinois
County of DuPage } ss. JAN 21 11 26 AM '83

Certificate No. 86692
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Duke (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 27, 1920 (Date of Event)

in Moore (Butte) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Dretta LaVerne Duke~~

Subscribed and sworn to before me this 20th day of January, 1983.

Notary Public, Alice Mundt
Residing at Downers Grove, Ill.
My commission expires Jan 26, 1986
(Seal)

x Dretta Morgan
Signature of Applicant
9540 Hemmitta Brookfield, Ill.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Illinois
County of DuPage } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1983.

Notary Public, Alice Mundt
Residing at Downers Grove, Ill.
My commission expires Jan 26 1986
(Seal)

3 cc pd

Elvira Duke
Supporting Signature
2419 S 61st ave. Cicero Ill
Street Address, City, State

6.06 SC

Certificate of Blessing from LDS Church gives Dretta La Verne Duke daughter of Vernee Van Ausdal Duke and Mary Elizabeth Dowdle born December 27, 1920 at Moore was blessed April 3, 1921. Viewed by V.S.

JAN 28 1983

Certificate of Baptism from LDS Church gives Dretta La Verne Duke daughter of Vernee Van Ausdal Duke and Mary Elizabeth Dowdle born December 27, 1920 at Moore was baptised May 31, 1929. Viewed by V.S.

759-220-012-843

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 86693

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Perry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 20 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Edward Clarke Perry	FULL MAIDEN NAME: Betsy Jane Hutchinson
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White AGE AT LAST BIRTHDAY 27 (Years)	COLOR: White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE: Springville Utah	BIRTHPLACE: Lakeshore, Utah
OCCUPATION: Baggage man O.D.J.	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 74 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Ida

Filed 12-21 1920 E. W. Fox Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-211-009-231

PLACE OF BIRTH

Form V. S. No. II-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86695

County of Bonner

City of Sandpoint

Registration District No. 7P File No.

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Stottsberry.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	12 11 20

FATHER		MOTHER	
FULL NAME	Ralf Stottsberry	FULL MAIDEN NAME	Verda Mears
RESIDENCE	Spokane	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Brakeman	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7 40 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Anderson M.D.
(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 24 19 21 Floyd Allen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1966

168-225-009-265

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 61 Wilstrom St.

Hospital

Registration District No. 78 File No. 86697

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Arlene Sylvia Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Carl H Johnson	FULL MAIDEN NAME	Addaline Severson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Battle Lake Minn.
OCCUPATION	Timber Workman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint Idaho

Filed Jan 24 1921 Floyd G. Wendle Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

Canvas Co D

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of 72-125-013-753

City of

No. St.

Hospital

Registration District No. 58th

File No. 86714

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Charlie George Gaskill

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Perry L. Gaskill	FULL MAIDEN NAME	Florence Pick Gaskill
RESIDENCE	Blaine Idaho	RESIDENCE	Blaine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Geo W Peck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Fairfield Idaho

Filed Feb 14 1921 L Willencheck

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-113-01428 5

PLACE OF BIRTH

(11)

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma.

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 86715

Registered No. 112

Full Name of Child James Shelton Ware

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James R. Ware	FULL MAIDEN NAME	Mollie Shelton
RESIDENCE	Parma.	RESIDENCE	Parma.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Feb 7 1921 Lulu Walchop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86715

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ware (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1920 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Ware	James Shelton Ware

Subscribed and sworn to before me this 26 day of April, 19 70

Lee Pollard

Notary Public, residing at Parma Idaho

My commission expires Aug 9, 1972

(Seal)

X Signed Velma L. Hammons (old last name)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Wilder, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of April, 19 70

Lee Pollard

Notary Public, residing at Parma Idaho

My commission expires Aug 9, 1972

(Seal)

Signed Virgil Shipley (Signature of Any Credible Person)

Box 561, Parma, Idaho 83660

(Street Address, City, State)

FORM DH 60-155

CL 4/13/70 1 cc pd. rec. # 32653

Loyal Protective Life Insurance Company, Boston Massachusetts gives name as James S. Ware. Dated July 30, 1954. Signed by. R. M. DeWolfe. Viewed by V. S.

JUN 1 1970

Application for Membership to American Home Benefit Association, Inc. Boise, Idaho. gives child's name as James Shelton Ware, born Dec. 13, 1920. Viewed by V. S.

241-218-014-666

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma 6 mi N

Registration District No. 3

File No. 86716

No. ..... St.

Primary Registration District No. 2007

Registered No. 113

Hospital .....

FULL NAME OF CHILD LARNA GWENDOLA Smallwood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Dec 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Smallwood	FULL MAIDEN NAME	Mellie Wood
RESIDENCE	Parma 6 mi N.	RESIDENCE	Parma 6 mi N.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nyssa Ore.

Registrar

Filed 2-1-1921 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri }
County of Wright } ss.

Certificate No. 86716

Date Filed 11-7-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Larna Gwendola Smallwood (Name on Original Certificate) who was Born (Was Born or Died) on 12-18-1920 (Date of Event)
in Canyon Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Larna Gwendola Smallwood

Subscribed and sworn to before me this
day of 11-7-42, 1942
J.W. Stephens
Notary Public, residing at Mtn Grove, Mo.
My commission expires March 14th, 1943
(Seal)

Signed Mrs Grace Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Caldwell, Ida, R-1-Box 25
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri }
County of Wright } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of Nove., 7th, 19 42
J.W. Stephens
Notary Public, residing at Mtn Grove, Mo
My commission expires March 14th, 1943
(Seal)

Signed Ida Woome
(Signature of Any Credible Person Other Than Previous Year)
Caldwell Idaho
(Street Address, City, State)
R.1. Box 25

NOV 1 2 1946

359-126-014-613

PLACE OF BIRTH AMENDED MAY 28, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. 6 Mi. N.W. St. | Registration District No. 3 | File No. 86718

Hospital | Primary Registration District No. 2007 | Registered No. 115

FULL NAME OF CHILD Roscoe Victor Leigh
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 26, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: George Leigh	FULL MAIDEN NAME: Editha Walberg
RESIDENCE: Parma, Idaho	RESIDENCE: Parma, RFD
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) J. J. Sarazin

Physician (Physician or midwife)

Address Nyssa, Oregon

Filed 2-1 1921 Lula Naldrop Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 86718
Date Filed Feb. 1, 1921

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lenine Victor Leigh (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1920 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Air Force Discharge (Bible Record, Insurance Policy, Etc.) prepared on July 26, 1945 (Give Date) ~~April~~ are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lenine Victor Leigh	Roscoe Victor Leigh

Subscribed and sworn to before me this 26 day of May 1954
Kenneth Pond
Notary Public, residing at Nyssa, Oregon
My commission expires April 15, 1955
(Seal)

Signed J. Marcus M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Nyssa Ore
(Street Address, City, State)
402 Park Ave

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May 1954
Kenneth Pond
Notary Public, residing at Nyssa, Oregon
My commission expires April 15, 1955
(Seal)

Signed Mrs. Gilbert Patterson
(Signature of Any Credible Person)
R#1, Nyssa, Ore.
(Street Address, City, State)

DPH 52-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. 6 mi N.W.

Registration District No. 8

File No. 86718

Primary Registration District No. 2007

Registered No. 115

Hospital

FULL NAME OF CHILD Lenine Victor Leigh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Dec 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Leigh	FULL MAIDEN NAME	Editha Walberg
RESIDENCE	Parma R.F.D.	RESIDENCE	Parma R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Sarazin

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nyssa Ore

Filed 2-1 1921 Lulu Waldrop

Registrar

Registrar

MAY 22 1964

JUN 2

963-228-014-814

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 86724

Primary Registration District No. 2007 — Registered No. 6

Full Name of Child Remona Marie Rockwood

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elward Rockwood	FULL MAIDEN NAME	Mable Hammond.
RESIDENCE	Parma RD.	RESIDENCE	Parma RD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 2 4 1921 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-202-016-219 (1)

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

86728

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXIII

Primary Registration District No. 2199 Registered No. 9

FULL NAME OF CHILD Marion Berrett Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Hunter	FULL MAIDEN NAME	Isabelle Barett
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson
(Physician [redacted])

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 2/1 1924 A. F. Nielson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: /

County: Cassia

File Number: .....

Registration Dist. No. .....

Sex of Child: Female

Date of Birth April 2 1920.

Father: Lewis Franklin Hunter
Full Name

Mother: Sarah Isabelle Berrett
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marion Berrett Hunter
Child's Name in Full

S. Isabelle Hunter
Signature of Father or Mother

YEAR: 1920

FILE # 86738

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-86738 A & B TWINS

266-126-014 sent card inquiry for na[illegible] -21-
266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. U.S.R.S. Camp. St.

Hospital Home

Registration District No. 1, 8 File No. 86738A

Primary Registration District No. 2005 Registered No. 295

FULL NAME OF CHILD Burke Vere Sower

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Second	Yes	Dec. 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Forrest L. Sower	FULL MAIDEN NAME	Lillian K. Swope
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	Water-master	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:16 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] WILLIAM WALDO BAUER

M.D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Box 17 - WILDER, IDAHO -

Filed Jan. 16 - 1921 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1958

DR. S. J. MEYER
CALDWELL, IDAHO

FOR State Board of Health DATE 2-9- 19 21

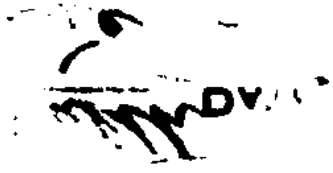
ADDRESS Boise - Idaho -

℞ An receipt of Birth Certificates of the Sower Twins - I sent the parents two stamped addressed return postal cards. for their names, & date I have received nothing -
You will note my memorandum on top of both birth certificates with dates when sent -
Yours respect.

SERVICE HARMON THE DRUGGIST CALDWELL IDAHO

M. D.

U. S. REG. NO.



266126 - Sent Card inquiry for name 1-16-21

Form V. S. No. 11-C-35m-7-21-19

PLACE OF BIRTH

-014-266

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 86738 B

No. U.S.R.S. Camp St.

Primary Registration District No. 2005 Registered No. 294

Hospital Home

FULL NAME OF CHILD Irwin Sawer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		1st	Yes	Dec. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Forrest L. Sower	FULL MAIDEN NAME	Lillian K. Swope
RESIDENCE	Wilder	RESIDENCE	Wilder.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Michigan	BIRTHPLACE	Pennsylvania
OCCUPATION	Water master	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) WILLIAM WALDO BAIER

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Box 17 WILDER, IDAHO

Filed Jan. 16 - 1921 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

April 14, 1921.

Mr. Forrest Bower,
Wilder, Idaho.

Dear Sir:

Certificates of birth of your twin children have been filed in this office. The records are incomplete in view of the fact that no information has been given as to the name of each of these children. Will you kindly indicate the name given the child born ar 9:15 and the one born at 9:16 in order that we may complete our records.

Thanking you for your immediate attention to this matter, I am,

Very respectfully,

F. W. Almond, Medical Advisor.

DEC 1 1930

449-130-014-445

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86739

County of Canyon

City of Wilder

Registration District No. 3

File No.

No. St.

Hospital Home

Primary Registration District No. 2005 Registered No. 293

FULL NAME OF CHILD Clarence Russel Tremplay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug	30	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Tremplay	Alice Hannagan
RESIDENCE	Wilder Idaho	Wilder Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	18
BIRTHPLACE	Salt Lake U.	Iowa Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W B Brock M.D.
(Physician or midwife)

Address Wilder Ida.

Filed Jan. 11 1921 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-120-025-261

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 86813

No. ..... St.

Primary Registration District No. 2181 Registered No. 1

Hospital .....

FULL NAME OF CHILD Laurence Wilfred Byrne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Henry Byrne	FULL MAIDEN NAME	Ruth Elizabeth Swatman
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Arden Nebr.	BIRTHPLACE	Hamburg Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Grangeville Idaho

Filed Feb 1 1921 G. S. Stockton Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466/24'025-959

3

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 1 86815

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harvey Alvin Downer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Leroy Downer	FULL MAIDEN NAME	Gillian Amy Reid
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Kootenai Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Jany 4 1921 H. W. Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 0 19..

299-130-027-797

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86818

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Earl Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Wm Bird	FULL MAIDEN NAME	Alma Agnes Gipson
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

Jerome Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Jerome Ida

Filed Jan 17 1921 E. D. Piper M.D.
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 15 1 12 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 86818

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Unnamed Bird, (male) who was born on Sept. 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Earl Eugene Bird

Subscribed and sworn to before me this 14 day of July, 19 75

Eugene H. Stengel

Notary Public, residing at Twin Falls, Idaho

My commission expires 11-18-78

(Seal)

Signed Alma Agnes Bird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Firth, Idaho 83236
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of July, 1975

Eugene H. Stengel

Notary Public, residing at Twin Falls, Idaho

My commission expires 11-18-78

(Seal)

Signed Mrs. Spencer Lawshe (Elsie)
(Signature of Any Credible Person)

305 2nd Ave. East
Jerome, Idaho 83338
(Street Address, City, State)

FORM DH 40-155 CL 4/29//74

JUL 2 1 1975

Certificate of Award for Neither Tardy Nor Absent gives name as Earl Bird, dated Feb. 1929. viewed by V. S.

Report Card for 1928-1929 gives name as Earl Bird (third Grade. teacher's name as Vera B. Romaine. viewed by V. S.

268-221-27275

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86820

Primary Registration District No. 1917-2017 Registered No. ____

Full Name of Child Boyd Pearl Pauline

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Oct 21 1920

FATHER

FULL NAME O. E. Boyd

RESIDENCE Jerome.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Arkansas.

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Martha Pearl Spencer

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 52 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed Jan 9 1921 E. D. Piper M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1945

762-129-027-635

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 86821

Primary Registration District No. 10-7-2017

Registered No. .....

Full Name of Child JAMES ORVILE Goble.

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct (Month) 29 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME James Franklin Goble.	FULL MAIDEN NAME Olive Fleeman
RESIDENCE Jerome.	RESIDENCE Jerome
COLOR White. AGE AT LAST BIRTHDAY 52. (Years)	COLOR W. AGE AT LAST BIRTHDAY 43. (Years)
BIRTHPLACE Ind.	BIRTHPLACE Kansas.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F. Zeller

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Jan 19 1921 E. D. Piper M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Lewis }

Certificate No. 2017
Date Filed 8682I

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Baby Goble (Name on original certificate) who was born (Was born or died) on Oct-29-I920 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth certificate (Bible record, insurance policy, etc.) prepared on October-7-I94I (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name		name
James Orville Goble	Baby Goble	James Orville Goble

Subscribed and sworn to before me this 10th
day of October, 1941

Notary Public, residing at Centralia,
My commission expires June-4-I943
[SEAL]

Signed James Orville Goble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

408-West Locust, Centralia, Wash/
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lewis }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of October, 1941

Notary Public, residing at Centralia,
My commission expires June-4-I943
[SEAL]

Signed Ollie Goble
(Signature of any credible person other than the previous affiant.)

408- West Locust, Centralia, Wash.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 16 1941

449-114027-546

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Registration District No. 28 File No. 86822

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vaughan Edwards Murphy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 14 1920

FATHER		MOTHER	
FULL NAME	Gordon F. Murphy	FULL MAIDEN NAME	Muriel Edwards
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, at 11 8 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) E. L. Berry MD

(Physician or midwife)

Address Hazelton Ida

Filed Jan 19 1921 E. D. Piper M.D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-222-027-718

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hagerman

Registration District No. 23

File No. 86823

No. ..... St. 1017

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Vetra Bruce

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 22 1920

FATHER

FULL NAME Allen O. Bruce

RESIDENCE Hagerman

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Miss.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hazel Payne

RESIDENCE Hagerman Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Miss

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry M D

(Physician or midwife)

Address Hagerman Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 19 1921

E. D. Pfost M.D.

Registrar

MAY 25 1943

264-131-027-296

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86824

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD ELLIS L. BODEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ellis Morgan Boden	FULL MAIDEN NAME	Sarah Branson
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 20/A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Jan 19 1921 E. D. Piper M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 86824

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Boden (Name on Original Certificate) who was born (Was Born or Died) on Aug 31, 1920 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ellis L. Boden

Subscribed and sworn to before me this 6th day of August, 1942

Henry W. Hyslop
Notary Public, residing at Probate Judge Cassia Co, Idaho

My commission expires
(Seal)

Signed Sara Bronson Boden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho RD#2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1942

Henry W. Hyslop
Notary Public, residing at Probate Judge Cassia Co, Idaho.

My commission expires
(Seal)

Signed E. L. Boden
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho RD#2
(Street Address, City, State)

AUG 10 1942

AUG 12 1942

FEB 19 1943

FEB 5 1949

415-126-027-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 86825

No. ..... St. 1017

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Dwight

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 26 1920

FATHER		MOTHER	
FULL NAME	James W. Davis	FULL MAIDEN NAME	Ethel Blakesburg
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.
(Physician or midwife)

Address Eden, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 19 1921

E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-115-027-614

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 86826

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jesse Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar A. Edwards	FULL MAIDEN NAME	Blanche Waddell
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. P. Scroggs M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eden, Idaho

Registrar

Filed Jan 19 1921 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

622-219-027-365

PLACE OF BIRTH

Amended May 25, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86827

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Wanda Maxene Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 19 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Robert M. Osborne	FULL MAIDEN NAME	Jessie Florence Lovell
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. F. Zeller

Physician (Physician or midwife)

Address Jerome, Idaho

Filed Jan. 19 1921 E.D. Piper, M.D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

child's baby book, shows name as Wanda Maxene Osborne, prepared on Nove. 3,1920, viewed by V.S.; Marriage License, gives name as Wanda Maxene Osborne, dated Dec. 4,1946, Ada Co. by Otto Peterson, recorder. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86827

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Wanda Maxine Osborne (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1920 (Date of Event) in Jerome (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Middle Name	Maxine	Maxene

Subscribed and sworn to before me this 22nd day of July, 1957

Estella H. Pearce
Notary Public, residing at Jerome Ida
My commission expires 4-22-58
(Seal)

Signed Mrs Robert Osborne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.2. Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of August, 1957

Estella H. Pearce
Notary Public, residing at Jerome Ida
My commission expires 4-22-58
(Seal)

Signed Ethel W Humphrey
(Signature of Any Credible Person)

Jerome. Idaho.
(Street Address, City, State)

FORM DPH 55.155

L 6-7-57 1 copy paid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86827

Primary Registration District No. 17-2017 Registered No. ____

Full Name of Child Wanda Maxine Osborne

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	May 19 1920

FATHER

FULL NAME Robert M. Osborne

RESIDENCE Jerome.

COLOR White. AGE AT LAST BIRTHDAY 42. (Years)

BIRTHPLACE Ill.

OCCUPATION Farming.

MOTHER

FULL MAIDEN NAME Jessie Florence Lovell

RESIDENCE Jerome.

COLOR White. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Ill.

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) Dr Chas F Zeller

Jerome Idaho (Physician or midwife)

Address .....

Filed Jan 12 1921 E. D. Piper m. D Registrar

MAY 25 1959

795-120-027.465

PLACE OF BIRTH

County of Ada

City of Jerome

No. ---- St.

Hospital ----

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86828

Primary Registration District No. 17-2017 Registered No. ----

Full Name of Child Green JAMES ROBERT GREEN

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Nov. 20 1920 (Month) (Day) (Year)	

FATHER	MOTHER
FULL NAME: Philip Green	FULL MAIDEN NAME: Irene Mary Donavan
RESIDENCE: Jerome.	RESIDENCE: Jerome.
COLOR: White. AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: New York.	BIRTHPLACE: Idaho.
OCCUPATION: Dentist	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 9 30 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F. Zeller

Jerome Idaho (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed Jan 17 1921 E. D. Spence M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86828

State of Idaho }
County of Elmore } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Robert Green (Name on Original Certificate) who was born (Was Born or Died) on November 20, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 8, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Robert Green

Subscribed and sworn to before me this 8
day of June, 1942

Notary Public, residing at Mtn. Home Ida

My commission expires 1/9/44
(Seal)

Signed Philo F. Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Box 425 Mtn. Home, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Elmore } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of June, 1942

Notary Public, residing at Mtn. Home Ida

My commission expires 1/9/44
(Seal)

Signed O E Cannon
(Signature of Any Credible Person Other Than Previous Year)

Mtn. Home, Idaho
(Street Address, City, State)

JUN 9 1942

669117-027-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Crome

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86829

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD James Madison Worthington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Sept (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Wendell Worthington	FULL MAIDEN NAME	Essalee Ramona Willey
RESIDENCE	Canada	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McKenzie MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed Jan 19 1921 E. D. P. Per M. D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

296-116-027-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86830

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Ashton Clark Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Oscar Brown	FULL MAIDEN NAME	Irene Blanch Wilson
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Shoshone, Idaho	BIRTHPLACE	Decatur, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Fauyer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 19 1921

E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1947

695-204-027-386

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86831

Primary Registration District No. 1017 Registered No. 204-7

FULL NAME OF CHILD Morgan Elaine Fowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 6 1920

FATHER

FULL NAME Elmer H Fowler

RESIDENCE Hazelton Ida

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kans

OCCUPATION Overseer on Highway Dist

MOTHER

FULL MAIDEN NAME Sally M Thompson

RESIDENCE Hazelton Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 AM. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Bray M D

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 18 1921

E. D. Pyle M D

Registrar

MAY 7 1974

419-109-027-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ferrand

City of Eden

No. ..... St.

Hospital .....

Registration District No. ..... File No. 86832

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Arthur James Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. Thomas Martin	FULL MAIDEN NAME	Nellie Henry
RESIDENCE	Eden, Ida.	RESIDENCE	Eden Ida
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30/A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton, Ida.

Filed Jan 19 1921 E. D. Piper M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1969

294-111-027-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 86833

No. ..... St. 1017

Primary Registration District No. 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edwin Henry Gerhard Bruns

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 11 1920

FATHER		MOTHER	
FULL NAME	John Bruns	FULL MAIDEN NAME	Sophie Biermann
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) E. L. Berry M D

(Physician or midwife)

Address Hazelton Ida

Filed Jan 12 19 24 E. D. Pifer M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

455-125-027 391

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hogelton

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86834

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Keith Seymour Mendenhall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seymour L. Mendenhall Jr	FULL MAIDEN NAME	Lulu Crandall
RESIDENCE	Hogelton Ida	RESIDENCE	Hogelton Ida
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hogelton, Ida.

Filed Jan 19 1924 E. D. Pfer MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/11/41 L. B.

NOV 24 1982

This certificate was changed in red pencil from Keith Crandall Mendenhall to Keith Seymour Mendenhall. The red pencil would not show up on the film. Therefore FC said to make it readable. The party had received a typed copy of the certificate from this office on June 5, 1941 that gave the name as Keith Seymour Mendenhall.

cted from employee's check? Amount _____

om employee's check? Amount _____

tax purposes? _____

their purposes. _____

_____

Signature _____

_____

---

lease list and give any cost) _____

_____

ound trip to and from work? _____
elated child care)

Signature _____

_____

389/25-027381

PLACE OF BIRTH

County of Grand

City of Hazelton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86835

Primary Registration District No. 2017 Registered No. 1017

FULL NAME OF CHILD Orville DeVoe Christopherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m				yes	Dec 25 1920

FATHER		MOTHER	
FULL NAME	Murdoch Christopherson	FULL MAIDEN NAME	Isabel Chadwick
RESIDENCE	Hazelton	RESIDENCE	Hazelton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A M. on the date above stated.

(Signature) E. E. Berry M.D.

(Physician or midwife)

Address Hazelton Ida

Filed Jan 19 1921 E. D. Pifer M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

853-126-027-252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome,

City of Jerome,

No. ..... St.

Hospital .....

Registration District No. 23 File No. 86837

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 26 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Helmick	FULL MAIDEN NAME	Susie Best
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 50 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

Jerome. Idaho.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Jan 19 1921 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 - HELMICK

MOTHER IS SUSIE WEST

493.219.027314

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 86838

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	Yes	Sept 19 20

FATHER	MOTHER
FULL NAME: Leslie R. Millsap	FULL MAIDEN NAME: Charlotte Landerback
RESIDENCE: Jerome Idaho	RESIDENCE: Jerome Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Washington
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1091 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. D. Lee M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Jan 19 1944 E. D. Lee M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-126-027-194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017

File No. 86840

Registered No. .....

FULL NAME OF CHILD Allen Tousey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mar 26 1920

FATHER		MOTHER	
FULL NAME	Ray a Tousey	FULL MAIDEN NAME	Andra Armstead
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Pierce M D

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 19 1924 E D Pierce M D

Registrar

NAME
CHANGE

DUP OF 20-287574

293-115-027-819

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 — File No. 86841

Primary Registration District No. 1017 2017 — Registered No. .....

FULL NAME OF CHILD Ivan Herbert Sillbaugh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		—	Yes	Oct 15 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Sillbaugh	FULL MAIDEN NAME	Phoebe Harrington
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

Jerome Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 19 1921 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 13 1958

417-213-027-8/6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-9-8-17

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 86842

Registered No. .....

FULL NAME OF CHILD ERMA LOIS MAXWELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Oct 12 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul M Maxwell	FULL MAIDEN NAME	Emerald Julia Hawley
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pfau M. D.

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 19 1921

E. D. Pfau M. D. Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86842

State of Colorado
County of Larimer } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Erma Lois Maxwell (Name on Original Certificate) who was born (Was Born or Died) on Oct 13th 1920 (Date of Event)
in Larimer Colorado (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, ~~Insurance Policy~~, Etc.) prepared on June 15th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Erma Lois Maxwell

Subscribed and sworn to before me this 15th day of June, 1942

W P Matthews
Notary Public, residing at Ft Collins Colo

My commission expires January 11th 1943
(Seal)

Signed Emerald Julia Maxwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Larimer } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1942

W P Matthews
Notary Public, residing at Ft Collins Colo

My commission expires January 11th 1943
(Seal)

Signed Paul M Maxwell
(Signature of Any Credible Person Other Than Previous Year)

Fort Collins Colorado
(Street Address, City, State)

JUN 17 1942

JUN 2 2 1942

318-13-0027-763

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital ..... William Hammond

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017 201

File No. 86843

Registered No. .....

FULL NAME OF CHILD ..... Sadock Taylor Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Oct 31 1920

FATHER		MOTHER	
FULL NAME	William Howard Taylor	FULL MAIDEN NAME	Ruby Poleon
RESIDENCE	Jerome	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

Jerome Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 9 1921 E. D. Piper M.D. Registrar

K.

OCT 6 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23-205-027-893

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 23 — File No. 86844

Primary Registration District No. 1017 2017 — Registered No. .....

FULL NAME OF CHILD Ardis Opal Blaney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Nov 5 1920

FATHER		MOTHER	
FULL NAME	Clarence F Blaney	FULL MAIDEN NAME	Eula Hilton
RESIDENCE	Jerome Ida.	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Proprietor Pool Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 19 1921 E. D. Piper M.D.

Registrar

753-228-027-993

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton Ida

Registration District No. 23 File No. 86845

No. ____ St.

Primary Registration District No. 1017 2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD Helen Margaret Peck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Nov 28 1920

FATHER

FULL NAME C. Walter Peck

RESIDENCE Hazelton

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Illinois

OCCUPATION Lumber dealer

MOTHER

FULL MAIDEN NAME Claire Richards

RESIDENCE Hazelton Ida.

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Mont.

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 40 P M. on the date above stated.

(Signature) E. L. Barry M D

(Physician or midwife)

Address Hazelton Ida.

Filed Jan 20 19 21 E. D. Piper M. D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1974

795-224-027-386

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 — File No. 86846

Primary Registration District No. 1017-2017 — Registered No. .....

Full Name of Child Prentiss

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct 24 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frank Dubois Prentiss	FULL MAIDEN NAME: Lillie Rebecca Thompson
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: S Dakota	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C F Zeller

Jerome, Ida (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Jan 20 1921 — E D Piper M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

289 33-027-643

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 86847

Primary Registration District No. 1017 2017

Registered No. ____

Full Name of Child ~~Echol Havano~~ NAOMI Phillington

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Oct. 31 1920

FATHER

FULL NAME Roy H. Phillington

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Canada

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martha Ellen Fulkerson

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Arkansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F Fuller

Jerome Idaho
(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____
Registrar

Filed Jan 20 1921 E. D. Peterson M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 86847

County of ..... } FEB 8 1943 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edith Naiano	Edith Naomi Shillington

Subscribed and sworn to before me this 3rd day of February 1943

William G. Comstock

~~Notary Public~~, residing at Jerome Idaho

My commission expires 1-4-45

(SEAL) Probate Judge & Ex-Officio Clerk

Signed Roy H Shillington

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....

(STREET ADDRESS, CITY, STATE)

My commission expires .....

(SEAL)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 26 1981

FEB 9 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-207-027-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 86848

No. Name added 5-14-79 St.

Primary Registration District No. 1017-2017

Hospital Registered No.

FULL NAME OF CHILD Inez Marjorie Walters

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 7 1920

FATHER	MOTHER
FULL NAME David Walters	FULL MAIDEN NAME Stella May Prentice
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE S. Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10. P. M. 30 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 20 1921

E. D. Piper M. D.

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 2 36 PM '79

State of Idaho
County of Jerome } ss.

Certificate No. 86848
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Walters (Female) who was born on Oct. 7, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Jerome (Jerome) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Walters	Inez Marjorie Walters

Subscribed and sworn to before me this 13th day of March, 19 79.

Notary Public, Susan Brooks

Residing at Jerome Idaho

My commission expires 4-16-1980

(Seal)

Stella Walters
Signature of Applicant

439 N. Tillmore Jerome, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-20-79

MAY 15 1979

546130-027-412

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86851

1017

Primary Registration District No. 2017 Registered No. .....

FULL NAME OF CHILD LaVERL MASON Edwards

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Dec 30 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hays Ander Edwards	FULL MAIDEN NAME	Rozana Mason
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5a M. on the date above stated.

(Signature) E. D. Piper M.D.

Jerome Idaho
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 20 1921

E. D. Piper
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 86851

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laverne Mann (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or [illegible]; and that, to the best of his knowledge, the
true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on 6/5/1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	LaVerne Mann	LaVerl Mason Edwards

Subscribed and sworn to before me this 16th
day of May 1942
Estella H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 23, 1946
(Seal)

Signed Rosella Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome, Idaho R#1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome, } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of May 1942
Estella H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 23, 1946
(Seal)

Signed Ethel Bancs
(Signature of Any Credible Person Other Than Previous Year)
Jerome, Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 419-215-027-415

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 86852

Primary Registration District No. 1017-2017 Registered No. .....

Full Name of Child Humphrey Maridel

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	Oct. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Wahlon Humphrey	FULL MAIDEN NAME	Ethel Willamette Davis
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 40 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller

Jerome, Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Jan 20 1921 E. D. Piper M. D.

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 86842

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Maridel Humphrey

Subscribed and sworn to before me this 8th day of May, 1943

[signature]

Notary Public, residing at Jerome, Ida

My commission expires July 14-1944

(Seal)

Signed G. M. Humphrey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. 2. D 2 Jerome, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

DEC 1 1 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-118-027-153

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86853

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St. Primary Registration District No. 1017 2017 Registered No.

Hospital

FULL NAME OF CHILD Howard Samuel Shoemaker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Dec 18 1920

FATHER

FULL NAME Samuel J. Shoemaker

RESIDENCE Jerome Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marie Jelsma

RESIDENCE Jerome Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) E. D. Spencer M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Jan 20 1921 E. D. Spencer M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

AUG 16 1957

395-123-027-315

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 86854

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lindley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Dec 23 1920

FATHER		MOTHER	
FULL NAME	G. M. Lindley	FULL MAIDEN NAME	Susie Langwell
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hes Loudek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Jan 19 1924 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-206-

PLACE OF BIRTH

028-96 6

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 86855

Primary Registration District No. 1061 Registered No. 876

Full Name of Child _____

SEX OF CHILD: Female	Twin, Triplet or other? one (To be answered only in event of plural births) and Number in order of birth: one	Legitimate? yes	DATE OF BIRTH: Aug (Month) 6 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Jacob Wayne Leuty	FULL MAIDEN NAME: Drusilla Edorl Rowden
RESIDENCE: Sand Point Ida.	RESIDENCE: Sand Point Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oklahoma
OCCUPATION: Rancher.	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Coeur d'Alene Ida

Filed Jan 4 1921 D. D. Drenna

Registrar

OCT 29 1974

LENTZ

NOT

236-231-028-617

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 30 File No. 86856

No. ..... St.

Primary Registration District No. 1057 Registered No. 874

Hospital ..... Eredyn Idella

FULL NAME OF CHILD ~~Goodwin~~ Stowasser.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes.	Dec 31 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph J Allen Stowasser	FULL MAIDEN NAME	Emma Wagner
RESIDENCE	Coeur d Alene Ida.	RESIDENCE	Coeur d Alene Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeldre M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur d Alene Ida

Filed Jan 4 1921 D D Drennan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1952

253-109028-613

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 86858

Primary Registration District No. 1051 Registered No. 872

Full Name of Child William Daniel Secaur

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Dec 9 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Warren F Secaur	FULL MAIDEN NAME Bertha Florence Wachter
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White — AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Washington
OCCUPATION Lumber Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d Alene Ida

Filed Jan 4 1921 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-223-028-465

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 30 — File No. 86859

Primary Registration District No. 1051 — Registered No. 871

Full Name of Child Patricia Elma Dakes.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	one	yes	Dec 23 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Frank Dakes.	Mary Ella Monaghan
RESIDENCE	Saskatchewan Can	Cataldo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Idaho.	Alpena Mich
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden M.D.
Physician
(Physician or midwife)

Address Coeur d'Alene Ida

Filed Jan 4 1921 D. D. Drennan
Registrar

Given names added from a supplemental report.

_____ 19____
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1966

793.107.028-296

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 30 File No. 86860

No. ..... St.

Primary Registration District No. 1031 Registered No. 870

Hospital .....

FULL NAME OF CHILD Dallas Fitzer Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Dec 7. 1920

	FATHER	MOTHER
FULL NAME	Dallas Fitzer	FULL MAIDEN NAME Renee Croyon
RESIDENCE	Coeur d'Alene, Ida.	Coeur d'Alene, Ida
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	23	23.
BIRTHPLACE	Oregon.	Montana.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John N. Wood

(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 4 1921 D.D. Drennan

Registrar

AUG 2 7 1971

319-122-028-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 30 File No. 86861

No. ..... St.

Primary Registration District No. 1057 Registered No. 869

Hospital .....

FULL NAME OF CHILD Melvin LeRoy Caryl

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy McCaryl	FULL MAIDEN NAME	Maude Whistler
RESIDENCE	728 - 2nd St. Coeur d'Alene Ida.	RESIDENCE	728 - 2nd St. Coeur d'Alene Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39.	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Evans M.D. Co. Ins.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Jan 4 1921 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259/22.028-251

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Registration District No. 30 File No. 86862

No. 728-N-2nd St.

Primary Registration District No. 1057 Registered No. 868

Hospital

FULL NAME OF CHILD John Irving Kerl

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth Dec 22 (Month) (Day) 19 20 (Year)

FATHER

FULL NAME Thomas P. Kerl.

RESIDENCE Coeur d'Alene, Ida.

COLOR White. AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE N. York

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lora M. Beach.

RESIDENCE Coeur d'Alene Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Minnesota.

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. John L. Wood

M. D.

(Physician or midwife)

Address Coeur d'Alene Ida

Filed Jan 7 1921 D. D. Drenna

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1976

419-121-028-135

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 86863

No. ..... St.

Primary Registration District No. 1057 Registered No. 867

Hospital .....

FULL NAME OF CHILD Dennis Leroy Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Dec. 21 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Frank Martin	FULL MAIDEN NAME Pearl Alexander
RESIDENCE 1613 Coda St. Coeur d'Alene Ida	RESIDENCE 1613 Coda St. Coeur d'Alene Ida
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Setter Saw Mill	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. T. Wood, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Jan 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-106-028-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 30 File No. 86864

No. ..... St.

Primary Registration District No. 1051 Registered No. 866

Hospital .....

FULL NAME OF CHILD Connie Donald Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Dec. 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cornelius Peterson	FULL MAIDEN NAME	Margaret Bailey
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	So. Dakota
OCCUPATION	Sawyer Lbr Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John D. Wood
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Ida

Registrar

Filed Jan 4 1921 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-124-028-363

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital Coeur d'Alene Hospital

Registration District No. 30

Primary Registration District No. 1057

File No. 86865

Registered No. 865

FULL NAME OF CHILD Fenimore Cady Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Dec (Month) 24 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fenimore Cady	FULL MAIDEN NAME	Ruth Lockwood.
RESIDENCE	C. d'A.	RESIDENCE	C. d'A.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kyoto - Japan.	BIRTHPLACE	New York
OCCUPATION	Timekeeper Rutledge Timb. Co	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alexander Barclay

M.D.
(Physician or midwife)

Address Coeur d Alene. Ida

Filed Jan 7 1921 D D Drenna
Registrar

S-Y-CO 38071

Certified Copy issued Jan. 13, 1941. E.W.

235-222-028-364

PLACE OF BIRTH

V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 86866

No. 20 Garden St.

Primary Registration District No. 1051 Registered No. 864

Hospital C.D.A.

FULL NAME OF CHILD Mary Alice Sleicher

Sex of Child female | Twin Triplet or other? — and Number in order of birth 1st. (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Ernest Sleicher	FULL MAIDEN NAME	Winifred Jane Coumbs
RESIDENCE	Coeur d'Alene Id.	RESIDENCE	Coeur d'Alene Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Grafton, N. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~[illegible]~~ Alive (Born alive ~~or stillborn~~), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. T. Wood.
M D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Coeur d'Alene Ida

Filed Jan 4 1921 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-211.028-414

PLACE OF BIRTH

[redacted] STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 86867

No. 2a Garden St.

Hospital C. D. A. Hosp. Primary Registration District No. 1051 Registered No. 863

FULL NAME OF CHILD Betty Mary Ostrom.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	—	1st	yes	12 11 1920

FATHER		MOTHER	
FULL NAME	Milton E. Ostrom.	FULL MAIDEN NAME	Ethel Vera Maddox.
RESIDENCE	Coeur d'Alene. Idaho	RESIDENCE	Coeur d'Alene. Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Duluth. Minn.	BIRTHPLACE	Wilbur Wash.
OCCUPATION	Mechanic.	OCCUPATION	Housewife.

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.36 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Ward.
M.D.
(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

19

Registrar

Filed Jan 4 1921 D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

217-208-028-136

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene. Registration District No. 30 File No. 86868

No. ..... St.

Primary Registration District No. 7057 Registered No. 858

Hospital .....

FULL NAME OF CHILD ~~Hoffman~~ RORENE ELLEN Sage.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Dec 8 1920

FATHER		MOTHER	
FULL NAME	Wesley Sage.	FULL MAIDEN NAME	Ellen Atwood.
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Missouri
OCCUPATION	Lumber Worker	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 12. o'clock M. on the date above stated.

(Signature) D D Drennan M D.

(Physician or midwife)

Address Coeur d Alene Ida

Filed Jan 14 1921 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 86868

State of Washington }
County of Pend Oreille } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Name on original - RoRein (Name on Original Certificate) who Born Dec. 8-1920 (Was Born or Died) on (Date of Event)
in Rorene Ellen Coeur d. Alene Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knoledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	RoRein	Rorene Ellen Sage

Subscribed and sworn to before me this 21st
day of August 1942

J.F. Lavigne
Notary Public, residing at Cusick Wash.
My commission expires June 25-1946
(Seal)

Signed Ellen Jane Sage (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cusick wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Pend Oreille } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of August, 1942

J.F. Lavigne
Notary Public, residing at Cusick, wash.
My commission expires June 25-1942
(Seal)

Signed W. E. Sage (Father)
(Signature of Any Credible Person Other than Previous Year)

(Street Address, City, State)

AUG 24 1942

AUG 3 1 1942

466124-028-847

~~PLACE OF~~ BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. _____ St.

Hospital _____

Registration District No. 30

Primary Registration District No. 1051

File No. 86869

Registered No. 862

Full Name of Child KENNETH OLIVER Downing

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov (Month) 24 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Howard W Downing	FULL MAIDEN NAME Georgia Mae Lee Hupp
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE California
OCCUPATION Teller in Lumber mill	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physicians (Physician or midwife)

Address Coeur d Alene Ida

Filed Jan 4 1920 D D Drennan Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 30369

Date Filed Apr 1 1942

The undersigned does solemnly swear that certain facts on the certificate of ~~(BIRTH OR DEATH)~~

for Downing (NAME ON ORIGINAL CERTIFICATE) who ~~(WAS BORN OR DIED)~~ on Nov 24 1920 (DATE OF EVENT)

in Coeur d'Alene Ida. (PLACE OF EVENT) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", ~~"BIRTH DATE"~~, ~~"CAUSE OF DEATH"~~, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Downing	Kenneth Oliver Downing

Subscribed and sworn to before me this 9th day of April, 1942

W. F. Baker

Notary Public, residing at Post Falls

My commission expires April 1 1942

(SEAL)

Signed Howard W. Downing

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Father

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 1942

W. F. Baker

Notary Public, residing at Post Falls

My commission expires April 1 1946

(SEAL)

Signed Mrs Howard Downing (Mother)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAY 20 1966

AUG 15 1949

795-208-028-261

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 30 File No. 86870

No. ..... St.

Primary Registration District No. 1051 Registered No. 861

Hospital .....

FULL NAME OF CHILD Catherine Wilma Green.

Sex of Child Female. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas Green	FULL MAIDEN NAME	Mamie Swafford.
RESIDENCE	Coeur d Alene Ida.	RESIDENCE	Coeur d Alene Ida.
COLOR	W. AGE AT LAST BIRTHDAY 33. (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Idaho.
OCCUPATION	Cook.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d Alene Ida

Filed Jan 7 1921 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-202-028-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 86871

No. ..... St.

Primary Registration District No. 1057 Registered No. 860

Hospital .....

FULL NAME OF CHILD Elizabeth Jernet Larson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.				Yes	Oct. 2. 1920

FATHER		MOTHER	
FULL NAME	Christian Larson	FULL MAIDEN NAME	Leola E. Miller
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Jan. 4 1921 D D Drenna
Registrar

215-204-028-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 86872

No. ..... St.

Primary Registration District No. 1051 Registered No. 859

Hospital .....

FULL NAME OF CHILD Esther Jane Banka

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem.		Yes	Oct. 4. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George E. Banka	FULL MAIDEN NAME	Vona L. Thomas
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum, Ida.

Filed Jan 4 1921 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-101-028-165

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene. Registration District No. 30 File No. 86873

No. Nora & Linden St.

Hospital Primary Registration District No. 1037 Registered No. 858

FULL NAME OF CHILD Glendon James Norris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 1 — 1920

FATHER	MOTHER
FULL NAME Gilson Raymond Norris	FULL MAIDEN NAME Gertrude A James
RESIDENCE Nora & Linden ave	RESIDENCE "
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ind	BIRTHPLACE N. Dak
OCCUPATION Mill Hand	OCCUPATION H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 09 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Drennan MD
(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report.

19

Registrar

Filed Jan 4 1920 A D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-103-028-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 86874

No. 1018 - 7th St.

Primary Registration District No. 1051 Registered No. 898

Hospital

FULL NAME OF CHILD Dorothy Ann Kelly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John W Kelly	FULL MAIDEN NAME	Jeannette Fortin
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mich
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur d'Alene, Idaho

Filed Feb 4 1921 D D Drema Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DOROTHY
ON STONE

Form V. S. No. 27B—5M-12-11

96894

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City: Coeur d'Alene
- Street and House No.: 1018 7th
- County: Kootenai

Registered Number: 898

Registration District No.: 30

Sex of Child: Male

Date of Birth, Nov. (Month) 3 (Day) 1920 (Year)

Full Name Father: John Kelly

Full Maiden Name Mother: Jennette Forton

I HEREBY CERTIFY that the child described herein been named:

Dorthy Ann Kel (Given name in full) (Surname)

as reported by Mr & Mrs J. W. Kel (Father or Mother)

D D Drennan (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

389-212-028-962

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 223, Foster St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

86875

Registration District No. 30 File No.

Primary Registration District No. 1051 Registered No. 897

FULL NAME OF CHILD. Vera Ellen Tyree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec. 12 1920

FATHER

FULL NAME Christopher C. Tyree

RESIDENCE Coeur d'Alene Ida

COLOR W AGE AT LAST BIRTHDAY 60 (Years)

BIRTHPLACE Mo.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Mary F. Robinson

RESIDENCE Coeur d'Alene Ida

COLOR W AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Myers

Phys.

(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

19

Registrar

Filed Feb 4 1921 D D Brennan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Kootenai }

Certificate No. 86875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) birth for Veda Ellen Tyree (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 13, 1920 (DATE OF EVENT) in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 13, 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Veda Ellen Tyree

Subscribed and sworn to before me this 29th day of April, 1942

Robert K. Baker

Notary Public, residing at Coeur d'Alene

My commission expires January 2, 1943

(SEAL)

Signed Mary Francis Barbisan Tyree

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1625 5th St. Coeur d'Alene Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1942

Robert K. Baker

Notary Public, residing at Coeur d' Alene

My commission expires June 2, 1945.

(SEAL)

Signed Percy Earl Tyree

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1401 Park St. Coeur d'Alene Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By

(REGISTRARIC SIGNATURE)

152-124-028-212

Form V. S. No. 1-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 30 File No. 86895

Primary Registration District No. 1057 Registered No. 884

FULL NAME OF CHILD Edward Hobart Austine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec. 24. 1920

FATHER		MOTHER	
FULL NAME	Hobart G. Austine	FULL MAIDEN NAME	Bernice J. Baker
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Clerk N. P. Ry Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wess

Physician N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum Ida

Filed Feb 4 1921 D D Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-103-028-215

PLACE OF BIRTH

County of Kootenai

City of Post Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 30 File No. 86896

No. ____ St.

Primary Registration District No. 1057 Registered No. 883

Hospital ____

FULL NAME OF CHILD Gerald Lemont Benge

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 3 1920

	FATHER	MOTHER
FULL NAME	Fred L. Benge	FULL MAIDEN NAME Josephine Sanford
RESIDENCE	Post Falls	RESIDENCE Post Falls
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Sterling Colo.	BIRTHPLACE
OCCUPATION	Rancher	OCCUPATION House-Keeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

(Signature) F. L. McCauley

(Physician or midwife)

Address Post Falls Idaho

Filed Feb. 4 1921 D. D. Drennan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-202028-914

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 86897

No. ____ St.

Primary Registration District No. 1057 Registered No. 882

Hospital ____

FULL NAME OF CHILD Estella Elizabeth Schneider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 2 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. J. Schneider	Minnie Rauen
RESIDENCE	Post Falls	Post Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Wis	Wis
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F L McCauley (Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed Feb 4 1921 D D Drenna Registrar

S-Y-CO. 38071

MAY 31 1960

JUN 3 194z

367-203-028-653

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 30 File No. 86898

Primary Registration District No. 1057 Registered No. 881

FULL NAME OF CHILD Clara Belle Coppinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 3 1920

FATHER	MOTHER
FULL NAME J. E. Coppinger	FULL MAIDEN NAME Ruby Wellington
RESIDENCE Post Falls	RESIDENCE Post Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Valley Falls, Kansas	BIRTHPLACE Mich
OCCUPATION Farmer	OCCUPATION House-Keeper

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley (Physician or midwife)

Address Post Falls Ida

Filed Feb 4 19 21 D. D. Drenna Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-217-028-845

PLACE OF BIRTH

10

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86904

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 5

No. ..... St.

Primary Registration District No. 2204 Registered No. 16

Hospital

FULL NAME OF CHILD Ada Ruth Chisholm

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter A. Chisholm	FULL MAIDEN NAME	Ruth A. Huey.
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bruce County, Ontario	BIRTHPLACE	Spokane, Wash.
OCCUPATION	teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth six. Number of children of this mother now living, including present birth six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Jan 1 1920 J. M. Fenning Registrar

Registrar

S-Y-CO 38071

APR 15 1953

863-108028-693

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86905

Registration District No. 12 File No. 5

Primary Registration District No. 2204 Registered No. 15

FULL NAME OF CHILD Ray Cecil Holford

Sex of Child male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Chester Holford	FULL MAIDEN NAME	Hattie May Williamson
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Stevens County, Washington	BIRTHPLACE	Shoshone county, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50 A.M. on the date above stated.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake Idaho

Filed Jan 1 1920 J. M. Finney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1951

556-211-028-279

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86907

County of Kootenai

City of Harrison

Registration District No. 126 File No. 5

No. ..... St.

Hospital Lake View

Primary Registration District No. 2204 Registered No. 12

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	3	Yes	Dec 11 1920

FATHER	MOTHER
FULL NAME Albert Newton	FULL MAIDEN NAME Ruth Sprague
RESIDENCE Springston Idaho	RESIDENCE Springston Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Harrison Ida	BIRTHPLACE Wis
OCCUPATION Log Mill Employee	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Montmyer

Physician

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 1 1921

H. Finney

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The birth of this child
was premature — or
approximately six months
while born at 10 hrs. lived
only until about 1 PM

C E Worthyle M.D.

799-125-028-846

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86908

County of Kootenai

City of Harrison Registration District No. 126 File No. 5

No. ..... St.

Hospital Residence Primary Registration District No. 2284 Registered No. 14

FULL NAME OF CHILD Robert Howard Griffith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	no	Dec 25 1920

FATHER	MOTHER
FULL NAME Oscar H Griffith	FULL MAIDEN NAME Mary A Howe
RESIDENCE Harrison	RESIDENCE Harrison Id
COLOR W AGE AT LAST BIRTHDAY 40 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wis	BIRTHPLACE Wis,
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Montemyer Physician

(Physician or midwife)

Address Harrison Id

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 1 1921 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1 1951

7 195

168-103028-391

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86909

County of Kootenai

City of Harrison

No. Hospital St.

Hospital ✓

Registration District No. 126 File No. 5

Primary Registration District No. 2204 Registered No. 8

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? S and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Helmer Johnson	FULL MAIDEN NAME	Edith Crab Tree
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Wontenigtry

Temporary Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Harrison Ida

Filed Jan 1 1920 J. M. Thomas Registrar

Registrar

This birth was premature - 5 1/2 to 6 months

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-103-028-234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86910

County of Kootenai

City of Harrison

Registration District No. 156 File No. 5

No. ..... St.

Primary Registration District No. 2304 Registered No. 7

Hospital Residence

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	S		1	Yes	Dec 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Foskett	FULL MAIDEN NAME	Irene Scully
RESIDENCE	Harrison Id	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	MO	BIRTHPLACE	Lewiston Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Harrison Ida La

Filed Jan 4 1921 J. M. Finney Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-218-028-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86911

County of Kootenai

City of Harrison Registration District No. 12 6 File No. 5

No. ..... St.

Hospital Residence Primary Registration District No. 2214 Registered No. 13

FULL NAME OF CHILD CHRISTINA BELLE BAILLIE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S and	7	Yes	Dec 18 1920

FATHER		MOTHER	
FULL NAME	Alex Baillie	FULL MAIDEN NAME	Lena Rose
RESIDENCE	Harrison Id	RESIDENCE	Harrison Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Cruiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Address Harrison Ida

Filed Jan 1 19 21 J. H. Timmy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 86911

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baillie (Name on Original Certificate) who born (Was Born or Died) on Dec. 18, 1920 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on immediately after birth (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Christina Belle Baillie

Subscribed and sworn to before me this 13
day of July, 19 42.
M. A. Kiger
Notary Public, residing at Harrison
My commission expires 11/4/42
(Seal)

Signed Lena Baillie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Harrison, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of July, 19 42.
M. A. Kiger
Notary Public, residing at Harrison,
My commission expires 11/4/42
(Seal)

Signed Sanchie Baillie
(Signature of Any Credible Person Other Than Previous Year)
Harrison, Idaho
(Street Address, City, State)

JUL 17 1942

314110-028-852

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86912

County of Koatenai

City of Harrison

No. 2½ M S E St.

Hospital Residence

Registration District No. 126 File No. 5

Primary Registration District No. 2204 Registered No. 11

FULL NAME OF CHILD Not named Albert Gilbert Camm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	S		4	Yes	Dec (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. T. Camm	FULL MAIDEN NAME	Emily Hebden
RESIDENCE	2½ S.E. Harrison Id	RESIDENCE	2½ S.E. Harrison Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Jan 1 1921 J. W. Finney
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

The undersigned was not present at birth but was called at 3 PM a/c of retained placenta. There was no one with the mother except the Husband at time of birth. She suffered from Hemorrhage and hour glass Contraction

C. E. Winterfield, M.D.

293.209-028-413

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86913

County of Kootenai

City of Harrison

No. ..... St.

Hospital Lakeview

Registration District No. 126 File No. 5

Primary Registration District No. 2201 Registered No. 10

FULL NAME OF CHILD Nadine Ruth Bicknell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	1st	Yes	Dec 9 1920

FATHER		MOTHER	
FULL NAME	H. M Bicknell	FULL MAIDEN NAME	Sylvia V Mathews
RESIDENCE	Cornelius Point	RESIDENCE	Cornelius Point
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Maine	BIRTHPLACE	Wash
OCCUPATION	Truckman	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. E. Montgomery

Physician

(Physician or midwife)

Address Harrison Ida.

Filed Jan 1 1921 J. W. Kinney

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86913

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bicknell (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 9, 1920 (Date of Event)

in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on January 20, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nadine Ruth Bicknell

Subscribed and sworn to before me this 7 day of January, 1975

Max W. Jones

Notary Public, residing at 4300 Clara St. Cudahy

My commission expires April 13, 1977

(Seal)

Signed Sylvia V Amundson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4362 Clara St Cudahy Cal

(Street Address, City, State)

OFFICIAL SEAL

NOTARY PUBLIC —

LOS ANGELES C...

My Commission Expires May 26, 1975

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this third day of March, 1975

E. Brown

Notary Public, residing at 5740 E. Florence Av Bell Gardens Ca 90201

My commission expires May 26, 1975

(Seal)

Signed Henry H Bicknell

(Signature of Any Credible Person)

9238 La Docena Ln Pico Rivera, Ca

(Street Address, City, State)

FORM DH 60-155

CL 4/19/74

Transcript from North Idaho Junior College , Coeur d'Alene, Idaho gives name as Nadine Ruth (Bicknell) Ackerman. born Dec. 9, 1920. date ~~x~~ of Enrollment Sept. 8, 1966. viewed by V. S.

APR 21 1975

[illegible]

Certif. of Baptism from the Church of Immaculate Conception, Roslyn, Wash gives name as Nadine M. R. Bicknell child of Henry Bicknell and S. V. Mathews Bicknell. born Dec. 9, 1920. Baptized Feb. 23, 1941. viewed by V. S.

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST

A TICOR COMPANY

STATE OF CALIFORNIA }
COUNTY OF Los Angeles } SS.

On March 3, 1975 before me, the undersigned, a Notary Public in and for said State, personally appeared Henry W. Bicknell,

, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature

J.E. Osmond
Name (Typed or Printed)

OFFICIAL SEAL
J. E. OSMOND
NOTARY PUBLIC
LOS ANGELES COUNTY
My Commission Expires May 26, 1975

(This area for official notarial seal)

STAPLE HERE

STATE OF CALIFORNIA }
COUNTY OF Los Angeles } ss.

ON May 7, 1973

before me, the undersigned, a Notary Public in and for said State, personally appeared Sylvia V. Asmundsen,

personally known to me to be the person whose name is subscribed to the within Instrument, as a Witness thereto, who being by me duly sworn, deposes and says:

That she resides in Los Angeles, County

and that I was present and saw her sign

personally known to me to be the same person described in and whose name subscribed to the within and annexed Instrument as Part thereto, execute and deliver the same, and she acknowledged to said affiant that she executed the same; and that said affiant subscribed her name thereto as a Witness.

WITNESS my hand and official seal.

OFFICIAL SEAL
MAX W. JONES
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Apr 13, 1977

Max W. Jones
Notary Public in and for said State.

ACKNOWLEDGMENT—Witness—Wolcotts Form 262—Rev. 3-64
A SUBSIDIARY OF AMERICAN STATIONERY PRODUCTS CORP.

281-227-029-796 (1)

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

Registration District No. 68 File No. 86916

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Martha Shaw → Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fl.		Yes	12 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank E Shaw	FULL MAIDEN NAME	Bess L. Gifford
RESIDENCE	Juliaetta Ida	RESIDENCE	Juliaetta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed Jan 8 1920 R. F. Pepple

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

367-19-029-652

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 86918

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Carrol Cox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 19 1920

FATHER		MOTHER	
FULL NAME	William Cox	FULL MAIDEN NAME	Grace Nelson
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) W. A. Rothwell M.D.
(Physician or midwife)

Address Kendrick Idaho

Filed Dec 30 1920 R. F. Pepple
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-106
PLA[redacted]
035-319C

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Cameron

Registration District No. 68 File No. 86919

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Emil Ferdinand Fredrick Silflow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred. W. Silflow	FULL MAIDEN NAME	Iona Larson
RESIDENCE	Cameron Idaho	RESIDENCE	Cameron Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Washington (State)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed Dec 15 1920 R F Pepple

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

E OF BIRTH

NOV 2 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314113-029-691

PLACE OF BIRTH

County of Latah

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86926

Primary Registration District No. 1011 Registered No. 13

FULL NAME OF CHILD Robert William Lambert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 13 1920

FATHER		MOTHER	
FULL NAME	Robert Lambert	FULL MAIDEN NAME	Birdy Frame
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Domestic Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 3 20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adam

Moscow Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 31 1921 N. H. Carothers Registrar

414-220-029-165

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86929

Primary Registration District No. 1011 Registered No. 3

Full Name of Child Winifred ~~xx~~ Genette Maddox

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Dec 20 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. S. Maddox	FULL MAIDEN NAME	Letha M. Jones
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Minister	OCCUPATION	Hous wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Registrar

Filed Jan 27 1921 W. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OHIO } ss.
County of COLUMBIANA }

Certificate No. 86929

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Winifred P. Maddox (Name on Original Certificate) who born (Was Born or Died) on Dec. 20, 1920 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Nov. 24, 1930. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Winifred P.	Winifred ~~Pallan~~ Maddox
NORA GREENAWALT NOTARY PUBLIC MY COMMISSION EXPIRES JULY		Genette

Subscribed and sworn to before me this 1 day of October, 19 43

Nora Greenawalt

Notary Public, residing at Salem, Ohio

My commission expires July 6, 1946
(Seal)

Signed Mrs J. S. Maddox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

608 E. Second St., Salem, Ohio.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 19 43

Emma L. Dyer

Notary Public, residing at Yakima

My commission expires Jan. 30. 1944
(Seal)

Signed Cora J. Begg
(Signature of Any Credible Person Other Than Previous Year)

214 N. Hillcrest
(Street Address, City, State)
Yakima Wash

OCT 15 1945

343-123-029-791

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86930

County of Latah

City of Moscow

Registration District No. 101 File No.

No. 225 N Lily St.

Primary Registration District No. 1011 Registered No. 11

Hospital

FULL NAME OF CHILD Jack Culbertson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 23 1920

FATHER	MOTHER
FULL NAME: John Lester Culbertson	FULL MAIDEN NAME: Cora Ethel Bralin
RESIDENCE: 225 N. Lily St. Moscow Idaho	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Pennsylvania	BIRTHPLACE: Washington
OCCUPATION: Dry Cleaner	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Virgil M. Gilchrist

Physician
(Physician or midwife)

Address Moscow Idaho.

Filed Jan 27 1921 W. H. Carothers
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1960

APR 13 1962

666-224-029-213

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86931

Primary Registration District No. 1011 Registered No. 1

Full Name of Child Lorraine Marjorie Woody

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Dec 24 1920

FATHER		MOTHER	
FULL NAME	John L. Woody	FULL MAIDEN NAME	Martha W. Baldonis
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	U. S.	BIRTHPLACE	Wash
OCCUPATION	Sheriff Latah Co	OCCUPATION	Home Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 11 a- M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

_____ 19____ Registrar

Filed Jan 27 1921 W. H. Saunders Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K-

MAY 18 1944

814-102-029-619

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86936

Primary Registration District No. 1011 Registered No. 10

FULL NAME OF CHILD Oliver Levi Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 2 1920

FATHER		MOTHER	
FULL NAME	Geo. Hammond	FULL MAIDEN NAME	Hazel L. Warlick
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kans	BIRTHPLACE	Oreg.
OCCUPATION	R.F.D. Mail Carrier	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Jan 31 1921 N. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-226-029-413

PLACE OF BIRTH

County of Latah

City of Moscow RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 86937

Primary Registration District No. 1011 Registered No. 11

FULL NAME OF CHILD Helen Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Oct 26 1920

FATHER	MOTHER
FULL NAME: Clark Butler	FULL MAIDEN NAME: Cathrine Mattley
RESIDENCE: Moscow Idaho	RESIDENCE: Moscow Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: House Keeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Adair

Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 31 1921 W. H. Carruthers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-103-029-795

PLACE OF BIRTH.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 86938

No. ..... St.

Primary Registration District No. 1011

Registered No. 12

Hospital Dexter Drapes

FULL NAME OF CHILD Robert Drapes Grosecloss

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 3 1920

FATHER		MOTHER	
FULL NAME	J. Blaine Grosecloss	FULL MAIDEN NAME	Flora J. Pierce
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virg.	BIRTHPLACE	Minn.
OCCUPATION	Student	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Jan 31 1921 W. H. Carruthers
Registrar

APR 3 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26E/102.031-259 (6)

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 86959

No. Route 3 St.

Primary Registration District No.

Registered No. 118

Hospital

FULL NAME OF CHILD Charles Donald Booth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 25 1920

FATHER	MOTHER
FULL NAME Herbert Leslie Booth	FULL MAIDEN NAME Ida May Berry
RESIDENCE Nezperce, Ida	RESIDENCE Nezperce Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Cullyman Wash	BIRTHPLACE Nelson Ida
OCCUPATION Farmer	OCCUPATION Farmer's wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 2 30 P. M.

(Signature) John F. Gist M.D.

Nezperce Idaho
(Physician or midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

Filed 1-15 1921

Albert Huff
Registrar

S-Y-CO 38071

Form Y
OHA
NOV 21 1955
JUN 1 1966

345-112-031-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. Village St.

Registration District No. 47

File No. 86960

Primary Registration District No.

Registered No. 119

Hospital

FULL NAME OF CHILD Grover Cunningham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Donald Wayne Cunningham	FULL MAIDEN NAME	Emma Agnes Somers
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Nezperce Idaho (Physician or midwife)

Given names added from a supplemental report.

Address

19

Albert Huff Registrar

Filed 1-15 1921

Albert Huff Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 86960
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth (Birth or death)
for Grover Francis Cunningham (Name on original certificate) who was born (Was born or died) on Nov. 12 - 1920 (Date of event)
in Nez Perce - Idaho (Place of event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the true
facts as shown by Baptismal record (Bible record, insurance policy, etc.) prepared on Nov. 20 - 1920. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Nov. 11, 1920	Nov. 12, 1920

Subscribed and sworn to before me this 20th day of August, 1941

Notary Public, residing at Lewiston, Idaho

My commission expires 12/6-41

[SEAL]

Signed Dora W. Cunningham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Montana } ss.
County of Yale }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Aug., 1941

Notary Public, residing at Lewiston, Idaho

My commission expires 12/6-41

[SEAL]

Signed Lillie A. Johannsen
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

467-224-031-297

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. Village St.

Registration District No. 47

File No. 86961

Primary Registration District No.

Registered No. 120

Hospital

FULL NAME OF CHILD Thelma Isabell Doggett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec-24-1920

FATHER		MOTHER	
FULL NAME	William Alan Doggett	FULL MAIDEN NAME	Beulah Biggart
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nezperce Ida	BIRTHPLACE	Dayton Wash
OCCUPATION	Home House mom	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) John F. Gist M.D.

Nezperce Idaho
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address

Albert Huff Registrar

Filed 1-15 1921

Albert Huff Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1949

469-107-035-195 Name added 1/12/84 1h

Fo[redacted]m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Webb

Registration District No. 128 File No. 86965

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac or Vicinity

FULL NAME OF CHILD Carlos Lloyd Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	December 7th 1920

FATHER		MOTHER	
FULL NAME	Jesse Newton Morrison	FULL MAIDEN NAME	Argus Armer
RESIDENCE	Webb, Idaho	RESIDENCE	Webb, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Lewiston Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Jan 1921 George Gaignard M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of _____

Certificate No. 86965
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Morrison (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 7, 1920 (Date of Event)

in NezPerce County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's full name	omitted	Carlos C. Lloyd Morrison

Subscribed and sworn to before me this 11 day of JAN, 1984

Notary Public, [signature]
Residing at Connell
My commission expires 1-1-88
(Seal)

x Carlos Lloyd Morrison
Signature of Applicant

No Almory Connell Wa
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WA } ss.
County of Franklin

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of JAN, 1984

Notary Public, [signature]
Residing at Connell
My commission expires 1-1-88
(Seal)

x [signature]
Supporting Signature

_____
Street Address, City, State

wife in office 10-19-82 fc

JAN 12 1984

National Service Life Insurance - U.S. Veterans' Administration Washington, D.C.
Policy dated April 1, 1942 #1 665 864 name given as Carlos Lloyd Morrison.
Viewed by V.S.

Honorable Discharge papers from U.S. Marine Corps gives name as Carlos L. Morrison dated Dec. 3, 1946. Born Dec. 7, 1920 at Lewiston, Idaho.
Viewed by V.S.

699121-035-693

Form V. S. No. 11-C—20m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ..... St.

Hospital .....

Registration District No. 93 File No. 86966

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	4th	Yes	Dec 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Wright	Alice Walmate
RESIDENCE	Latah Co	Latah Co
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Idaho	Wisconsin
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F Baker M D
(Physician or midwife)

Address Southwick

Given names added from a supplemental report.

..... 19....
Registrar

Filed 1-25 1921 Daniel Lyle.
Registrar
Peck, Idaho.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-229-036-713.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added 7-16-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone Idaho

Registration District No. 26 File No. 86983

No. ..... St.

Primary Registration District No. 2069 Registered No. 251

Hospital .....

FULL NAME OF CHILD Barbara Hickman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 29 1920

FATHER		MOTHER	
FULL NAME	Warren Earl Hickman	FULL MAIDEN NAME	Alta Pack
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Snowville Utah	BIRTHPLACE	Deseret Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Tardleighman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Feb 2 1921 R. Maier M.P. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

JUN 30 8 47 AM '82

Certificate No. 86983
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hickman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-29-20 (Date of Event)
in Stone (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Barbara Hickman

Subscribed and sworn to before me this 7 day of June, 1982.
Notary Public, Barbara N. Jones
Residing at Bountiful Utah
My commission expires October 26, 1985
(Seal)

X Barbara H. Daley
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of June, 1982.
Notary Public, Barbara N. Jones
Residing at Bountiful Utah
My commission expires October 26 1985
(Seal)

Alta Jack Dickman
Supporting Signature

PO Box 631 Grouseville Utah 84326
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Barbara Hickman born 12-29-20 at Stone to W Earl Hickman and Alta Pack and was baptised 8-3-29. Viewed by V.S.

JUL 16 1982

Warranty Deed gives one of the tenants listed as Barbara H Daley for said property Book # 275 Page 603 Recorded at request of Barbara H Daley on 7-11-75. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-221-

PLACE OF BIRTH

037-695

County of Dwyhee

City of Grand View Valley

No. ✓ St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86984

Registration District No. 74 File No. 1

Primary Registration District No. 2151 Registered No. 1

FULL NAME OF CHILD Catherin May Foster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	August 21 1920

FATHER		MOTHER	
FULL NAME	Joseph Foster	FULL MAIDEN NAME	grace Orneby Foster
RESIDENCE	Grand View	RESIDENCE	Grand View Idaho.
COLOR	White	AGE AT LAST BIRTHDAY	34 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	farming	OCCUPATION	Home wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Eckenbeck M.D.
Physician
(Physician or midwife)

Address Grand View Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 18 1928 W.J. Eckenbeck
Registrar

S-Y CO. 20174

FEB 4 1953

393-213-037-689

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86985

County of Owyhee

City of Grand View Valley Registration District No. 74 File No. 1 *

No. ✓ St. Primary Registration District No. 2151 Registered No. 2

Hospital Home

FULL NAME OF CHILD Elma May Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Oct (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Cager Little	FULL MAIDEN NAME	Ethel White Little
RESIDENCE	Grand View, Idaho	RESIDENCE	Grand View, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1230 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Eikenbeck M.D.
Physician
(Physician or midwife)

Address Grand View, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 10 1920 W. J. Eikenbeck
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 12 1944

SEP 19 1975

795-214-037 445

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86986

County of Owyhee

City of Grand View Valley Registration District No. 74 File No. 1

No. V St. Primary Registration District No. 215-1 Registered No. 3

Hospital Home

FULL NAME OF CHILD Margarett Evalyn Gress.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.			yes	Oct 14 1920

FATHER		MOTHER	
FULL NAME	J. Leroy Gress	FULL MAIDEN NAME	Sady. Munger Gress
RESIDENCE	Grand View, Idaho.	RESIDENCE	Grand View Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	farming.	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11,15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Eckenbeck M.D.
Physician
(Physician or midwife)

Address Grand View Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 10 1920 W.J. Eckenbeck
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-212-037-814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86987

County of Owyhee

City of Grand View Valley Registration District No. 74 File No. 1

No. ¥ St. Primary Registration District No. 2151 Registered No. 4

Hospital Home

FULL NAME OF CHILD Helene Ruth Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec 12 1920

FATHER		MOTHER	
FULL NAME	Warner H Harris	FULL MAIDEN NAME	Edna J. Marsin Harris
RESIDENCE	Grand View Valley	RESIDENCE	Grand View Valley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado.
OCCUPATION	Farming	OCCUPATION	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Erkenbeck. M.D.

(Physician or midwife)

Address Grand View Idaho.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Jan 10 1920 W. J. Erkenbeck.
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 86987

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Harris (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1920 (Date of Event)

in Grandview Valley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Harris	Helene Ruth Harris

Subscribed and sworn to before me this 7th day of March, 1975

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Nellie E. Larsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Grandview High School Diploma gives name as Helen Ruth Harris graduated May 23, 1940 Charles Thomson, President of School Board, Earl E. Hicks, Principal. Viewed by V.S.

MAR 7 1975

Marriage Certificate gives name of groom as Charles Clark Thomson and Bride as Helene Ruth Harris. Married November 5, 1942 in Grandview, Idaho. Viewed by V.S

Family Record book gives name as Helene Ruth Harris married to Charles Clark Thomson and mother of Helene Ruth Harris is listed as Edna Jane Harsin married to Warner Henry Harris, Record Obviously old.
Viewed by V.S.

663-220-037-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86988

County of Owyhee

City of Grand View Valley Registration District No. 74 File No. 1

No. 6 St. Primary Registration District No. 2101 Registered No. 5

Hospital Home.

FULL NAME OF CHILD Doney Perlene Wolfe

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.			yes	Dec 20th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Franklin Wolfe	Josie May Sams.
RESIDENCE	Grand View Valley Idaho.	Grand View Valley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Tenn.	Oregon.
OCCUPATION	farming	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Eckenbeck M.D.
(Physician or midwife)

Address Grand View Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 10 1921 Wm. J. Eckenbeck
Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1943

691-23-038-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Registration District No. 51

File No. 86990

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD James J. Frazier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	James Frazier	FULL MAIDEN NAME	Dewey M. Shearer
RESIDENCE	Near Fruitland Ida	RESIDENCE	Near Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, at 2 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. [illegible]
Physician
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed Jan 10, 1921 C. C. Payton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

4 19 73

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS

APR 19 10 36 AM '73

State of Idaho
County of Ada } ss.

Certificate No. 86990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Frazier (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1920 (Date of Event)
in Payette, County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	James J. Frazier

Subscribed and sworn to before me this 19th day of April, 1973

Glenda Mae Larson

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Dan B Curtis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3709 Woody Dr Boise

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Oregon School Bus Driver's License date issued Sept. 6, 1963 date expired July 1, 1965 Polk County, Oregon School Dist. No. 2 gives name as James J. Frazier.

Viewed by VS

APR 19 1973

JS Army Discharge - discharged August 26, 1945 signed by William Gramlich Major AGD gives name as James J. Frazier Sgt. 20 947 439 Service Command Unit # 3954.

Viewed by VS

249-226-044-265

Form V. S. No. 11-C--25m-7-21-19

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E. Cm. St.

Hospital

Registration District No. 86 File No. 87027

Primary Registration District No. 1010 Registered No. 5

FULL NAME OF CHILD Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec 26 1920

FATHER		MOTHER	
FULL NAME	Lee Burton	FULL MAIDEN NAME	Mary Boehm
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kans	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 5-20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed Jan 1st 1921 W R Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 30 1975

992-226-044588

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 87028

No. ..... St.

Primary Registration District No. 2112 Registered No. 4

Hospital .....

FULL NAME OF CHILD Carolyn June Mikkleson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Mikkleson	FULL MAIDEN NAME	Leone M Nyquist
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walschoen

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed Jan 1st 1921 W R Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1948

1126

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-124-64K-386

PLACE OF BIRTH

[redacted]

No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser,

No. 718 E. Main St.

Hospital

Registration District No. 76 File No. 87029

Primary Registration District No. 1016 Registered No. 3

FULL NAME OF CHILD Floyd Dewey Gault

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	1	Yes	12 24 1920

FATHER	MOTHER
FULL NAME: Bert Gault	FULL MAIDEN NAME: May Thornton
RESIDENCE: Joseph, Oregon.	RESIDENCE: Joseph, Oregon.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 1st. 1921 M R Hamilton Registrar

S-Y-CO 38071

Form V.S.

STATE OF IDAHO

194

1125

869-115-044-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Sunnyside

No. _____ St.

Hospital _____

Registration District No. 86

File No. 87030

Primary Registration District No. 2112.

Registered No. 2.

FULL NAME OF CHILD Yukinori Horino

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#	5	Yes	12 (Month) 15 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Horino	FULL MAIDEN NAME	Tamoyo Kashiwa
RESIDENCE	Sunnyside, Idaho	RESIDENCE	Sunnyside, Idaho
COLOR	Japaneese	COLOR	Japaneese
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 p M. on the date above stated. 1 Photostat copy 12/29/41

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Weiser, Idaho

Filed Jan 1st 1920 W R Hamilton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-218-044-747

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87031

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No.

Primary Registration District No. 1010 Registered No. 1

FULL NAME OF CHILD Betty Marilyn Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 18 1920

FATHER		MOTHER	
FULL NAME	Alfred Schmidt	FULL MAIDEN NAME	Carrie Gustill
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	California
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Address Weiser Ida

Filed Dec 1st 1920 W. R. Hamilton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-1107 Camas
013-817 [illegible]

PLACE OF BIRTH

County of [illegible]

City of Hill City

No. 3 1/2 mi West St.

Hospital

Form V. S. No. 11-C—25m.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 58

File No. 87032

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Jack Adair Bolt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 10th 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Walker Bolt	FULL MAIDEN NAME	Frances Isabel Hagar
RESIDENCE	Hill City, Idaho.	RESIDENCE	Hill City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances Isabel Bolt
mother
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Hill City Idaho

Filed 3-12 1921 L Wilencheck
Registrar

AUG 1 4 1968

413.109.001-493

PLACE OF BIRTH AMENDED 7/11/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1221 Grove St. Registration District No. 2 File No. 87038

Hospital Primary Registration District No. 1004 Registered No. 49

FULL NAME OF CHILD Mike Joe Mateovich
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Male			Yes	Nov. 9, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Mike Mateovich	FULL MAIDEN NAME	Antonia Milinkovich
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Boarding House	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Holverson

Physician
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/8/21 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 87038
Date Filed July 10, 1950

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mike Joe Mateovich (Name on Original Certificate) who Born (Was Born or Died) on November 9, 1920 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on 12-5-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Age of Mother	30 yrs.	27 yrs.
Age of Father	46 yrs.	34 yrs.

Subscribed and sworn to before me this 11 day of July, 1950
Earl F Chandler
Notary Public, residing at Boise, Idaho
My commission expires 11/9/50
(Seal)

Signed Antonia Mateovich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3208 - Rosehill St. - Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of July, 1950
Earl F Chandler
Notary Public, residing at Boise, Idaho
My commission expires 11/9/50
(Seal)

Signed C. Cairney B. Reese
(Signature of Any Credible Person)
4608 Corporal St
(Street Address, City, State)
Boise Idaho

1 copy paid

MAR 10 1921

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 87038

No. 1221 Grove St.

Primary Registration District No. 1804 Registered No. 49

Hospital

FULL NAME OF CHILD [redacted] Mike Joe Mateovich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 9 1920

FATHER	MOTHER
FULL NAME [redacted] Mateovich	FULL MAIDEN NAME Antonia [redacted] Milinkovich
RESIDENCE Boise	RESIDENCE Boise
COLOR W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Boarding house	OCCUPATION [illegible] wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 P. M. on the date above stated. (Born alive or ~~stillborn~~)

(Signature) H M Johnson

(Physician or ~~midwife~~)

Address

Filed Feb 8 1921 R H Pratt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 0 1942

JUL 1 1 1950

JAN 21 1963

614-207-001-113

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1 File No. 87039

No. ..... St.

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Eva Margarie Farrell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
F			4	Yes	11 7 1920

FATHER		MOTHER	
FULL NAME	Elmer L Farrell	FULL MAIDEN NAME	Alice Jackson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	Nil.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Caraway
Physician
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 8 1921 R.V. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-207-001-756

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1716 N. 26th St.

Registration District No. 2

File No. 87041

Primary Registration District No. 1004

Registered No. 50

Hospital

FULL NAME OF CHILD Gladys Marie Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	12	7	1920

FATHER

FULL NAME Marion Reed Zimmerman

RESIDENCE 1716 N. 26th St. Boise

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Magnetta, Ill.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Alfrieda Faith Lange

RESIDENCE 1716 N. 26th St. Boise

COLOR White

AGE AT LAST BIRTHDAY 15 (Years)

BIRTHPLACE Elm Creek, Neb.

OCCUPATION Work.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

(Signature) Ernest E. Lambaugh M. D.

(Physician or midwife)

Address Boise, Idaho.

Filed Feb 8 1921

R. H. Craft
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-118100-795

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 87042

Primary Registration District No. 1004 Registered No. 51

Full Name of Child Henry - James Paris

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Dec. (Month) 18th (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Isaac James Paris	FULL MAIDEN NAME: Grace May Greenwell
RESIDENCE: 529 S. 16th. St	RESIDENCE: Boise, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Boise, Idaho,	BIRTHPLACE: Kansas City Kansas
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb 8 1921 R. H. Pratt

Registrar

895-21-001-133

PLACE OF BIRTH

AMENDED - FEBRUARY 16, 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1812 No. 19th St. Registration District No. 2 File No. 87043

Hospital Primary Registration District No. 1004 Registered No. 52

FULL NAME OF CHILD Estella Mae Hiester
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 13 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Joseph Hiester	FULL MAIDEN NAME: Winnie Allen
RESIDENCE: 1812 No. 19th St., Boise	RESIDENCE: 1812 No. 19th St., Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Newton, Kansas	BIRTHPLACE: Hatchkers, Kansas
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) R. S. Gregory

Physician
(Physician or midwife)

Address 1107 No. 8th St., Boise, Idaho

Filed Feb. 8 1921 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 87043

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Stella	Estella
Last Name ([redacted])	Heister	Hiester

Subscribed and sworn to before me this 16 day of Feb, 1950

Notary Public, residing at Mabel F Eeder

My commission expires .....
(Seal)

Signed Estella Mae Logston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

✓ 1711 Columbus St. Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FEB 17 1950

AUG 30 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1812 N. 19th St.

Hospital

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 87043

Primary Registration District No. 1004

Registered No. 52

Full Name of Child Stella Mae Heister

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Girl		yes	Dec 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Heister	FULL MAIDEN NAME	Winnie Allen
RESIDENCE	1812 N. 19th St.	RESIDENCE	1812 N. 19th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Newton, Kansas	BIRTHPLACE	Hotchkiss Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 1107 N. 8th St. Boise

Filed Feb 8 1921 R. H. Pratt

Registrar

DEC 2 8 1943

266200-00-819

MAR 10 1921

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 87045

Registered No. 54

FULL NAME OF CHILD Evelyn Eileen Boone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lafe Boone	FULL MAIDEN NAME	Nora E. Hardy
RESIDENCE	Eichelberger Station, near Boise Idaho	RESIDENCE	Eichelberger Station, near Boise Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (from mature 7 mos) at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed Feb 8 1921

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-205-001-314

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 8

File No. 87085

No. Cruzen Add St. outside city limits

Primary Registration District No. 7004

Registered No. 19

Hospital

FULL NAME OF CHILD Mary Louise Sacks

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Sacks	FULL MAIDEN NAME	Jean Lambrigger
RESIDENCE	Boise Cruzen Add.	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	~~housewife~~ Idaho
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 P. M. on the date above stated.

(Signature) H. M. Holverson

(Physician or ~~midwife~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Feb 8 1921 R. H. Pratt

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH ONLY ONE WORD IN EACH SPACE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1950

251-204-061-693

PLACE OF BIRTH

Form V. S. No. 11—15-06-15-18

MAR 20 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R.1 St.

Hospital

Registration District No. _____ File No. 87102

Primary Registration District No. 11 Registered No. 18

Full Name of Child Betty Ruth Beacham

SEX OF CHILD: F.

Twin / Triplet or other? (To be answered only in event of plural births) — Number in order of birth

Legitimate? Yes

DATE OF BIRTH: 12 (Month) 4 (Day) 20 (Year)

FATHER

FULL NAME: Earl Beacham

RESIDENCE: Meridian

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Esther M. Williams

RESIDENCE: Meridian

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Illinois

OCCUPATION: housewife

Number of child of this mother, including present birth 6 .... Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Feb. 10 1921 Address Meridian, Idaho

Registrar Filed 3-8 1921 W. F. Neal Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-225-001-113

PLACE OF BIRTH

AMENDED - February 25, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St.

Registration District No. File No. 87103

Hospital Primary Registration District No. 11 Registered No. 19

FULL NAME OF CHILD Dortha Deldee Prestwich
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 25 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Leonard I. Prestwich	FULL MAIDEN NAME: Ethel Jackman
RESIDENCE: Meridian, Idaho	RESIDENCE: Meridian, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Sanpete, Utah	BIRTHPLACE: Fremont, Ohio
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. R. Numbers, Jr.

Physician
(Physician or midwife)

Address Meridian, Idaho

Filed March 8 1921 H. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 87103
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothy Deldee Prestwich	Dortha Deldee Prestwich
Date of birth	Dec. 26, 1920	Dec. 25, 1920

Subscribed and sworn to before me this 25 day of Feb 1949

Mabel F. Eccles

Notary Public, residing at Boise

My commission expires .....
(Seal)

Signed Mrs Ethel Prestwich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Form V. S. No. 11-C-25m-7-21-19

MAR 10 1921

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No.

File No. 87103

No. St.

Primary Registration District No. 11

Registered No. 19

Hospital

FULL NAME OF CHILD Dorothy Delldee Prestwich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard D. Prestwich	FULL MAIDEN NAME	Ethel Jackman
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sanbete Utah	BIRTHPLACE	Fremont Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Numbers Jr. M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian Ada

Filed Mar 8 1921 H F Maj Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1949

MAY 2 8 1943

MAR 15 1949

296-20-7002-993

CE OF BIRTH

name added 4-29-82

MAR 10 19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Adams

City of Tamarack

Registration District No. 71 File No. 87115

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Lois Isabelle Broomfield

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			2	Yes	May 7 1920

FATHER

FULL NAME J. J. Broomfield

RESIDENCE Tamarack

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Michi

OCCUPATION Lumber Mill.

MOTHER

FULL MAIDEN NAME Helen G. Richardson

RESIDENCE Tamarack

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) H. N. Bragg

Physician

(Physician or midwife)

Address New Meadows Ida

Filed Dec 31 1920 W. W. Brown

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-369523

3-29-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

STATE OF IDAHO
VITAL STATISTICS

State of Oregon
County of Lane } ss.

APR 15 12 23 PM '82

Certificate No. 87115
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Broomfield (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-7-20 (Date of Event)

in Tamarack (Adams) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lois Isabelle Broomfield

Subscribed and sworn to before me this 2nd day of April, 1982

Notary Public, Barbara J. Buchanan
Residing at U.S. National Bank of Oregon
My commission expires 6/26/84
(Seal)

X Lois Isabelle Broomfield McMillan
Signature of Applicant

2750 Lawrence, Eugene, Ore. 97405
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Union } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April 1982

Notary Public, Ellen Ramsey
Residing at
My commission expires 11-8-84
(Seal)

X Jean B. Hutchison
Supporting Signature

2908-2nd St.
Street Address, City, State
La Grande, Ore.

Birth Certificate issued by Grande Ronde Hospital in LaGrande Oregon gives Jeffrey Gillman McMillan born 5-9-45 to Robert Lynn McMillan and Lois Isabelle Broomfield MOTHER who was born in Tamarack idaho on 5-7-20. Viewed by V.S. Issued May 1945

APR 29 1982

Certificate of Marriage from State of Washington County of Clark gives Robert McMillan of Union Oregon and Lois I Broomfield of Union Oregon were married June 28, 1941 at Walla Walla, Washington. Viewed by V.S.

622-117.002-312 Name added 1/24/85 1h MAR 10 1921 Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows.

No. ..... St.

Hospital .....

Registration District No. 71 File No. 87116

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Warren - Irwin - Osborn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			4	yes	11 12 1920

FATHER

FULL NAME Edward J. Osborn.

RESIDENCE 4 Miles N.E. New Meadows.

COLOR white AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher Stockman. Banker.

MOTHER

FULL MAIDEN NAME May A Luber

RESIDENCE 4 miles N.E. New Meadows. Ida

COLOR white AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife & Teacher

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-45 P.M. on the date above stated.

(Signature) H. N. Gragg M.D.

(Physician or midwife)

Address New Meadows Ida.

Filed Dec 31 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-17-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 24 1 44 PM '85

State of Idaho
County of Ada } ss.

Certificate No. 87116
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Osborn (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 17, 1920 (Date of Event)
in New Meadows (Adams) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Warren Irwin Osborn

Subscribed and sworn to before me this 24th day of January, 1985.
Notary Public, Linda Hickman
Residing at Boise
My commission expires April 3, 1985
(Seal)

X Warren Irwin Osborn
Signature of Applicant
X Box 209 New Meadows, Ida. 83654
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

JAN 2 1985

Birth certificate of daughter born July 13, 1943 S.F. #376226 gives name of father as Warren Irwin Osborn age 22 born at New Meadows, ID
Viewed by V.S.

Insurance application to Federal Life and Casualty Co. or Mutual of Omaha Ins. Co. through Idaho-Farmer Stockman, Ins. Service dated Sept 10, 1975 gives name as Warren I. Osborn born Nov. 17, 1920
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465·202·002–418

PLACE OF BIRTH

MAR 10 192[illegible]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows Registration District No. 71 File No. 87117

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jeanne Carol Monteith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	Yes	12 2 1920

FATHER	MOTHER
FULL NAME James O. Monteith	FULL MAIDEN NAME A. Louise May Hall
RESIDENCE New Meadows Ida	RESIDENCE New Meadows Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE N. C.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Housewife & Teacher

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:25 P. M. on the date above stated.

(Signature) H. N. Gragg M. D.

(Physician or midwife)

Address New Meadows, Idaho.

Filed Dec 21 1920 W. M. Brown Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MAY 1 8 1970

355-220-002-415

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 71 File No. 87118

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Violet Marie Teem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Teem	FULL MAIDEN NAME	Mary M. Davis
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Council

Filed Dec 31 1920 - W M Brown

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 11 22 ... '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 87118

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Teems (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20, 1920 (Date of Event)
in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Violet Marie Teem
Father's last name	Teems	Teem

Subscribed and sworn to before me this 14th day of
October, 1973
Notary Public, residing at Jamestown City Oregon
My commission expires Nov 30 - 1974
(Seal)

Signed Benjamin H Teem
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
755 Deal St Jamestown City Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/23/72 nm

Certified copy of birth certif. from Oregon (feil No. 143 for 1942) gives child's name as Harry Wesley Robins. born Feb. 14, 1942. father's name given as Ralph Wesley Robins. and the mother's name as Violet Marie Teem. viewed by VS

APR 2 9 1974

Certificateof Marriage from Washington gives groom's name as Ralph W. Robins and the bride's name as Violet T. Teem. dated Sept. 26, 1938. Viewed by V. S. Bride's father's name given as John T. Teem and the mtoher's name as Mary Davis.

28621 AP 2766

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

MAR 1 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Lamarack

Registration District No. 71 File No. 87119

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Eunice Irene Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 18 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd E. Shaw	Vietta M. Goodwin
RESIDENCE	Lamarack	Lamarack
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. M. Kramer

(Physician or midwife)

Address Council

Filed Dec 31 1920 W. M. Kramer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 20 2 53 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 87119

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shaw (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1920 (Date of Event)
in Tamarack, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eunice Irene Shaw

Subscribed and sworn to before me this 12th day of July, 1975.

Virginia M. Aylesworth
Notary Public, residing at Seattle, Wa.
My commission expires July 1, 1979
(Seal)

Signed Nettie M. Shaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2 Box 396, Gresham, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of July, 1975.

Notary Public, residing at Seattle, Wa.
My commission expires July 1, 1979
(Seal)

Signed Floyd E. Shaw
(Signature of Any Credible Person)

Rt. 2 Box 396, Gresham, Ore
(Street Address, City, State)

FORM DM 80-155 CL 7/3/75

Insurance policy from the Prudential Ins. Co. of America gives name as Eunice I. Shaw. dated July 29, 1935. viewed by V. S. P#103 236 104

FEB 24 1976

Insurance policy and App to The Prudential Ins. Co. of America dated Nov. 18, 1940, Policy No. 404 717 541 gives name as Eunice I. Williams. born Nov. 18, 1920. viewed by V. S.

APR 6 1987

High school Diploma from Roosevelt High school, Multnomah, Oregon gives name as Eunice Irene Shaw. Jan 20, 1939. viewed by V. S.

231-204-002-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 1 1921

CERTIFICATE OF BIRTH

County of Adams

City of Tamarack

Registration District No. 71 File No. 87120

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C. M. Glassart	FULL MAIDEN NAME	Maud Clark
RESIDENCE	Tamarack	RESIDENCE	Tamarack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	✓	BIRTHPLACE	Iowa
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 A M. on the date above stated.

(~~Born alive or~~ stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Tamarack

Registrar

Filed Dec 31 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1963 10-002-291

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Tamarack

Registration District No. 71 File No. 87121

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Eldon J. Milligan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Milligan	FULL MAIDEN NAME	Lillie Brady
RESIDENCE	Tamarack	RESIDENCE	Tamarack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Tamarack

Filed Dec 31 1920 W W Brown

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1963

1/8/41 L. E.

242-139002-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 11 File No. 87122

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Robert Bush

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oral E. Bush	Laura E. Witzke
RESIDENCE	Council	Council
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Nebr	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W M Brown

(Physician ~~or midwife~~)

Address Council

Filed Dec 31 1920 W M Brown Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1967

736-114-002-365

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Meadows

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 87123

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Frank Willis Elsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male	(To be answered only in event of plural births)		4	Yes	Oct	14	20

FATHER

FULL NAME Henry J. Elsey

RESIDENCE Meadows. Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer & Stockman

MOTHER

FULL MAIDEN NAME Katie Loomywood

RESIDENCE Meadows Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Anaconda Mont

OCCUPATION Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

(Signature) H. M. Gray M. D.

(Physician or midwife)

Address New Meadows. Idaho

Filed Oct 21 1920

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

..... Registrar

363-126-003-714

MAR 10 1921 Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bench

No. ..... St.

Hospital .....

Registration District No. 82 File No. 87125

Primary Registration District No. 2159 Registered No. 4

FULL NAME OF CHILD Jerne Collins

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
boy	3 (To be answered only in event of plural births)	yes	Aug 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hubert Collins	FULL MAIDEN NAME	Lusa Garnand
RESIDENCE	Bench Idaho	RESIDENCE	Bench
COLOR	white	COLOR	dark
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bench Idaho	BIRTHPLACE	New Mexico
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 p. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

~~(Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Lago Idaho

Filed Feb 28, 1921 Ellis Kirkley Registrar

Ellis Kirkley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 87126

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-87126 A & B TWINS

386127.003-349

Form V. S. No. 11---20m-7-26-19

PLACE OF BIRTH

Amended 2-19-82

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

Registration District No. ..... File No. 87126 A

No. Sdaho St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Keith Turner Thomas

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	twins	and	yes	nov 27 1920

FATHER		MOTHER	
FULL NAME	Howard L Thomas	FULL MAIDEN NAME	Annie May Turner
RESIDENCE	grace Sdaho	RESIDENCE	grace Sdaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Lago Sdaho
OCCUPATION	farmer	OCCUPATION	farme

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 p M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mary a Turner
Lago Sdaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address P Tigert Soda both

Filed Apr 1921 Springs Sdaho

~~[illegible]~~ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 19 11 46 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 87126 A
Date Filed _____
birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Keath T. Thomas (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 27, 1920 (Date of Event)

in Lago (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Keath T. Thomas	Keith Turner Thomas
# of children born to mother including present birth	8	7

Subscribed and sworn to before me this 19th day of February, 1982.

Notary Public Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Keith Turner Thomas
Signature of Applicant

Rt 3 Box 365 Burley, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Insurance Policy issued by the American National Insurance Company of Galveston, Texas gives name as Keith Turner Thomas born nOv. 27, 1920, in Idaho.
Policy # 666039 Issued December 21, 1939.
Viewed by V.S.

FEB 19 1982

Family record book gives name as Keith Turner (twin) listed first in family book born November 27, 1920, in Grace, Idaho Married July 15, 1947 and baptized August 3, 1929.
Viewed by V.S.

Family record book also lists children in this order: Neva, Aileen, Lillian (Twin) Franklin(Twin) Harrison Ayers, Donald Turner, Keith Turner, 7th child and Kenneth Turner, 2nd twin 8th child.
Viewed by V.S.

386-127-003-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

County of Bannock

City of Lago Idaho

Registration District No. .....

File No. 8726-B

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth J Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	Twins	8	yes	nove 21 1920

FATHER		MOTHER	
FULL NAME	Howard L. Thomas	FULL MAIDEN NAME	annie may Turner
RESIDENCE	grace Idaho	RESIDENCE	grace Lago Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Lago Idaho
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary a Turner

(~~Physician~~ or midwife)

Address Lago Idaho

Given names added from a supplemental report.

..... 19....

Filed Apr. 19 21

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-108'003-349

MAR 10 1921

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Sdaho

No. _____ St.

Hospital _____

Registration District No. 82 File No. 87127

Primary Registration District No. 2159 Registered No. 6

FULL NAME OF CHILD Warren B Mendenhall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Sep 8 1920

FATHER		MOTHER	
FULL NAME	Leo Mendenhall	FULL MAIDEN NAME	Agnes Hermey Turner
RESIDENCE	Niter Sdaho	RESIDENCE	Niter Sdaho
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Sdaho	BIRTHPLACE	Lago Sdaho
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8 A M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner
Lago Sdaho
(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19__

Eric K [illegible]
Registrar

Address _____

Filed Feb 24 1921 Eric K [illegible]
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 20-313228

235 1/29 003-444 name added 11-14-83 dl

MAR 10 1921

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace Idaho

Registration District No. 82 File No. 87128

No. ..... St.

Primary Registration District No. 2159 Registered No. 7

Hospital .....

FULL NAME OF CHILD Robert A. Stephenson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1 (To be answered only in event of plural births)	yes	Nov 29 1920

FATHER		MOTHER	
FULL NAME	Charles F Stephenson	FULL MAIDEN NAME	Nellie Ruud
RESIDENCE	Niter Idaho	RESIDENCE	Niter Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Logo Idaho ~~Logo~~
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 p M on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner
Logo Idaho
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Elias Kaskey
Registrar

Address .....

Filed Dec 28, 1921 Elias Kaskey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-14-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 87128
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stephenson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 29, 1920 (Date of Event)

in Grace (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Robert A Stephenson

Subscribed and sworn to before me this 14th day of Nov., 1983.

Notary Public, Pamela Leggett
Residing at Boise Ada Idaho
My commission expires Jan 10, 1987
(Seal)

x Margaret Cromwell
Signature of Applicant
x 815 S. Atlantic Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Divorce lists Mary Margaret Stephenson and Robert A Stephenson were divorced March 11, 1977 in Ada. County. Viewed by V.S.

NOV 14 1983

Birth Certificate for Margaret Ann Stephenson lists birth date as 1-26-46 in Ada County lists father as Robert A Stephenson. Viewed by V.S.

349-230-003-255

MAR 10 1921

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Niter Sdaho

Registration District No. 82 File No. 87129

No. ..... St.

Primary Registration District No. 2159 Registered No. 8

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Peral B Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	9	yer	nov 30 1920

FATHER		MOTHER	
FULL NAME	Joshop Richard B Turner	FULL MAIDEN NAME	Phoebe Bennitt
RESIDENCE	Niter Sdaho	RESIDENCE	Niter Sdaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Lago Sdaho	BIRTHPLACE	Sdaho
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 p M on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

Lago Sdaho

~~(Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Eric K [illegible] Registrar

Filed Jun 28 1921 Eric K [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3-14-57

PLACE OF BIRTH

155-227-003-266

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF ~~VITAL~~ STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 87131

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Lola Connie Avery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	December 27, 1920

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Avery	FULL MAIDEN NAME	Florence Kofoed
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arimo, Idaho	BIRTHPLACE	Weston, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Mrs. Kittie Craig

Midwife
(Physician or midwife)

Address Lava Hot Springs, Idaho

Filed 2-28-21 192.. O. V. Linhurst
Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
FEB 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 87131

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Evaline Avery (Name on Original Certificate) who was born (Was Born or Died) on Dec. 27, 1921 (Date of Event)
in Lava Hot Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church & School (Bible Record, Insurance Policy, Etc.) prepared on Feb 23 & 26, 1957 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Church Records dated March 2, 1929	Viewed by F.S. School Record for May, 1940	
Child's Name	Evaline	Lola Connie Avery
Birthdate	December 27, 1921	December 27, 1920

Subscribed and sworn to before me this 26th day of Feb, 19 57

Notary Public, residing at Lava Hot Springs, Ida.
My commission expires March 1, 1958
(Seal)

Signed Florence Avery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[redacted] Lava Hot Springs Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Feb, 1957

Notary Public, residing at Lava Hot Springs, Ida.
My commission expires March 1, 1958
(Seal)

Signed Etta Lynn Mason
(Signature of Any Credible Person)

Lava Hot Springs, Ida.
(Street Address, City, State)

FORM DPH 55.155

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

MAR 1 D 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs.

Registration District No. 84 File No. 87131

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evaline Avery

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 27 1921 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	George Avery	FULL MAIDEN NAME	Florence Kofend
RESIDENCE	Lava Hot Springs.	RESIDENCE	Lava Hot Springs.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arimo Idaho	BIRTHPLACE	Weston Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Killy Craig

mid-wife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho

Filed ..... 19.....

O V Linhardt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

331-205-0069-769

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 87217

Primary Registration District No. 1007

Registered No. 95

FULL NAME OF CHILD Vera Clark.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes.	Oct. 6. 1920

FATHER

FULL NAME George H. Clark.

RESIDENCE Blackfoot Idaho.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE St. Charles Idaho.

OCCUPATION Mechanic.

MOTHER

FULL MAIDEN NAME Louise Parker.

RESIDENCE Blackfoot Idaho.

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Bennington Idaho.

OCCUPATION Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mary C. Clark.

Midwife.
(Physician or midwife)

Address Blackfoot, Idaho Box 121.

Filed Feb. 1 1921 Mrs Nalvis E. Fabris
Registrar

8-Y CO. 20174

K

APR 1 1976

317-220-006-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 1 1921

County of Bannock

City of Blackfoot

Registration District No. 121

File No. 87239

No. ..... St.

Primary Registration District No. 2194

Registered No. 50

Hospital .....

FULL NAME OF CHILD Myrtle Capson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo W. Capson	FULL MAIDEN NAME	Betty O Peterson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed 2-10 1921 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-215-009-669

PLACE OF BIRTH

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 C -25m-7-21-19

CERTIFICATE OF BIRTH

87245

County of Bonner

City of PRIEST RIVER, IDAHO

Registration District No. 85 File No. 1

No. St.

Primary Registration District No. 2185 Registered No. 48

Hospital

FULL NAME OF CHILD Helen Belle De Backer (DeBaker)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. DeBacker	FULL MAIDEN NAME	Belle Warley (Worley)
RESIDENCE	PRIEST RIVER, IDAHO	RESIDENCE	PRIEST RIVER, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE	~~Wash.~~ No. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.40A.M M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address PRIEST RIVER, IDAHO

Filed Morch 1 1921

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

87245
93448

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

No money

STATE OF Idaho)
) SS.
COUNTY OF Bonner)

AFFIDAVITS FOR CORRECTION OF A RECORD

Belle Worley DeBaker of Sandpoint, Idaho

Being first duly sworn, deposes and says that she is the Mother
(if related, specify degree,

of Helen Belle DeBaker
if friend or otherwise, so state)

who was born in the city of Priest River, County of Bonner
(was born, died)

on the 15th day of Sept., 19 20, as stated in a certificate of birth
birth or

filed by Dr. Carl Getsloff
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Priest River, County of Bonner

Idaho, on the 15th day of Sept. 1920.

That the following facts set forth in said certificate are not correctly stated therein, to wit: I, Belle Worley DeBaker was born in North Carolina instead of Washington and my name should be spelled Belle Worley DeBaker instead of Belle Worley DeBacker.

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

I, Belle Worley DeBaker was born in North Carolina instead of Washington and my name should be spelled Belle Worley DeBaker instead of Belle Worley DeBacker.

Witness to Mark: Billie King Baker

(SEAL)

Affiant X Belle Worley DeBaker

Address Sandpoint

Subscribed and sworn to before me this 25th day of October 19 40

Francis J. Song. Probate Judge
~~Notary~~ Public

STATE OF _____)
) SS.
COUNTY OF _____)

_____ of _____

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant _____

Address _____

Subscribed and sworn to before me this _____ day of _____ 19___

(Seal)

_____
Notary Public

234-117-dd-243

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. _____ St.

Hospital _____

MAR 10 1921

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13

File No. 87252

Primary Registration District No. 210

Registered No. 21 —

FULL NAME OF CHILD Ephraim Eugene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Stucki	Mary A Butikofer
RESIDENCE	Coltman	Coltman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Switzerland	Salt Lake City
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(Physician or midwife)

Address Rigby Idaho R D # 1

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/1/21 19 21

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-123-10-236 ADDED CHILD'S NAME 6-21-2000 MS MAR 10 19

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 87253

Primary Registration District No. 2150 Registered No. 24

FULL NAME OF CHILD EARL LAMAR JOHNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 23 1920

FATHER		MOTHER	
FULL NAME	Geo W Johnson	FULL MAIDEN NAME	Ethel Leon Stoddard
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Holliday Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2.55 P.M. on the date above stated.

(Signature) Mary Godfrey Stoddard

(~~Physician~~ or midwife)

Address Rigby Idaho R 2 #1

Filed 1/14 19 21

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

6-13-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED VITAL STATISTICS 00 JUN 21 AM 10:03

State of _____ } ss.
County of _____

Certificate No. 1920-87253
Date Filed JAN. 14, 1921

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED JOHNSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 23, 1920 (Date of Event)

in COLTMAN (BONNEVILLE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED JOHNSON	EARL LAMAR JOHNSON

Subscribed and sworn to before me this 19 day of June 2000

Notary Public, Karen Campbell

Residing at 2725 E. 17th St

My commission expires 8-8-200

(Seal)

Earl Lamar Johnson
Signature of Applicant

Street Address, City, State

NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of June, 2000

Notary Public, Karen Campbell

Residing at 2725 E. 17th Street

My commission expires 08-08-02

(Seal)

Edna L. Johnson
Supporting Signature

351 Maple Shelley, Ida
Street Address, City, State

NOTARY PUBLIC STATE OF IDAHO

lcc pcl

A LIVING WILL FOR EARL LAMAR JOHNSON DATED NOV. 18, 1994 VIEWED VS.

TAX BILL ISSUED TO EARL L JOHNSON FOR TAX YEAR 1995 VIEWED VS.

231-209-010-343

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 3 File No. 87254

No. ____ St.

Primary Registration District No. 217 Registered No. 23

Hospital ____

FULL NAME OF CHILD Mildred Stamm

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 9 1920

FATHER		MOTHER	
FULL NAME	Frank Stamm	FULL MAIDEN NAME	Eleanore Tuck
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Jan. 3 1921 [signature] Registrar.

K

MAR 10 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 87254

Date Filed .....

RECEIVED MAY 3 1976 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Stamm (female) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1920 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Gertrude Stamm

Subscribed and sworn to before me this 16 day of March, 1976

W C Cushing

Notary Public, residing at Rupert

My commission expires 2 May 1978

(Seal)

Signed X Elnora Stamm mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1976

N. J. Sanders

Notary Public, residing at Mtn Home Idaho

My commission expires 3/3/79

(Seal)

Signed X John L. Echeverria

(Signature of Any Credible Person)

175 N. 2 West Mtn Home. Idaho.

(Street Address, City, State)

FORM DH 60-155

CL 3/10/76 XEE

Remembrance of the first Holy Communion gives name as Mildred Stamm. From the St. Bernard Church on April 21, 1929. signed by Rev. J. F. Gresl. viewed by V. S.

JUN 3 1976

Marriage License from Idaho gives names as Frank G. Kamphaus and the bride's name as Mildred Stamm. dated Sept 12, 1939. viewed by V. S.

815-220-010-314

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 87255

Primary Registration District No. 2170 Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 20 1920

FATHER		MOTHER	
FULL NAME	Elias Hansen	FULL MAIDEN NAME	Ivy Campbell
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 13 19 21

Registrar

258-128'010-155

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 87256

Primary Registration District No. 2140 Registered No. 21

FULL NAME OF CHILD Jack William Keyes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J Keyes	FULL MAIDEN NAME	Helen Jensen
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 13 1921 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1950

DEC 3 1976

453-219-010-796

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 87257

Primary Registration District No. 2170 Registered No. 20

FULL NAME OF CHILD Ruth Nadean Metcalf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 19 1920

FATHER	MOTHER
FULL NAME Geo. Metcalf	FULL MAIDEN NAME Mabel Groom
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 13 19 21 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file: (Idaho Birth) #300495 gives full maiden name of mother as Ruth Nadean Metcalf - viewed by V.S. Statement from Ivan R. Miller, Bishop, Idaho Falls Fifteenth Ward, L.D.S. Church, Idaho Falls, Idaho - statement written Nov. 17, 1962-states "This is to certify that, according to the records of the Church Ruth Nadean Metcalf Scott was born Dec. 19, 1920 at Ucon, Idaho, a daughter of George Stanley Metcalf and Mabel Clifton Groom Metcalf, and was christened on April 3, 1921 by Elder Omer S. Cordon." - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonn } ss.

Certificate No. 87257
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Metcalf (Name on Original Certificate) who born (Was Born or Died) on Dec. 19, 1920 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Nadean Metcalf

Subscribed and sworn to before me this 1st day of June 1960
Clara F. Jenkins
Notary Public, residing at Idaho Falls, Ida.
My commission expires March 17 - 1962
(Seal)

Signed Mabel Groom Metcalf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
562 So Milton Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1960
Clara F. Jenkins
Notary Public, residing at Idaho Falls, Ida
My commission expires March 17, 1962
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
[illegible] Idaho Falls Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 5-18-60. 2 copies pd. receipt #01810 &02435.

JAN 1963

345-127-010-453

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 87270

No. ..... St.

Primary Registration District No. 2100 Registered No. 7

Hospital .....

FULL NAME OF CHILD Kenneth Vaughn Lund

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. H. Lund	FULL MAIDEN NAME	Relia Mellburn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mount Pleasant Utah	BIRTHPLACE	Price Utah
OCCUPATION	Druggist	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jurkin M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed Jan 31 1921 W Kennard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

AUG 3 1 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219/09.010-168

PLACE OF BIRTH

MAR 1 1921

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 87271

Primary Registration District No. 1170 Registered No. 6

Hospital .....

FULL NAME OF CHILD Ernest John

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	June 9 1920

FATHER		MOTHER	
FULL NAME	Harry Barnes	FULL MAIDEN NAME	Ida Johnson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:54 M. on the date above stated.

(Signature) .....

(Physician or ~~midwife~~)

Address Idaho Falls Ida

Filed 1/V- 19 21 .....

Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....

Registrar.

K

DE[illegible]

MAY 1 0 1972

269-111-010-795

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 87272

Primary Registration District No. 2100 Registered No. 5

FULL NAME OF CHILD Ada Louise Sorensen

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Hans T. Sorensen	FULL MAIDEN NAME	Mary A Pierce
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:05 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sec. Falls Ida

Filed 1/5 1921 [signature] Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/29/41 L. B.

255-226.010-795

PLACE OF BIRTH

RECEIVED
APR 30 1921
BUREAU OF VITAL STATISTICS

MAR 19 1921

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 87273

No. ..... St.

Primary Registration District No. 2150 Registered No. 4

Hospital

FULL NAME OF CHILD WINNIFRED SNELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth (Month) 10 (Day) 26 (Year) 1920
Female			

FATHER		MOTHER	
FULL NAME	Geo Snell	FULL MAIDEN NAME	Ivy Price
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bunker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11/20 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Sharp

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 11 V 19 21 [signature]

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Fremont } ss.

OCT 12 1942

Certificate No. 87273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Winnifred Snell (Name on Original Certificate) who born (Was Born or Died) on Oct 26, 1920 (Date of Event)
in St. Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 1, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Winnifred Snell

Subscribed and sworn to before me this 10th day of October, 1942

Lurlean Lynden

Notary Public, residing at Salt Lake City. Utah

My commission expires Dec. 20, 1942
(Seal)

Signed Ivy B. Snell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

46 West 7 So. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of October, 1942

Lurlean Lynden

Notary Public, residing at Salt Lake City, Ut.

My commission expires Dec 20, 1942
(Seal)

Signed George D. Snell Jr.
(Signature of Any Credible Person Other Than Previous Year)

1386 Laird Ave
(Street Address, City, State)
Salt Lake City, Utah

NOV 17 1964

OCT 13 1942

412-129-010-914

PLACE OF BIRTH

MAR 1 1921

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 87274

Primary Registration District No. 2170 Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10/29/1920

FATHER		MOTHER	
FULL NAME	L. Mabanro	FULL MAIDEN NAME	Julia Ramo
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	Mex. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	Mex AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mexico
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharp

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lincoln Ida

Filed 1/V 1921 [signature]
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-226-

PLACE OF BIRTH [redacted]

014-165

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

MAR 1927

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. K-76 St.

Registration District No. 7 File No. 87320

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Geraldine Landy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Dec	26	1926

	FATHER	MOTHER
FULL NAME	Loy F. Landy	FULL MAIDEN NAME Gertrude May Jones
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	Wh	COLOR Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Ray Co Missouri	BIRTHPLACE Carrol Co Missouri
OCCUPATION	Farmer	OCCUPATION H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion L Funk M.D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Feb. 10 1927 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K

299.107.014 319
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Ida

Registration District No. 7 File No. 87328

No. ..... St.

Hospital Mercy Hosp

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Frank Willard Kirkbride

Sex of Child Male | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Willard Kirkbride	FULL MAIDEN NAME	Helen Mae Carter
RESIDENCE	Nampa Ida	RESIDENCE	Omaha Nebr
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denver Colo	BIRTHPLACE	Omaha Nebr
OCCUPATION	Truck Driver	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 9 45 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Feb. 10. 1921 Pearle Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336201-016-296

MAR 1921

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. none St.

Registration District No. 11 File No. 87366

Primary Registration District No. 219 Registered No. 18

Hospital

FULL NAME OF CHILD not yet named

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	Second	Yes	Jan 1 1920

FATHER	MOTHER
FULL NAME H. P. Lloyd	FULL MAIDEN NAME Stella Broadhead
RESIDENCE Albion, Idaho	RESIDENCE Albion, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Heber, Utah	BIRTHPLACE Heber, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Stover

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Jan 15 1921 P. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466 103-019-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

87388

County of Custer

City of Mackay.

No. ..... St.

Registration District No. 76 File No. 14

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Linden Moore

Sex of Child Male. | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth 12 — 3 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Moore	FULL MAIDEN NAME	Clara Sowers.
RESIDENCE	Mackay.	RESIDENCE	Mackay.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38.	COLOR	Arkansas.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Neb.	BIRTHPLACE	White.
OCCUPATION	Mechanic.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) W H Farrell M.D.

(Physician or midwife)

Address Mackay Ida.

Filed 3/9 1921 Ross Nowell

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

Certified copy issued 12-19-1940 D.P.

643-127-012-354

PLACE OF BIRTH

County of Custer

City of Leslie.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

87389

Registration District No. 76 File No. 93

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Fred Franklin Fulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	9 - 27 1920

FATHER		MOTHER	
FULL NAME	Fred Fulton.	FULL MAIDEN NAME	Ora Fennon.
RESIDENCE	Leslie	RESIDENCE	Leslie.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Farrell M.D.

(Physician or midwife) Mackay Ida.

Address .....

Filed 3/9 1921 Roy Nowacki Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-334-019-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

County of Custer

City of White Knob.

Registration District No. 76 File No. 87390

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Owen a Young.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Dec. 24th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. Young.	FULL MAIDEN NAME	Bessie Owen.
RESIDENCE	White Knob.	RESIDENCE	White Knob.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida.

Filed 3/9 1921 Roy Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Duchesne }

Certificate No. 87390

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Owena Young (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 24, 1920 (DATE OF EVENT)
in Mackay, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 24, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Owena Young
Date	Nov. 17th	Dec. 24, 1920

Subscribed and sworn to before me this 23rd
day of February, 19 43
H. B. Hochenbreck
Notary Public, residing at Duchesne, Utah
My commission expires May 9, 1946
(SEAL)

Signed Bessie O. Young Kohl (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
Duchesne, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
(STREET ADDRESS, CITY, STATE)
My commission expires
(SEAL)

Received for filing on MAR 1 8 1943 By
(REGISTRAR'S SIGNATURE)

MAR 2 6 1943

649-109-019-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

County of Custer

City of Leslie

Registration District No. 76 File No. 87391

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~XXXXXXXXXXXXXX~~ JACK Bartlett Furey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sherman Furey	FULL MAIDEN NAME	Julia Bartlett Falk
RESIDENCE	Leslie Ida.	RESIDENCE	Leslie Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho.

Filed 3/4 1921

Registrar

Rose Nowalki
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Lemhi } ss.

Certificate No. 87591

Date Filed Jan. 3, 1945

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dennis Bartlett Furey (Name on Original Certificate) who was born (Was Born or Died) on Dec. 9 1920 (Date of Event)
in Shelley Idaho (Place of Event) are erroneous or ~~were omitted,~~ and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dennis Bartlett Furey	Jack Bartlett Furey

Subscribed and sworn to before me this 4th day of January, 1945

Vina Thompson
Notary Public, residing at May

My commission expires 5/25/48
(Seal)

Signed Julia B. Furey (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

May, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lemhi } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1945.

Vina Thompson
Notary Public, residing at May

My commission expires 5/25/48
(Seal)

Signed Thomas F. Furey
(Signature of Any Credible Person Other Than Previous Year)

May, Idaho.
(Street Address, City, State)

JAN 20 1995

5-94-229 — 024-512

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital ..... ELINOR JEAN

FULL NAME OF CHILD Baby Erdman —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 87485

Primary Registration District No. .....

Registered No. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ted Erdman	Marion Eastman
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Wisconsin	Kansas
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. E. Lamb

Rev. W. Zingg

(Physician or midwife)

Address Gooding, Idaho —

Filed 3-1-1921

F. J. Campbell M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 37485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Erdman who 6-29-20 on
(BIRTH OR DEATH) (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Bible record prepared on 6-29-20, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elinor Jean Erdman

Subscribed and sworn to before me this 13
day of Jan, 19 43.
J E Reed
Notary Public, residing at C'da, Ida
My commission expires 7-28-45
(SEAL)

Signed Mrs. J. W. Erdman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1319 - Dart Way C'da, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of Jan, 19 43.
J E Reed
Notary Public, residing at C'da, Idaho
My commission expires 7-28-45
(SEAL)

Signed Mrs G. E. Bowers
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1319 - Dart Way - Coeur d'Alene, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 16 1943

753-229-028-255

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
MAR 10 1921
CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 87513

No. ..... St.

Primary Registration District No. 1057

Registered No. 915

Hospital .....

FULL NAME OF CHILD Katherine Elizabeth Peters

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas Edw Peters	FULL MAIDEN NAME	Katherine A Keenan
RESIDENCE	Post Falls Ida.	RESIDENCE	Post Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New Ulm Minn. U.S.A.	BIRTHPLACE	Spokane Wn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Four (4) Number of children of this mother now living, including present birth (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Post Falls Ida

Filed Mch 4 1921 D D Dreman

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1975

235-209-029-245

MAR 10 1921

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68

File No. 87527

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Rosella Mari Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Stevens	FULL MAIDEN NAME	Mary Bunger
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.50 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed 2-10 1921 R. F. Pepple

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

455-224-029-944

Form V. S. No. 11-C—25m-1-1-18

MAR 30 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. 68

File No. 87528

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Martha Magdalena Dennber

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Dec 24 1920

FATHER

FULL NAME: George Dennber

RESIDENCE: Juliaetta

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Doris Lumbard

RESIDENCE: Juliaetta

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: House Wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta Klaus

(Physician or midwife)

Address Juliaetta

Filed 1-27 1921 R. P. Pepper Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y.CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 7 1965

432-21-031-243

MAR 10

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 47 File No. 87561

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Jane Rose McKinnon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Apr	17	1920

FATHER		MOTHER	
FULL NAME	James Micheal McKinnon	FULL MAIDEN NAME	Rosella L. Buckner
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar. 10 1921

J. E. McLaughlin
Registrar

OCT 15

235-112-031-593

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. ..... File No. 87562

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Riley Stephens	FULL MAIDEN NAME	Gertrude Bessie Nicholson
RESIDENCE	Winchester	RESIDENCE	Winchester, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester, Ida.

Filed Sep 1920 J. E. McLaughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1969
JUL 1 1 1975

313212-031-693

PLACE OF BIRTH

MAR 10 1920

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 48 File No. 87563

St.

Hospital Primary Registration District No. 212 Registered No.

FULL NAME OF CHILD Virginia Maxine Tate

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth April 12th 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME William C. Tate	FULL MAIDEN NAME Mabel Nelkinson
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7- A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Laughlin
Physician

(Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Apr 19 20 Tom Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-213-031-259

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. ..... File No. 87564

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Russell Webb	FULL MAIDEN NAME	Ella Bernd
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Teacher	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. U. Ford Gore, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed ..... 19....

Registrar

J. E. McLaughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-108-031-819

20 1921

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. ..... File No. 87565

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD XXXX~~[illegible]~~ LELAND LEROY LITCHFIELD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Nelson Litchfield	FULL MAIDEN NAME	Belle Yardley
RESIDENCE	Reubens, Idaho	RESIDENCE	Reubens, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Oklahoma
OCCUPATION	R. R. Inspector	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. W. Ford Gore, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed May 1920

J. E. McLaughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 87565

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for none (Name on Original Certificate) who born (Was Born or Died) on May 8th, 1920 (Date of Event)

in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leland Leroy Litchfield

Subscribed and sworn to before me this 22nd day of August, 1944

Dwyer Lewilson

Notary Public, residing at Lewiston, Idaho

My commission expires January 4th, 1945

(Seal)

Signed Charles N. Litchfield Sr

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Nez Perce }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1944

Dwyer Lewilson

Notary Public, residing at Lewiston, Idaho

My commission expires January 4th, 1945

(Seal)

Signed Missouri Belle Litchfield

(Signature of Any Credible Person Other Than Previous Year)

Lewiston, Idaho

(Street Address, City, State)

AUG 2 9 1944

512-224-031-299

MAR 10 1921

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 87566

Registered No. _____

Full Name of Child Velma Easter

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dewey Easter	FULL MAIDEN NAME	Zola Bird
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Gore, M. D.

Reubens, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed Mar 1921 [illegible]

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

296-121-031-266

PLACE OF BIRTH

MAR 10 1924

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. [illegible] File No. 87567

No. ..... St.

Primary Registration District No. 212 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Alonzo Brophy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 31 1920

FATHER	MOTHER
FULL NAME Thomas Andrew Brophy	FULL MAIDEN NAME Dora Anna Booth
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Connecticut	BIRTHPLACE Montana
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Edw Laughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 1924

J. Edw Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1970

693-105-031-249

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48 File No. 87568

No. ..... St.

Primary Registration District No. 2127 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nile Gordon Williams

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 5th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank N. Williams	FULL MAIDEN NAME	Clay Vietta Smith
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Mill Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed Jan 1921 J. E. McLaughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363.1/13.031 - 363

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87569

County of Lewis

City of Morrow Town

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD George William Colbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 13 1920

FATHER		MOTHER	
FULL NAME	Norman F. Colbert	FULL MAIDEN NAME	Elsie Edith Coleman
RESIDENCE	Morrow Town	RESIDENCE	Morrow Town
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ewing Laughlin

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 1921

J. Ewing Laughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1948

236-265-031-639

MAR 10 1921

PLACE OF BIRTH

County of Lewis

City of Reubens

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 87570

Primary Registration District No. _____ Registered No. _____

Full Name of Child ~~Baby Scott~~ Laura May Scott

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William T. Scott	FULL MAIDEN NAME	Daisy Oliver
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. Atwood Gore, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Reubens, Idaho

Filed Mar 1921

[illegible]

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis

Certificate No. 87570

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Scott, (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1920 (Date of Event)

in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Laura May Scott.

Subscribed and sworn to before me this 7th day of Oct, 1961

Wallace J. Scott

Notary Public, residing at Reubens

My commission expires 9-22-64

(Seal)

Signed Daisy Scott Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

K FORM DH 60-155 CL 8-24-61. one copy pd. receipt #127.

State of Idaho, Elementary Public School Diploma, given at Nezperce, Idaho on May 18, 1934 gives full name of student as Laura May Scott - viewed by V.S.

MAY 2 1968

Cradle Roll Certificate, Presbyterian Sunday School, Reubens, Idaho gives full name of child as Laura May Scott, born Dec. 5, 1920 - date of Cert. Feb. 22, 1923 - viewed by V.S.

386-214-031-466

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of near Winchester near

No. Farm St.

Hospital

Registration District No. ..... File No. 87571

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD CORINNE Thomason

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carol Douglas Thomason	FULL MAIDEN NAME	Aileen Marie Dowd
RESIDENCE	Craigmont, Ida.	RESIDENCE	Craigmont, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E W Laughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Winchester

Filed Mar 1921

J E W Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 87571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Oct 14th 1920 (Date of Event)
in Craigmont, Lewis Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Corinne Thomason

Subscribed and sworn to before me this 20th
day of July, 1942

Notary Public, residing at Seattle

My commission expires 5-5-46
(Seal)

Signed Carrol H. Thomason Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5631 Seaview Avenue Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 22 1942

JUL 2 3 1942

FEB 1 6 195?

755-226-031-391

MAR 10 1961

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH name added 12-1-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. ..... File No. 87572

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Verna Fae Peer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 26 1920

FATHER		MOTHER	
FULL NAME	Alphonso Peer	FULL MAIDEN NAME	Maggie Crawford
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed July 1920

J. E. McLaughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED BUREAU OF VITAL STATISTICS NOV 29 9 03 AM '82

Certificate No. 87572

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Peer (female) (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1920 (Date of Event)

in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Verna Fae Peer
		Verna Fae Peer
		Verna Fae Bobsitt

Subscribed and sworn to before me this 22nd day of November, 1982

Paul E. Peter

Notary Public, residing at Lewiston

My commission expires Perpetual

(Seal)

Signed ~~Ernest L. Peer~~

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of November, 1982

Paul E. Peter

Notary Public, residing at Lewiston

My commission expires Perpetual

(Seal)

Signed Ernest L. Peer

(Signature of Any Credible Person)

3419 - 11th St

Lewiston Idaho 83501

(Street Address, City, State)

FORM DH 60-155 CL 3/2/76 nm

Birth Certificate issued from The White Hospital in Lewiston, Idaho gives Linda Lou Holliday born May 23, 1943 to Ralph John Holliday and Verna Fae Peer . Mother born July 26, 1920 in Idaho. Viewed by V.S.

DEC 1 1982

Family Record gives Verna Fae Peer born July 26, 1920 to Alphonso Peer and Margaret Peer. Obviously old family Bible Record. Viewed by V.S.

434)21031-812

PLACE OF BIRTH,

County of Lewis

City of Winchester

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 87573

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter McDowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	July	21	1920

FATHER		MOTHER	
FULL NAME	Lee McDowell	FULL MAIDEN NAME	Celia Kasenovhrl
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 7:00 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Laughlin

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed July 1920 J. W. Laughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-215-031-419

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. ..... File No. 87574

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Hewett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Isaac Hewett	FULL MAIDEN NAME	Lena Markam
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alvord Gore, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Idaho

Filed July 1920

J. E. McLaughlin
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-214-231-496

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. File No. 87575

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Kathryne May Stearns

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth July 14 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Harry Stearns	FULL MAIDEN NAME Flogun V. Dorney
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE New Jersey
OCCUPATION Mill Work	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature, at 8:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Laughlin

Physician

(Physician or midwife)

Address Winchester Ida

Given names added from a supplemental report.

19

Registrar

Filed July 19 21

H. M. Laughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-276-031-249

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. _____ File No. 87576

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child ~~Catherine~~ KATHRYN Dale Church

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben F. Church	FULL MAIDEN NAME	Bertha M. Burgend
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Railroad Work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E M Laughlin

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Winchester Ida

Filed Mar 1921 J E M Laughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss. Certificate No. 87576

County of CLALLAM } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Cathrine (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 16, 1920 (DATE OF EVENT)

in Winchester, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 4, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Cathrine	Kathryn Dale Church

Subscribed and sworn to before me this 4th day of January, 19 43

J. Lyle Beam

Notary Public, residing at Port Angeles

My commission expires Oct. 8, 1945

(SEAL)

Signed Bertha Madeline Church

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

311 W. 8th, Port Angeles, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Clallam

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 19 43

J. Lyle Beam

Notary Public, residing at Port Angeles

My commission expires Oct 8-1945

(SEAL)

Signed Eleanor E. Alleman

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

126 West 5th Port Angeles Wn.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 8 1943

845-220-031-253

PLACE OF BIRTH

Amended 9/2/77

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of

No. St.

Hospital

Registration District No. 48

Primary Registration District No. 2127

File No. 87579

Registered No.

Full Name of Child Marguerite Blanche Huetiger

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Apr 20 1921 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Huetiger	FULL MAIDEN NAME	Annie Bell
RESIDENCE	Sweet Water	RESIDENCE	Sweet water
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Oregon
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. M. Laughlin
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Apr 1920

J. E. M. Laughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 10 01 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 87579

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Marguerite Blanche Heutiger (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1920 (Date of Event)

in Lewis County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name (last)	Heutiger	Huetiger
father's last name	Heutiger	Huetiger

Subscribed and sworn to before me this 1st day of August, 1977

[illegible]

Notary Public, residing at Lewiston, Idaho

My commission expires 1/6/80

(Seal)

Signed Donna F. Asl

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

729 Linden Ave Lewiston, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Correction cc 7/28/77 nm

SEP 2 1977

School Census Marshal's Report of May, 1933, filed October 4, 1933, School District #38, Nez Perce County, lists name as Marguerite Huetiger, daughter of Robert Huetiger. Certified copy dated October 18, 1976.

Viewed by V.S., July 28, 1977

Marriage license, dated April 2, 1940, Nez Perce County, Idaho lists name as Marguerite Huetiger.

Viewed by V.S., July 28, 1977

596-217-031-854

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Kenwins

No. ..... St.

Hospital .....

Registration District No. ..... File No. 87580

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Nifong BERTHA DEAN NIFONG

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Milton Nifong	FULL MAIDEN NAME	Verna Hewett
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alvord Gore, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kenwins, Idaho

Filed Mar. 10 1921

J. E. McLaughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Walla Walla }

Certificate No. 87580

Date Filed FEB

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 17th, 1920 (DATE OF EVENT)
in Ruebens, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Nifong	Bertha Dean Nifong

Subscribed and sworn to before me this 7th
day of February, 19 42

Notary Public, residing at Waitsburg

My commission expires March 9th, 1944.
(SEAL)

Signed Thomas Milton Nifong (father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Waitsburg, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____
(SEAL)

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

_____
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By _____
(REGISTRAR'S SIGNATURE)

FEB 14 1942

395·219·031·386

PLACE OF BIRTH

MAR 10 1924

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 41

Primary Registration District No. 2127

File No. 87581

Registered No. .....

Full Name of Child Edna Ruth Livingston

SEX OF CHILD Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate?

DATE OF BIRTH April 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Forrest Oak Livingston	FULL MAIDEN NAME	Lora Madge Thomas
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Mill Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E McLaughlin

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Mar. 10 1924 J E McLaughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss.
County of Deschutes }

Certificate No. 87581

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Livingston (Name on original certificate) who was born (Was born or died) on April 19,1920 (Date of event)
in Winchester,Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by birth certificate (Bible record, insurance policy, etc.) prepared on above date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Livingston	Edna Ruth Livingston

Subscribed and sworn to before me this 2nd
day of August, 1941
Edna Ruth Livingston

Notary Public, residing at Bend,Oregon
My commission expires April 24,1942.
[SEAL]

Signed Laura Madge Livingston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2115 E 4th St.,Bend,Oregon.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Deschutes }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of August, 1941
Edna Ruth Livingston

Notary Public, residing at Bend,Oregon
My commission expires April 24,1942
[SEAL]

Signed Forrest O. Livingston
(Signature of any credible person other than the previous affiant)

2115 E.4th St.,Bend,Oregon.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

213-221-031-667

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

near City of Winchester

No. ..... St.

Hospital .....

Registration District No. 49

Primary Registration District No. 2127

File No. 87582

Registered No. .....

Full Name of Child Bennidine Ruth Backlund

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
		yes	April 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Johnson Benjamin Backlund	FULL MAIDEN NAME	Orpha Matilda Fox
RESIDENCE	Winchester Ida	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Apr 1920 J. E. McLaughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

DEC 3 1 1941

JAN 1 6 1976

396-217-031-986

PLACE OF BIRTH

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 87583

Registered No. .....

FULL NAME OF CHILD Baby Crosson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	4	17	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Ray Crosson	Etta Mabel Rhodes
RESIDENCE	Reubens	Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

(Signature) W. Alvord Gore, M. D.

(Physician or midwife)

Address .....

Filed Mar. 10 1921

J. E. McLaughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-202-031-683

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

Registration District No. ____ File No. 87584

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Baby E Flatt~~ Wanda Mae Flatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	4 2 1920

FATHER		MOTHER	
FULL NAME	Harry John Flatt	FULL MAIDEN NAME	Marie Weller
RESIDENCE	Reubens, Idaho	RESIDENCE	Reubens, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Michigan
OCCUPATION	Railroader	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Comatose (Born alive or stillborn), at 1.30 A M. on the date above stated.

(Signature) W. Alvord Gore, M. D.

(Physician or midwife)

Address ____

Filed Apr 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 7 1967
Bureau of Vital Statistics

State of Washington } ss.
County of Asotin

Certificate No. 87584

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Flatt (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1920 (Date of Event) in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wanda Mae Flatt

Subscribed and sworn to before me this 29th day of May, 1967

Lennie Stephens

Notary Public, residing at Asotin

My commission expires 7-3-67

(Seal)

Signed W H Flatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1018 First St Asotin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 1967

Lennie Stephens

Notary Public, residing at Asotin

My commission expires 7-3-67

(Seal)

Signed Hazel Flatt
(Signature of Any Credible Person)

1018 1 St. Asotin Wash.
(Street Address, City, State)

CL 5-3-67. one copy pd. rec. #9807.

FORM DH 60-155

State of Idaho, Public School Diploma, Elementary, dated June 4, 1935 at Orofino, Idaho gives full name of student as Wanda Flatt - viewed by V.S.

OCT 31 1967

State of Idaho, Marriage License and Certificate, County of Clearwater, married March 5, 1938 at Orofino, Idaho gives full name of groom as Evert Calbreath and full name of bride as Wanda Flatt - viewed by V.S.

Notification of Birth Registration, Oakland, California, index no. 7271, gives full name as David William Calbreath, born Oct. 7, 1944 to Evert Alvin Calbreath and Wanda Mae Flatt - viewed by V.S.

Old American Life Insurance Co. Policy, no. 9520, effective date-Aug. 14, 1951 gives full name of insured as Wanda Mae Calbreath, beneficiary is given as Evert Alvin Calbreath, husband - viewed by V.S.

243-218-031-666
PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 48 File No. 87586

No. ..... St.

Hospital ..... Primary Registration District No. 2127 Registered No. .....

FULL NAME OF CHILD Priscilla Buttrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 18th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Norman Buttrey	Edith Louise Foote
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	23
BIRTHPLACE	Idaho	Mass.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Laughlin

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed ..... 19.....

E. W. Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1965

513-120-031-695

PLACE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

87587

Registration District No. ..... File No. 1

Primary Registration District No. ..... Registered No. 40½

FULL NAME OF CHILD Walter Stanley Vallem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Jan 20 1920

FATHER

FULL NAME Robert Walter Vallem

RESIDENCE Forest Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE California

OCCUPATION Prospects Retail Gen. Mdse

MOTHER

FULL MAIDEN NAME Cora Esther Freeburn

RESIDENCE Forest, Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3.40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Mrs M.E. Hosley

Midwife
(Physician or midwife)

Address Winchester Ida

Filed Jan 19 20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 15 1945

866212·031·613

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 48

Primary Registration District No. 427

File No. 87588

Registered No. .....

Full Name of Child Marie Charlotte Hoffman

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Sept. 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John P. Hoffman	FULL MAIDEN NAME	Winniford Watts
RESIDENCE	Winchester - Ida -	RESIDENCE	Winchester Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Mill work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E M Laughlin MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Mar 10 1921 J E M Laughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1942

MAY 15 1969

819-220-031-466

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 87590

Primary Registration District No. 2127 Registered No.

Full Name of Child Gertrude Anderena Harrison

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			Yes	Aug. 20 1920

FATHER

FULL NAME John Ross Harrison

RESIDENCE Winchester - Ida -

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Carrie Gertrude Moore

RESIDENCE Winchester - Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ontario - Canada

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:[illegible] P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. McLaughlin

Physician (Physician or midwife)

Address Winchester - Idaho

Given names added from a supplemental report

....19....

Registrar

Filed Aug 1920 J. W. McLaughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-208-031-239

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 87591

Registered No. .....

Full Name of Child Ruth Elanor Mardahl

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	May (Month) - 8 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Mardahl	FULL MAIDEN NAME	Rena Strand
RESIDENCE	Winchester - Idaho	RESIDENCE	Winchester - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Time Keeper in Lbr. mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 - P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed May 1920 J. E. McLaughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 28 1947

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 12571
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County LEWIS (b) City WINCHESTER
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county 3 years — month 17 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City WINCHESTER
(d) Street Address or R.F.D.No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address WINCHESTER

3. **RESIDENCE of FATHER** (city, state) WINCHESTER IDAHO

4. **FULL NAME OF CHILD** RUTH ELANOR MARDAHL

5. Date of Birth (Month, day year) MAY-8-1920

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN MARDAHL
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace VIK-HELGELAND (City or town) NORWAY (State or foreign country)
14. Exact Occupation ACCOUNTANT
15. Industry or Business LUMBERING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RENA STRAND
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs
19. Birthplace INSET NORWAY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by — (First name) (Last name), who is related to this child as — (Mother, etc.)

25. Attendant's **OWN signature** — M.D. (D.O., Midwife, etc.)
and address Date

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of IDAHO
County of LEWIS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN MARDAHL, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) RUTH ELANOR MARDAHL (Name of person on certificate above) FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR MCLAUGHLIN (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Mardahl Signature
Winchester, Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of July, 1947

(SEAL)

Notary Public, residing at Winchester Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

692-229-031-565

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

near City of Winchester

No. ..... St.

Hospital .....

Registration District No. 48

Primary Registration District No. 2127

File No. 87592

Registered No. .....

Full Name of Child Wilma Irene Wise

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	April 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Harley Wise	FULL MAIDEN NAME	Floy Maud Ewer
RESIDENCE	Winchester Idaho	RESIDENCE	Winchester Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E M Laughlin

M D (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Apr 1920 J E M Laughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-218-031-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 1 1 192

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. R. F. D. St.

Hospital

Registration District No. 47

File No. 87593

Primary Registration District No.

Registered No. 106

FULL NAME OF CHILD X Zola Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Steven Fredrick Anderson	FULL MAIDEN NAME	Lila May Smith
RESIDENCE	Mohler Idaho	RESIDENCE	Mohler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Nezperce Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Albert Hoff Registrar

Address

Filed 1-12 1921

Albert Hoff Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of
1920-D75-4[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 647-110-033-289

County of Madison

City of Burton

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

87599

Registration District No. 100 File No. 87599

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD Susumu Fujimoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	2	yes	Aug (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Tozaba Fujimoto	FULL MAIDEN NAME	Yotasu Shimamoto
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	Japanese	COLOR	Japan
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 3/1 1921

G. G. Espe
Registrar

Registrar

156-110-033-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 100

File No. 87600

Primary Registration District No. 2178

Registered No. 25

FULL NAME OF CHILD Thomas Jeo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1	yes	Sep (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Tome Jeo	FULL MAIDEN NAME	Yoshiko Baba
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Hwaii
OCCUPATION	merchant	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 3/1 1921 G. Eske Registrar

Registrar

2 copy issued, 10-24-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1 copy issued 10/26/40 L.B.

FEB 5 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Salem

No. 469-125 1033-819 St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]C—25m-9-8-17

MAR 1[illegible]

Registration District No. 100

Primary Registration District No. 2178

File No. 87604

Registered No. 26

FULL NAME OF CHILD Clifford Grant Mortensen

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Peter Mortensen	FULL MAIDEN NAME	Annie M Harries
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary A Watts

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rexburg Idaho

Filed 3/1 1921

G G Espe

Registrar

STATE OF [illegible]

County of [illegible]

7-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 87601
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Mortensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on ~~July 2,~~ Oct. 25, 1920 (Date of Event)

in Salem (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Clifford Grant Mortensen

Subscribed and sworn to before me this 12th day of July, 1982

Notary Public [signature]
Residing at Idaho Falls Id
My commission expires Life
(Seal)

Clifford G. Mortensen
Signature of Applicant
963 Payne ST. Idaho Falls, Idaho.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Floyd Mortensen
Supporting Signature
1491 Fairmont Dr.
Street Address, City, State
Idaho Falls, Ida.

1
1 cc credit

JUL 16 1982

Cert of Baptism from LDS Church gives Clifford Grant Mortensen born 10-25-20 in Salem, Idaho to Peter Mortensen and Annie M Harris. was baptised 11-30-28. Viewed by V.S.

Cert of Blessing from LDS Church gives Clifford Grant Mortensen was born 10-25-20 in Salem to Peter Mortensen and Annie M Harris and was blessed 1-2-21. Viewed by V.S.

1299

38b-21-4073-532

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 87645

Primary Registration District No. 2178 Registered No. 23

FULL NAME OF CHILD Althea Thomas

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 15 1920

FATHER	MOTHER
FULL NAME Joseph Ward Thomas	FULL MAIDEN NAME Lauretta Eckersell
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P M. on the date above stated.

(Signature) Lorin F. Rich, M.D.

(Physician or midwife)

Address Rexburg Idaho.

Filed 1-11 1921 G. L. Cooper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-7-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS DEC 8 2 19 PM '72

State of Idaho } ss.
County of Ada }

Certificate No. 07645

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thomas (Name on Original Certificate) who born (Was Born or Died) on Dec. 15, 1920 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Althea Thomas

Subscribed and sworn to before me this 2nd day of February, 19 72

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Jack M. Barney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1502 N. 5th Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 19 72

Signed Althea A. Gray
(Signature of Any Credible Person)

~~Notary Public~~, residing at CLARENCE A. FLANNING

My ~~commission~~ expires CLERK OF THE DISTRICT COURT

(Seal)

1323 W. State
(Street Address, City, State)
Boise, Idaho

Emily Lobnitz, Deputy

FORM DH 60-155

DEC 8 1972

Own childs birth certificate Hilary Blair Barney Idaho State File No. 333791 gives mothers name as Althea Thomas. Childs date of birth Jan.27, 1942.

Viewed by VS

Family Record gies name of mother as Althea Thomas born Dec. 15, 1920 in Rexburg, Idaho.Family Record obviously old.
Viewed by V.S

864-201-033-413

MAR 10 1921

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100

Primary Registration District No. 2178

File No. 87648

Registered No. 20

Full Name of Child .....

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Jan. 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abe Hodge	FULL MAIDEN NAME	Cora Dalling
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sugar Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Grant

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Jan 7 1921

G. L. Epe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713.212.033-219

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. 87650

Primary Registration District No. 2178 Registered No. 18

FULL NAME OF CHILD Della Margaret Galbraith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	3 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Hurbet Galbraith	FULL MAIDEN NAME	Ida May Barber
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lyman Fremont Co Ida	BIRTHPLACE	Salem Fremont Co Ida
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann [illegible]

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1/20 1921

G. G. Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1943

419-120-033-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ..... St.

Hospital .....

Registration District No. 100

File No. 87653

Primary Registration District No. 2178

Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Richard Martinsen	FULL MAIDEN NAME	Rose May Jones
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 15 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho.

Filed 1-11 1921 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1302

492-130-093-613

MAR 10 1921

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 87654

Primary Registration District No. 2178 Registered No. 14

FULL NAME OF CHILD Paul H. Dille

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Dille	FULL MAIDEN NAME	Rachel Walker
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 07 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 1/11 1921 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 22 11 09 AM '76

State of ..... } ss. Certificate No. 87654

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Dille (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 30, 1920 (Date of Event)

in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	?
Paul H Dille	Hyrum Paul Dille	Paul H Dille

Subscribed and sworn to before me this 18th day of March, 1976

Robert Yocom

Notary Public, residing at Salt Lake City ut.

My commission expires March 1, 1978

(Seal)

Signed ~~Robert Yocom~~ Janice Zavalon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1976

Robert Yocom

Notary Public, residing at Salt Lake City ut

My commission expires March 1, 1978

(Seal)

Signed Grace Dille Maynard

(Signature of Any Credible Person)

6944 So. 1700 W. West Jordan, Utah (Sister)

(Street Address, City, State)

FORM DH 60. 155

CL 3/10/76 1cc pd. Rush!

Warranty Deed from Utah for Paul H. Dille and Dorothy F. Dille. dated Aug 11, 1959 viewed by V. S.

MAR 2 6 1976

Marriage certifi from Utah gives name as Paul H. Dille and the bride's nameas Dorothy Francell Dittmer. dated Nov. 24, 1941. viewed by V. S.

893-169-033-963

PLACE OF BIRTH amend 10-22-82

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 87658

Primary Registration District No. 2178 Registered No. 10

FULL NAME OF CHILD ROSS Z. HILL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Hill	FULL MAIDEN NAME	Ida Bertha Zollinger
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 07 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MSC
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 1-11 1924 G G Espe
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

Certificate No. 87658
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Ross Z. Hill (Name on original certificate) who Born (Was born or died) on Dec. 19, 1920 (Date of event)
in Rexburg, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on Jan 15 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	~~Unnamed Hill~~	Ross Z. Hill
	~~Henry Hill~~	

Subscribed and sworn to before me this 6th
day of December, 1941
John C. Porter
Notary Public, residing at Rexburg, Ida.
My commission expires Aug. 1, 1942
[SEAL]

Signed Henry Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
328 East Main Rexburg Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

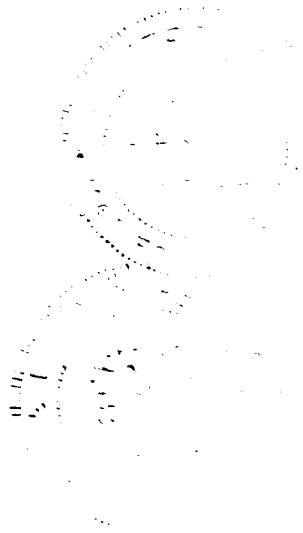
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of December, 1941
John C. Porter
Notary Public, residing at Rexburg
My commission expires Aug. 1, 1942
[SEAL]

Signed Geo. A. Hooper
(Signature of any credible person other than the previous affiant.)
206 East Main Rexburg Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 8 1955



10-18-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of _____ } ss.

Certificate No. 87658
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ross Z Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 19, 1920 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs year of birth	1921	1920

Subscribed and sworn to before me this 20th day of October, 19 82

Notary Public, Jeannette Wilding

Residing at Idaho Falls, Idaho

My commission expires Lefetime

(Seal)

X Ross Z. Hill
Signature of Applicant

195 Alpine Dr. Idaho Falls, Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 19 82.

Notary Public, _____

Residing at Idaho Falls, Idaho

My commission expires Lifetime

(Seal)

Ronald W. Wilding
Supporting Signature

P.O. Box 108 Idaho Falls, Ida
Street Address, City, State

Veterans Administration Certificate of Fligibility gives Ross Z Hill born 12-19-20 as Veteran. Date of Certificate is 11-6-50. Viewed by V.S.

Application to the New York Life Ins Co. gives Ross Zollinger Hill born Dec 19, 1920 as being born at Rexburg, Idaho. Application dated April 30, 1942. Viewed by V.S.

OCT 29 1982

315-222-
034-659

PLACE OF BIR[redacted]

AMENDED CHILD'S & FATHER'S NAMES
7-16-98 MS

Form V. S. No. 11-[illegible]-25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 87668

No. ..... St.

Primary Registration District No. 2075 Registered No. 1

Hospital .....

FULL NAME OF CHILD PHYLLIS JUNE LOWDER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	12 (Month) 22 (Day) 1920 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
JOSEPH WILLIAM LOWDER	William Lowder	Amelia Weiand	
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Keagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan. 10 1921 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DISCLOSED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

5-12-98

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

RECEIVED
VITAL STATISTICS
98 JUL -1 PM 3:55

Certificate No. 1920-87668
Date Filed JANUARY 10, 1921

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED LOUDER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 22, 1920 (Date of Event)

in RUPERT (MINIDOKA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED LOUDER	PHYLLIS JUNE LOWDER
FATHE'S NAME	WILLIAM LOUDER	JOSEPH WILLIAM LOWDER

Subscribed and sworn to before me this 26th day of June, 98.

Notary Public Jane Becker
Residing at Burley ID
My commission expires 2-28-2002
(Seal)

Phyllis June Simpson
Signature of Applicant

1510 15th St. #18 Rupert Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/12/25 FILE #1925-136398 SHOWS ESTHER LOWDER BORN NOV. 19, 1925 IN DECLO (CASSIA) ID TO AMELIA LUCILLE WEIAND AND JOSEPH WM. LOWDER VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 5/15/75 FILE #75-2020 SHOWS JOSEPH W. LOWDER DIED APRIL 26, 1975 IN RUPERT (MINIDOKA) ID VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 3/11/27 FILE #1927-150186 SHOWS THE FATHER'S NAME AS JOSEPH WILLIAM LOWDER VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 10/10/41 FILE #1941-322669 SHOWS THE MOTHER'S MAIDEN NAME AS PHYLLIS JUNE LOWDER VIEWED VS.

STATE OF NEVADA MARRIGE CERTIFICATE SHOWS EDWARD RAY SIMPSON AND PHYLLIS JUNE KNOGHT WERE MARRIED JAN. 12, 1988 IN ELKO NV VIEWED VS.

155-128-074-666

PLACE OF BIRTH

Form V. S. No. 11[illegible]-25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

Registration District No. 19 File No. 87669

Primary Registration District No. 2015 Registered No. 2

FULL NAME OF CHILD Donald Ray Averett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rex Parst. Averett	FULL MAIDEN NAME	Clara Elizabeth Fowler
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7-A-M M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Registrar

Filed Jan 10 1921

Ett Elmer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-113-034-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

MAR 1920

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Chisisdoha

City of Heyburn

Registration District No. 19

File No. 87670

No. ..... St.

Primary Registration District No. 2015

Registered No. 3

Hospital .....

FULL NAME OF CHILD Simon Lind Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Dec. 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. M. Baker	FULL MAIDEN NAME	Mollie Lind
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.w.f.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Jan 12 1921 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

Oct. 6, 1934

INSTITUTIONS
LAVA HOT SPRINGS . . . . . LAVA
IDAHO SOLDIERS' HOME . . . BOISE
STATE HOSPITAL NORTH . . OROFINO
STATE SCHOOL AND COLONY . NAMPA
STATE HOSPITAL SOUTH . BLACKFOOT

C. BEN ROSS, GOVERNOR

Mrs. S. M. Baker
Lynn, Utah

Dear Madam:

Enclosed you will find the birth certificate for Rachel Darlene Baker, which you reqpested. The birth certificate for Simon Lind has already been sent.

We have searched our files and failed to find the birth certificate for Emma Josephine, and would suggest that you get in touch with the attending physician and have him send us this record so that we may place it on file.

It is not necessary to have a certificate for a child who has died in infancy, but at any time that you should want one, it will be sent you upon request.

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

Pearl Dillingham
State Registrar

FEB 27 1954

RG

Lynn, Utah.
Oct. 17, 1934

Lewis Williams, Com—
Boise, Idaho.

Dear Sir:- In regard to above will say that I have not rec'd Simon Lind's corrected birth certificate. His birth is recorded as Jan. 4, 1931 whereas

it was Dec. 13, 1920. I very much desire to have this correction made.

Yours Truly,

Mrs. S. M. Baker

Lynn, Utah.

87670

RECEIVED OCT 1

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS . . . . . LAVA
IDAHO SOLDIERS' HOME . . . BOISE
STATE HOSPITAL NORTH . . OROFINO
STATE SCHOOL AND COLONY . NAMPA
STATE HOSPITAL SOUTH . BLACKFOOT

C. BEN ROSS, GOVERNOR

Sept. 19, 1934.

87670

Dr. F.H. Cutler,
Burley, Idaho.

Dear Doctor:

Will you kindly advise us on the bottom of this letter the correct birth date of Simon Lind Baker. Son of Mr. and Mrs. Simon M. Baker of Heyburn. The birth certificate sent to this office for registration gives the birth date as Jan. 4, 1921 and the mother says it should be Dec. 13, 1920. We are unable to make this change without a written statement from the attending physician. Enclosed please find a stamped envelope and we will appreciate a reply by return mail.

Thanking you in advance for your kind attention to this [redacted].

Very truly yours.

BUREAU OF VITAL STATISTICS
Pearl Dillingham
PEARL DILLINGHAM
STATE REGISTRAR

State Registrar Boise
PBA

Dear Madam: Dec 13/1920. is the correct date for the birth of Simond Lind Baker son of Simon M. Baker. Jany 4/1921 was a copying error.

Resp. F.H. Cutler M.D.

819-231-074-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

County of Minidoka

City of Rupert

Registration District No. 19 File No. 87671

No. ..... St.

Primary Registration District No. 2016 Registered No. 42

Hospital .....

FULL NAME OF CHILD Baby Hardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	12 - 31 - 1920

FATHER		MOTHER	
FULL NAME	A. Hardin	FULL MAIDEN NAME	Blanche Ford
RESIDENCE	Rupert Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housef.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Jan 13, 1921 Ethel Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1970

295-127-034-213

PLACE OF BIRTH

Form V. S. No. 11-~~4~~-25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 87672

No. ..... St.

Primary Registration District No. 2015 Registered No. 5

Hospital .....

FULL NAME OF CHILD ~~XXXXXXX~~ JAY C. Brewer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	12 (Month) - 27 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Kelso Brewer	FULL MAIDEN NAME	Lela Bates
RESIDENCE	Kansas City Mo.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Patterson

Burley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Jan 12 1921 Ed Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

FEB 14

Certificate No. 87672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Brewer (Name on Original Certificate) who was born (Was Born or Died) on Dec. 27-1920 (Date of Event)
in Paul Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Memory (Bible Record, Insurance Policy, Etc.) prepared on Feb. 9-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Brewer	Jay C. Brewer

Subscribed and sworn to before me this 9th day of February, 1942

Notary Public, residing at Los Angeles Cal

My commission expires My Commission Expires June 28, 1944
(Seal)

Signed Lela Bates Brewer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2789-West Olympic Blvd. Los Angeles
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1942

Notary Public, residing at Los Angeles

My commission expires
(Seal)

My Commission Expires June 28, 1944

Signed Mrs Oscar Bates
(Signature of Any Credible Person Other Than Previous Year)

1111 South Eastern Los Angeles
(Street Address, City, State)

FEB 19 1942

255-224

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

34.313 Minidoka

County of ~~Cassia~~

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

Registration District No. 19 File No. 87673

Primary Registration District No. 2012 Registered No. 6

FULL NAME OF CHILD VERNA KENT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	1	yes	Dec 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel O Kent	FULL MAIDEN NAME	Annie L Talbot
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Renaga M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 5 1921

Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 27 1945

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Cassia Co. Idaho

4. FULL NAME OF CHILD Verna Kent

5. Date of Birth of Child (Month, day, year) Dec. 24, 1920

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Samuel Parley Kent
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Talbot
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace..... (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended ~~the birth~~ of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have ~~known~~ this person for 24 years, and that Dr Knagga (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Talbat
.....Signature

.....P. O. Address

Subscribed and sworn to before me this 25 day of April, 19 45

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-225-034-555

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

MAR 1

Registration District No. 19 File No. 87674

Primary Registration District No. 2013 Registered No. 7

FULL NAME OF CHILD Gladys Archibald

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes.	Dec 25 1920

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Jack Archibald	Tilla Van Every.
RESIDENCE	Rupert	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Oklahoma	N. Y.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 9. M. on the date above stated.

(Signature) F. F. Miller

(Physician or midwife)

Address .....

Filed 2-4 1921 Ett E Elmore
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-129-034-754

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

MAR 10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 87675

Primary Registration District No. 2013 Registered No. 8

FULL NAME OF CHILD Evan. ~~Edward~~ Edward Brown

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Dec. 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. K. Brown	FULL MAIDEN NAME	Madge Temple
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) V. R. Killen

(Physician or midwife)

Address .....

Filed 2-4 1921 Ett Elmore

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 87675

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on Dec. 29, 1920 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Evan Edwin Brown	Evan Edward Brown

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of May, 1942.

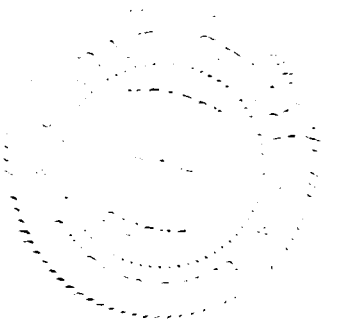
Notary Public, residing at Boise Idaho

My commission expires 3-10-46
(Seal)

Signed John Laurie
(Signature of Any Credible Person Other Than Previous Year)

1732 Jefferson Boise Idaho
(Street Address, City, State)

1 2 1942



483-114-034-859

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

MAR 1 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 87676

Primary Registration District No. 2013

Registered No. 9

FULL NAME OF CHILD Karl Uhl.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Nov. 14 1920

FATHER		MOTHER	
FULL NAME	Chris ~~[illegible]~~ Uhl.	FULL MAIDEN NAME	Louise Hernad
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) V. R. Killen

(Physician or midwife)

Address .....

Filed 2-14 1921 E H Elmore

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-120-034-632

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 16

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 87682

Primary Registration District No. 2015 Registered No. 15

FULL NAME OF CHILD Moller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels Moller	FULL MAIDEN NAME	Elinore Olson
RESIDENCE	Rupert R.F.	RESIDENCE	Rupert
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

(Signature) V. R. Killen

(Physician or midwife)

Address .....

Filed 2-6 1921 Ett Elinore

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-229-034-853

Form V. S. No. 11-C--25m-7-21-19

MAR 1 9

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. ..... File No. 87683

No. ..... St.

Primary Registration District No. ..... Registered No. 16

Hospital .....

FULL NAME OF CHILD Jannetta Iris Platts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chaucy W. Platts	FULL MAIDEN NAME	Arda Kate Hellewell
RESIDENCE	Malta	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Dec. 29 1920 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 87683

JUN 20 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Infant
(Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jannetta Iris Platts

Subscribed and sworn to before me this 23
day of June, 1945
Martha W. Cranmer
Notary Public, residing at Burley, Idaho
My commission expires May 25, 1949
(Seal)

Signed Veda Platts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUN 2 5 1945

JUN 1 7 1953

4/13/31-034 -863

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

MAR 10 1921

Registration District No. 1a File No. 87684

Primary Registration District No. 2015 Registered No. 17

FULL NAME OF CHILD Eloyd Robert Mackrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 31 1920

FATHER

FULL NAME Paul Seymour Mackrill

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Iowa

OCCUPATION Auto Mechanic

MOTHER

FULL MAIDEN NAME Mary Thelma Hockaday

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E. B. Elmore M.D.

(Physician or midwife)

Address Rupert

Filed Dec. 31 1920 E. B. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

414-102-035-689

MAR 10 1921

Form V. S. No. 11-C—Rev. 8-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 127 = Snake River Ave.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 — File No. 87696

Primary Registration District No. 1009 — Registered No. 611

FULL NAME OF CHILD John Henry Maund.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Mal		yes	Nov. (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Maund	FULL MAIDEN NAME	Lillie Maud White
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Banbury Eng.	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6-A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... 19.....

(Signature) .....

L. J. Perkins (Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Feb 3 1921 Anna E Bruce Registrar

132/11/0 75-263

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
MAR 10 1930

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 97 File No. 87711

No. ..... St.

Primary Registration District No. 2174 Registered No. 1

Hospital .....

FULL NAME OF CHILD Delbert Wilbur Allgier

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) / (Day) (Year)
Male	/		/	yes	12 / 11 / 1930

FATHER

FULL NAME Bert Arthur Allgier

RESIDENCE Lapwai

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Uniontown, Wash.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lynica Bohn

RESIDENCE Lapwai

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Julietta, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) L. L. Riggs M.D.

(Physician or midwife)

Address Lapwai, Idaho

Filed Feb. 5th 1930

L. L. Riggs M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-113-035-352

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO MAR 10 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Sweetwater — Registration District No. 97 — File No. 87712

No. ____ St.

Hospital ____ Primary Registration District No. 2174 — Registered No. 2

FULL NAME OF CHILD Bernard Francis Armstrong

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	12 13 1920

FATHER

FULL NAME: Erwin Alfonso Armstrong

RESIDENCE: Sweetwater

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Reedsburg, Wis.

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Lizzie Irene Lebaron

RESIDENCE: Sweetwater

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Dwight, Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.18 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) L. D. Riggs M.D.

(Physician or midwife) Physician

Address Lapwai, Ida.

Filed Feb 5-th 1921 L. D. Riggs M.D. Registrar

APR 7 1943

436-21-035 814

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 97 File No. 87713

No. ..... St.

Primary Registration District No. 2174 Registered No. 3

Hospital .....

FULL NAME OF CHILD Lola Maye McFarlin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Dec 19 1920

FATHER		MOTHER	
FULL NAME	Charles Doran McFarlin	FULL MAIDEN NAME	Catharine Verdon Dambacher
RESIDENCE	Cul De Sac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Riggs M.D.

Physician

(Physician or midwife)

Address Lapwai, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 5 1921 L. D. Riggs M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

693-215-037-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 19

CERTIFICATE OF BIRTH

Registration District No. 130 File No. 87746

Primary Registration District No. Homedale Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov 15 1920

FATHER		MOTHER	
FULL NAME	Henry O Wilson	FULL MAIDEN NAME	Hazel May Laughlin
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report.

Dec 1 1920 Address Homedale Ida

Simeon Hopper Registrar

Filed Dec 1 1920 Simeon Hopper Registrar

845.213.037-523

name added 12-17-85 dl

Form V. S. No. 11-1--25m-7-21-19

MAR 10 1921

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87747

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital Home

FULL NAME OF CHILD Ruth Estey Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 13, 1920

FATHER	MOTHER
FULL NAME: Jay C. Hunter	FULL MAIDEN NAME: Louise Estey
RESIDENCE: Homedale	RESIDENCE: Homedale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) WILLIAM WALDO BAUER

M.D.
(Physician or midwife)

Address Box 17 — WILDER IDAHO

Given names added from a supplemental report.

Feb 1 1920

J Hodgen
Registrar

Filed Feb 1 1920

J Hodgen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-6-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 24 12 46 PM '85

State of Washington
County of Chelan } ss.

Certificate No. 87747
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hunter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 13, 1920 (Date of Event)

in Homedale (Owyhee) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruth Estey Hunter

Subscribed and sworn to before me this 5th day of July, 1985.

Notary Public, Joan C. Peterson
Residing at Wenatchee
My commission expires 5/5/87
(Seal)

X Leona I. DeChand
Signature of Applicant

X 327 - East St. Wenatchee Wa.
Street Address, City, State 98801

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Birth Certificate of Jerrene MacDonald born 4-7-47 in Washington lists mother as Ruth Estey Hunter. Viewed by V.S. DEC 17 1985

Marriage Certificate from State of California lists Edwin Peter Brown and Ruth Estey Leach were married may 5, 1965 in Anaheim. Viewed by V.S.

951-217-038-365

Form V. S. No. 11-[illegible]-7-21-19

MAR 10 1921

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 87751

Primary Registration District No. 1008 Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	Geo Reaume	FULL MAIDEN NAME	Rosetta Tonpin
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Filed Jan 3 1921 J C Woodward
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REAUME

Rec'd March 10, 1921

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 — State File No. 8775

Prim. Registration District No. 1008 — Local Registrar's No.

1. PLACE OF BIRTH
County of Payette
City of Fruitland
No. ..... St.
615-22-1038-256
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gladys Hansen

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Dec. 21, 1920 (Month, Day, Year)

FATHER

9. Full name: Edward Clarence Hansen
10. Residence (usual place of abode) (If non-resident, give place and State): Payette, Ida
11. Color or race: W | 12. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Bennington, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Emma George
19. Residence (usual place of abode) (If non-resident, give place and State): Payette, Idaho
20. Color or race: W | 21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or Country): New Mexico

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. Elwood Ward M.D., M. D.
or ....., Midwife
Address Payette, Idaho
Filed Jan. 8 1921 J. Woodward Registrar.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 26 2014

791-22-238-428

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 87753

Primary Registration District No. 1008 Registered No. 5

FULL NAME OF CHILD Mary Jane Graham

Sex of Child Fem. | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 22 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Guy Graham	FULL MAIDEN NAME Jennie D'Shipp
RESIDENCE Payette Ida R 7 D 1	RESIDENCE Payette Ida R 7 D 1.
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo -	BIRTHPLACE Mo —
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D
(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 8 1921. J C Woodward
Registrar

Clarification of year of birth from looking like 1921 to 1920 4/12/05 lo

FEB 1 1 1963

819-129-038-499

PLACE OF BIRTH

Form V. S. No. C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 1921

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 87754

Primary Registration District No. 1008 Registered No. 6

FULL NAME OF CHILD THOMAS FERRIN HARLAND

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ferrin G Harland	Emma Helena Arnsdell
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Illinois	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:45 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J C Woodward M D

(Physician or midwife)

Address Payette Ida

Filed Jan 8 1921. J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 87754

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Helen Driscoll	Emma Helena Driscoll
name	none given	Thomas Ferris Harland

Subscribed and sworn to before me this 30 day of June, 1943

Signed Helen D. Harland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Payette 1/14/47 Boise Ida

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

JUN 30 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-228-038-219

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1630 Center Ave

Registration District No. 4 File No. 87756

Hospital

Primary Registration District No. 1008 Registered No. 8

FULL NAME OF CHILD Alice Jane Marlowe

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth Dec 25 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Chas C. Marlowe

RESIDENCE Payette, Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Principal high school

MOTHER

FULL MAIDEN NAME Anita Sargent

RESIDENCE Payette, Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Avery

Physician
(Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

19

Registrar

Filed Jan 12 1921. J B Woodward
Registrar

OCT 2 0 19

636-131-C38-266

Form V. S. No. 11-C-25m-7-21-19

MAR 10 1921

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 87757

Primary Registration District No. 1008 Registered No. 9

FULL NAME OF CHILD Ellwood Warren Flock

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec. (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl M. Flock	FULL MAIDEN NAME	Violet Vaye Bowers
RESIDENCE	Near Fruitland, Ida	RESIDENCE	Near Fruitland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed Jan. 12 1921 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 195
NOV 10 1949
AUG 18 1942
JUN 9 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

255-217-038-144

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 16 1921

Registration District No. 4 File No. 87758

Primary Registration District No. 1008 Registered No. 10

FULL NAME OF CHILD Margaret Elizabeth Beeson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
femail			yes	4 17 1920

FATHER	MOTHER
FULL NAME: Jasper Beeson	FULL MAIDEN NAME: Harrett M. Judd
RESIDENCE: Payette, Idaho.	RESIDENCE: Payette, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: ~~29~~ 31 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: So. Decota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McDonald M.D.

(Physician or midwife)

Address Payette, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 29 1921 J. B. Woodward Registrar

S-Y CO. 20174

MAR 13 1952

463-24-039-963

PLACE OF BIRTH

County of Power

City of _____ Registration District No. 20 File No. 87762

No. _____ St. Primary Registration District No. 2052 Registered No. 255

Hospital _____

FULL NAME OF CHILD Theodore John Roth

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

MAR 10 ...

Sex of Child: Male	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry Roth	FULL MAIDEN NAME	Christina Roth
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.4 M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Hoch M.D.

(Physician or ~~midwife~~)

Address New Falls Idaho

Filed Mar 10 1921 R. F. Hoch Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

238-119-039-921

PLACE OF BIRTH

Form V. S. No. 11-C—2m—8-15

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87763

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. ~~25~~ 6

Primary Registration District No. 2052 Registered No. 256

FULL NAME OF CHILD Warren Wesley Schiewe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	Yes	Dec 19 1920

FATHER		MOTHER	
FULL NAME	Jacob Schiewe	FULL MAIDEN NAME	Martha S. Isaak
RESIDENCE	Power Co	RESIDENCE	Lame
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	[illegible]
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiek

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Am Falls,

Filed 7/10 1921 R. F. Noch B

Registrar Registrar

5-Y-CO 38071

Fill in & places with pencil and return

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN

845-125-039-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25 File No. 87764

No. _____ St.

Primary Registration District No. 2052 Registered No. 257

Hospital _____

FULL NAME OF CHILD Merlin Hunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Merlin Hunt	FULL MAIDEN NAME	Ella Allen
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 8.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiefer M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Am Falls

Filed 2/10 1921 R. F. Uoth Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

SEP 29 1964

693-101-040-296

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87776

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 32

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lowell Homer Wilcott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes.	Nov. 1 1920

FATHER		MOTHER	
FULL NAME	Joseph Wilcott	FULL MAIDEN NAME	Laura M. Brown
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kellogg Idaho

Filed 3/1 1921 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 21 1947

MAY 18 1971

691-2115840-367

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

87777

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 31

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Augustina Tresa Frank

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	yes.	Dec. 11 — 20 (Month) (Day) (Year) 191

FATHER		MOTHER	
FULL NAME	William Frank.	FULL MAIDEN NAME	Francis Logago.
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Brick-layer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 3/1 1921 Geo. S. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-208-040-235

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-9-8-17

CERTIFICATE OF BIRTH

87778

MAR 10 1921

Registration District No. 123 File No. 30

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Patricia Edith Scribner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		1	yes	Dec 8 — 20 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J E Scribner	FULL MAIDEN NAME	May Agnes Bladsoe
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cheney, Wash.	BIRTHPLACE	Little Rock Ark.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Hardy M. D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 3/1 1921 Geo. S Leslie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1942

954108040-893

MAR 10 1921 Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87782

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 76

No. ..... St.

Primary Registration District No. 7701 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Alexander Redfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	yes	Oct. 8 1920

FATHER		MOTHER	
FULL NAME	Grant Redfield	FULL MAIDEN NAME	Mary Hicks
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Kellogg Idaho

Filed 3/1 1921 Geo S Leslie

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243123.040-814

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87783

County of Shoshone

City of Kellogg

Registration District No. 173

File No. 75

No. ..... St.

Primary Registration District No. 7701

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harvey Hamilton Buchanan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		3	yes	Oct 23 — 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walker Lloyd Buchanan	FULL MAIDEN NAME	Nellie Price Hamilton
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg Idaho

Filed 3/1 1921 Geo S Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUCHANAN

NOT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.* In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87784

PLACE OF BIRTH

653-227/040346

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 MAR 10 1921 File No. 24

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Julia Felito

Sex of Child Female | Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Oct. 27 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Felito	FULL MAIDEN NAME	Elma Marie Trefty
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Italy	BIRTHPLACE	Hudson Wisconsin
OCCUPATION	Smelterman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 3/1 1921 Geo. S. Lasher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-120-040-393

PLACE OF BIRTH

MAR 8 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

87787

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 173 File No. 71

Primary Registration District No. 1701 Registered No. .....

FULL NAME OF CHILD James Joseph Patano

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 20 1920

FATHER	MOTHER
FULL NAME: Mike Patano	FULL MAIDEN NAME: Donetta Lilli
RESIDENCE: Kellogg (Railroad Ave)	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: ITALY
OCCUPATION: Smelter-man	OCCUPATION: House-wife

Number of child of this mother, including present birth: TWO

Number of children of this mother now living, including present birth: TWO

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M. D.
(Physician or midwife)

Address Kellogg Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 1/11 19 21 Geo S Lasher
Registrar

..... Registrar

S-Y-CO 38071

551-224-040-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 10 1921

CERTIFICATE OF BIRTH

87788

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 173 File No. 20

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Beulah Maxine Nearing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 24 1920

FATHER		MOTHER	
FULL NAME	William Edward Nearing	FULL MAIDEN NAME	May Hokola
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Alberta, Canada	BIRTHPLACE	Gem, Idaho.
OCCUPATION	Mill-man	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kellogg - Idaho

Filed 1/11 1921 Geo S Lesher Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1974

319-208-040-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 16 1921

CERTIFICATE OF BIRTH

87789

County of Shoshone

City of Kellogg

No. _____ St.

Hospital Wardner

Registration District No. 17B

File No. 19

Primary Registration District No. 2201

Registered No. _____

FULL NAME OF CHILD Carlo Evald Carlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	Oct. 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Oscar Carlson	FULL MAIDEN NAME	Ida Lind
RESIDENCE	Kellogg (3rd St)	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrachin

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Kellogg, Ida

Filed 1/11 1921 Geo D Lesher
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-41

NOV 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-201.040-156

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

87790

County of Shoshone

City of Wardner

Registration District No. 173

File No. 18

No. ..... St.

Primary Registration District No. 7701

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Elizabeth Somers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 1 1920

FATHER	MOTHER
FULL NAME: James Edward Somers	FULL MAIDEN NAME: Berniece Jefferson
RESIDENCE: Wardner	RESIDENCE: Wardner
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Oregon
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: Two

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex McCracken M D

(Physician or midwife)

Address Kellogg Ida

Given names added from a supplemental report.

..... 19.....

Filed 11 11 1921 Geo D Lesher

Registrar

S-Y-CO 38071

Registrar

693-218 C40-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

MAR 18 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87791

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 17

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Velma Catherine Williams

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	--	--	Yes	May 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Morris Thomas Williams	FULL MAIDEN NAME	Minnie Aurora Jones
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Wardner, Ida.
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:20P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D McCracken

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 1/11 1921 Geo S Lesher

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

221-119.040-551

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

87792

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123 File No. 16

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Wilbur Byron Skaggs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	Feb. (Month) 19 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Caleb Butler Skaggs	FULL MAIDEN NAME	Bessie Viola Evans
RESIDENCE	Kellogg (Division St.)	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Smelter-man	OCCUPATION	House-wife

Number of child of this mother, including present birth Seven Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:25 P. M. on the date above stated.

(Signature) Alex D McCracken

M. D.
(Physician or midwife)

Address Kellogg

Filed 1/11 1921 Geo S Lesher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

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Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

JUL 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-111-040-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

87793

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 1V3 File No. 15

Primary Registration District No. V V0 1 Registered No. .....

FULL NAME OF CHILD Karlo Kauppi

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— —		— —	Yes	Feb. 11 1921

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Kauppi	FULL MAIDEN NAME: Fanny Laho
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	AGE AT LAST BIRTHDAY: 34 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Finland
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: Five

Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P M. on the date above stated.

(Signature) Alex. D. McEachern M. D.

(Physician or midwife)

Address Kellogg

Filed 1/11 1921 Jno D Lesher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

243-106-040-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 87794

County of Shoshone

City of Kellogg

Registration District No. 173 File No. 14

No. ____ St.

Primary Registration District No. V V 01 Registered No. ____

Hospital ____

FULL NAME OF CHILD Jack Finley Buckner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	--		--	Yes	Feb. 6 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Albert Obadiah Buckner	FULL MAIDEN NAME: Flossie May White
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: No. Carolina	BIRTHPLACE: No. Carolina
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: TWO

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

(Signature) Alex. McEachin

M. D

(Physician or midwife)

Address Kellogg

Filed 1/11 1921 Geo S Lesher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1947

265-030-040-3636

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 87795

County of Shoshone

City of Kellogg

Registration District No. 173 File No. 13

No. ____ St.

Primary Registration District No. 7701 Registered No. ____

Hospital Wardner

FULL NAME OF CHILD Margaret Boehm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	--		--	Yes	June 30 1920

FATHER	MOTHER
FULL NAME: Henry Hubert Boehm	FULL MAIDEN NAME: Delia Agnes O'Connor
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Burlington, N. D.	BIRTHPLACE: Ireland
OCCUPATION: Cashier-express office.	OCCUPATION: House-wife.

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Alex. McCracken

M. D.
(Physician or midwife)

Address Kellogg

Filed 1/11 1921 Geo. D. Lesher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-102-040-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

County of Shoshone

City of Kellogg

No. _____ St.

Hospital Wardner

Registration District No. 123

File No. 11 87797

Primary Registration District No. 2201

Registered No. _____

FULL NAME OF CHILD William Jesse Hayes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	April 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron Howard Hayes	FULL MAIDEN NAME	Esther Claire Barker
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	California
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. DeLe Crachin

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Kellogg

Filed 1/11 1921 Geo S Lesher
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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APR 23 1972

SEP 7 19..

412-22-040-196

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible] 8-15

CERTIFICATE OF BIRTH

87798

County of Shoshone

City of Kellogg

Registration District No. 173 File No. 10

No. ____ St.

Primary Registration District No. 7701 Registered No. ____

Hospital ____

FULL NAME OF CHILD Emily Mildred Maki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female	--		--	Yes	March 22 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Oscar Maki	FULL MAIDEN NAME: Emily Esther Aro
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Finland	BIRTHPLACE: Bonner, Mont
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. McCracken

M. D. (Physician or midwife)

Address Kellogg

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/11 1921 Geo. S. Lesher Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1966

OCT 13 1942

412-217-040-413

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 28 1921

CERTIFICATE OF BIRTH

87799

County of Shoshone

City of Kellogg (Deadwood Gulch)

Registration District No. 123

File No. 9

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

Full Name of Child Thelma Maki

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	Twin		One	Yes.	Nov. 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Maki	FULL MAIDEN NAME	Hilma Marion O.S. Doktor
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Smelter-man	OCCUPATION	House-wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. A. McCrachin

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Kellogg

Filed 1/11 1921 Geo. S. Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-126:640-128

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ---- ---------- St.

Hospital Wardner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

87800

Registration District No. 173

File No. 8

Primary Registration District No. 1701

Registered No. ----------

Full Name of Child Warren Lincoln Flock

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	—	—	Yes — Posthumous	Oct. 26 (Month) (Day) 19 20 (Year)

FATHER	MOTHER
FULL NAME Abraham Lincoln Flock.	FULL MAIDEN NAME Florence Ashby
RESIDENCE deceased.	RESIDENCE Kellogg.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 56 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Illinois
OCCUPATION Mine timberman	OCCUPATION Home - wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrachin

M. D. (Physician or midwife)

Address Kellogg

Filed 1/11 1921 Geo. S. Losher Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 19[redacted]

843-246-040-352

PLACE OF BIRTH

County of Shoshone

Kellogg

No. ____ St.

Hospital Wardner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form .—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 87801

Primary Registration District No. 7701 Registered No. ____

Full Name of Child GENEVIEVE Iva Hull

SEX OF CHILD	Twin, Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	— (To be answered only in event of plural births)	Yes.	June 16 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hannibal Hamlin Hull	Emma Francenia Lebantillier
RESIDENCE	Kellogg	Kellogg,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Baker, Oreg.	No. Dakota
OCCUPATION	Insurance Solicitor	Home-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 5 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. Du Cracken M.D.
M D.
(Physician or midwife)

Address Kellogg

Given names added from a supplemental report

....19....

Registrar

Filed 1/11 19 21 Jno S Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 87801

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Iva Hull who born on June 16, 1920.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Kellogg, Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Birth Record of her daughter prepared on May, 6, 1939., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Iva	Iva Genevieve Hull

Born May 6 1939

Subscribed and sworn to before me this 21st, day of May, 19 42

H. H. Hull

Notary Public, residing at Empire, Oregon.

My commission expires June 23 1944
(Seal)

Signed Emma F. Hull Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Empire, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Coos } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st, day of May, 19 42

H. H. Hull

Notary Public, residing at Empire, Oregon.

My commission expires June 23 1944
(Seal)

Signed J. M. Robertson, Aunt
(Signature of Any Credible Person Other Than Previous Year)

Empire Oregon
(Street Address, City, State)

MAY 26 1942

SEP 1 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(118-217-040-463

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87802

County of Shoshone

City of Kellogg (Deadwood Gulch)

Registration District No. 123

File No. 6

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

Full Name of Child Wilma Maki

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	Twin (To be answered only in event of plural births)	Two	Yes.	Nov (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jack Maki	FULL MAIDEN NAME	Hilma Marian O.S. Dohtor
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Smelter-man	OCCUPATION	House-wife

Number of child of this mother, including present birth 11 ..... Number of children of this mother now living, including present birth 11

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D McCrachin

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Kellogg

Filed 1/11 1921 Geo. S Lesher
Registrar

Registrar

NOW
VELMA

DUP OF 1920 - 263511
BOTH TWIN #2
NAME CHANGE

NOT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

10 1921

P[redacted]

County of Twin Falls

City of Twin Falls

No. 569-124,042-466 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 87809

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12/24/1920

FATHER		MOTHER	
FULL NAME	R. E. Norris	FULL MAIDEN NAME	Sarah E. Norris
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida.

19

Registrar

Filed Feb. 9 1921 J. A. Gryphein Registrar

AGENCE BIRTH

343-130-042-969

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 87810

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 30 1920

FATHER		MOTHER	
FULL NAME	J. M. Tucker	FULL MAIDEN NAME	Lulu Rorex
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Twin Falls Ida

Filed Feb 9 1921 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~[illegible]~~
123-211-042-693

PLACE OF BIRTH

MAR 10 1921

Form V S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Idaho St.

Hospital Co. Hosp.

Registration District No. 37 File No. 87812

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Alma Gertrude Aschenbrenner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	12 11 20 19

FATHER		MOTHER	
FULL NAME	David Aschenbrenner	FULL MAIDEN NAME	Alma T. Wilson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Filed Feb 9 1921 J. F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1974

445-21-042-863

MAR 1 0 1921

Form V. S. No. 11-d—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida Registration District No. 37 File No. 87821

No. ..... St.

Hospital Co Hosp. Primary Registration District No. 1685 Registered No. .....

FULL NAME OF CHILD Martha Lorane Duncan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-19-20

FATHER		MOTHER	
FULL NAME	Chas Duncan	FULL MAIDEN NAME	Virgina Holland
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Minn
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J R Morgan MD

(Physician or ~~midwife~~)

Address Twin Falls Ida.

Filed Jan. 27 1921 J. F. Campbell Registrar

Dr. Dwight

194-210-042-863

PLACE OF BIRTH

Form [illegible] No. 1[illegible]-C-2[illegible]-7-21-19

MAR 1 9 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Idaho

Registration District No. 37 File No. 87822

No. ..... St.

Hospital County Hosp. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ~~Imogene~~ MARGRET ~~Lorraine~~ LORENE Ard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct. (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dewey Ard	FULL MAIDEN NAME	Daisy Agnes Hockett
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	~~Mecham~~ Colorado	BIRTHPLACE	Kiowa, Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Filer Ida

Filed Jan. 22 1921 J. F. Gougrein Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 87822

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Imogene Lorraine (Name on Original Certificate) who was born (Was Born or Died) on October 10, 1920 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge of Mother (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Imogene Lorraine	Margret Lorene Ard

Subscribed and sworn to before me this 27th
day of October A. D., 1942
Raymond J. Leaver
Notary Public, residing at Los Angeles
My commission expires May 13, 1943
(Seal)

Signed Mrs. Daisy Ard.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6816 1/2 South Hoover, L.A. Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 30 1942

444-112042-692

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 87823

No. Eighty Four St.

Hospital Private Hosp. Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Orie Leslie Dudley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 12 1920

	FATHER	MOTHER
FULL NAME	Linda Dudley.	FULL MAIDEN NAME Fern Fisher
RESIDENCE	Filer Idaho.	RESIDENCE Filer
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Union City Ohio	BIRTHPLACE Ill.
OCCUPATION	Farmer.	OCCUPATION House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-10 A. M. on the date above stated.

(Signature) G A Dwight M.D.

(Physician or midwife)

Address Filer Ida.

Filed Jan 22. 1921 J. F. Craighead Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 9 1999

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-112-042-545

Form MARS. No 1 10-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37. File No. 87824

No. ..... St.

Hospital St. Hosp Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Dean Emery Hardy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	1	Yes	Dec 12 1920

FATHER		MOTHER	
FULL NAME	Glen Hardy	FULL MAIDEN NAME	Rosilpha Emery
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Pennsylvania
OCCUPATION	Cashier Sugar Factory	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

(Signature) J. R. Morgan, M.D.

(Physician [redacted])

Address Twin Falls

Filed Jan 22 1921 J. F. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

FEB 16 1944

795-2071042-343

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 87825

No. ..... St.

Hospital County Hosp. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Miriam Mae Green.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1			yes	11-7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond Green	FULL MAIDEN NAME	Mildred Lucker
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Carollton Mo.	BIRTHPLACE	Punxsutawney Pen.
OCCUPATION	Supt. School	OCCUPATION	School Teacher

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R Morgan, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Jan 22. 1921 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 19

AUG 18 1943

Dr. Pike Treasurer
352-218-042-352

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

Registration District No. 37 File No. 87826

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Co Hospt

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	No	11 – 18 1920

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Margaret Comme Le Boao
RESIDENCE		RESIDENCE	Jerome Ida
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	France
OCCUPATION		OCCUPATION	Cashier

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Jan 22. 1921 J. F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dr Morgan

693-09-1042-815

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87829

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Hospital County Primary Registration District No. 1035 Registered No.

FULL NAME OF CHILD Joyce Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 29 1920

FATHER	MOTHER
FULL NAME: Lawrence Burney Wilson	FULL MAIDEN NAME: Dorothy Virginia Hanson
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Salt Lake City Utah
OCCUPATION: Cashier	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R Morgan M.D.

(Physician ~~or midwife~~)

Address Twin Falls

Filed Jan. 22 1921 J. F. Coughlin Registrar

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JUN 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Original

893-1[illegible]042-994

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 87830

No. ____ St.

Hospital County Hospital Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	Dec. 19. 1920.

FATHER

FULL NAME Jacob H. Frey

RESIDENCE Filer.

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Goselle-Kansas

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Elsa Zimmerman.

RESIDENCE Filer

COLOR White AGE AT LAST BIRTHDAY [illegible] (Years)

BIRTHPLACE Waverley, Iowa.

OCCUPATION House work.

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) T. A. Dwight M.D.

(Physician or Midwife)

Address Filer, Ida.

Filed Jan 22. 1921 J. F. Loughlin Registrar

MAR 1 0 1921

Form V. S. No. 11-C--25m-7-21-19

413-223-042-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Ida

City of Twin Falls

Registration District No. 37 File No. 87831

No. ____ St.

Primary Registration District No. 1085 Registered No. ____

Hospital County

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.				yes.	Dec 23. 1920.

FATHER		MOTHER	
FULL NAME	Kelly Ralf.	FULL MAIDEN NAME	Victoria Taylor
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Independence Va.	BIRTHPLACE	Independence Virginia
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still born, at 3 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Jan 22. 1921 J. F. Gonzales

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-226-042-693

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 87832

No. 720 5th Ave E St.

Primary Registration District No. 1585 Registered No.

Hospital

FULL NAME OF CHILD Doris Lee Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	12	26	1920

FATHER

FULL NAME Orvis Harrison Williams

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE N. Carolina

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Maggie Julia Williams

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE N Carolina

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive., at 11- P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

Physician
(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

19

Registrar

Filed Jan 21 1921

J. F. Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

447-215-042-795

MAR 10 1921

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 87849

Registered No. .....

FULL NAME OF CHILD Dorothy Lee Duquesne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Achille Duquesne	FULL MAIDEN NAME	Ethel Edith Patrick
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Shilton Wis.	BIRTHPLACE	Hendley Nebraska
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Filer, Ida

Registrar

Filed Dec 16 1921 Dr. A. A. Newberry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1973

859-223-042-917

PLACE OF BIRTH

amended 11/3/80

MAR 10 19[illegible]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 87867

No. ..... St.

Primary Registration District No. .....

Registered No. 80

Hospital Home

FULL NAME OF CHILD Juanita Josefina Hernandez

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				No	Oct	23	1920

FATHER

FULL NAME Epstacio Hernandez

RESIDENCE ?

COLOR Mexican

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mexico

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Frances Ramirez

RESIDENCE Kimberly

COLOR Mexican

AGE AT LAST BIRTHDAY 16 (Years)

BIRTHPLACE Mexico

OCCUPATION House work.

Number of child of this mother, including present birth /

Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4. P. M. on the date above stated.

(Signature) H. W. Goodspeed

Physician

(Physician or midwife)

Address Kimberly

Filed Oct 26 1920

J. M. Davis

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of TEXAS
County of EL PASO } ss.

VITAL STATISTICS
'80 8 26 AM '80

Certificate No. 87867
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Jennie Hernandez (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 23, 1920 (Date of Event) in Kimberly (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Jennie Hernandez	Juanita Josefina Hernandez

Subscribed and sworn to before me this 24th day of October, 1980.
Notary Public, Lillian L. Morales
Residing at 886 Old County Rd El Paso Texas 79907
My commission expires December 31st, 1980
(Seal)

x Juanita Josefina Hernandez
Signature of Applicant
7914 TAXCO; EL PASO TEXAS 79915
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of TEXAS
County of EL PASO } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that she has knowledge of the facts as set forth above and that they are true to the best of his knowledge. I am her mother.

Subscribed and sworn to before me this 24th day of October, 1980.
Notary Public, Lillian L. Morales
Residing at 886 Old County Rd El Paso Texas 79907
My commission expires December 31, 1980.
(Seal)

x Francisca H. Ramirez
Supporting Signature
7714 Taxco; EL PASO, TEXAS 79915
Street Address, City, State

Marriage record from Mexico gives names as Juan Cruz Zapien and Juanita Josefina Hernandez. married on Augu 8, 1940. viewed by V. S.

NOV 3 1980

Certif of Baptism from St. Edwards Church, Twin Falls, Idaho gives name as Juanita Josefina Hernandez child of Eustacio Hernandez and Francisca Ramirez. born in Kimberly, Idaho on the 23rd of October 1920.Baptized Nov 16,1923. viewed by V. S.

915·111
043-131

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Donnelly

No. ..... St.

Hospital .....

Registration District No. 15

File No. 87868

Primary Registration District No. .....

Registered No. 253

FULL NAME OF CHILD Edward Randa

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—				Oct 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nikolas Randa	FULL MAIDEN NAME	Emma Alander
RESIDENCE	Donnelly Ida	RESIDENCE	Donnelly Ida
COLOR	White	COLOR	Wht
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:55 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Niskholos Randa

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Donnelly Idaho

Filed 2-14 1921 Ruth Eagen Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

[redacted]

DECLASSIFIED

358-207-043-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
MAR 10 1921
CERTIFICATE OF BIRTH

County of Valley

City of Donnelly

No. ..... St.

Registration District No. 15

File No. 87869

Primary Registration District No. .....

Registered No. ~~280~~ 252

Hospital .....

FULL NAME OF CHILD Inez Esther Lehti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Dec 7 1920

FATHER		MOTHER	
FULL NAME	Fred Lehti	FULL MAIDEN NAME	Ida Prinkki
RESIDENCE	Donnelly	RESIDENCE	Donnelly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 7, 1920 at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mrs. Vera Cox
~~(Physician or midwife)~~ Neighbor

Given names added from a supplemental report.

..... 19.....

Address Donnelly, Ida.

Filed Feb 14 1921

Ruth Eagen
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-106-044-719

PLACE OF BIRTH

Form V. S. No. 11-Ch-25m-9-8-15

MAR 10 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 26

Primary Registration District No. 1010

File No. 87878

Registered No. 12

FULL NAME OF CHILD Robert Harold Keithly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	7 6 1920

FATHER		MOTHER	
FULL NAME	James McCrae Keithly	FULL MAIDEN NAME	Ernestine M. Parker
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Midvale Idaho	BIRTHPLACE	Holton Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 p.-M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 2/1/21 19__ W. R. Hamilton Registrar

S-Y-CO 38071

10-16-40 mf

713.115-04K-962

MAR 10 1921

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 56 — File No. 87879

No. ____ St. — Primary Registration District No. 2112 — Registered No. 13

Hospital ____

FULL NAME OF CHILD John Charles Palmer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	11 15 1920

FATHER		MOTHER	
FULL NAME	Charles Alfred Palmer	FULL MAIDEN NAME	Mary Aluenia Ross
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:87 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

Registrar

Filed 2/1/21 19____

W R Hamilton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

257-118-044-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 76 — File No. 87880

No. ____ St.

~~Primary~~ Registration District No. 1010 — Registered No. 14

Hospital ____

FULL NAME OF CHILD Frank Earl Begley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	11	18	1920

FATHER		MOTHER	
FULL NAME	Rufus C. Begley	FULL MAIDEN NAME	Dora Fuller
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Gibson Iowa	BIRTHPLACE	Spiers Ferry Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Tinney

Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address ____

Filed 2/1/21 19____

W R Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy 10/26/40 L.B.

JUL 6 - 1953

799-126.044-317

MAR 10 1921

Form V. S. No. 11-C--25m-7-20

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Registration District No. 16 File No. 87881

No. ..... St.

Primary Registration District No. 2112. Registered No. 15.

Hospital .....

FULL NAME OF CHILD Aldo Fred ~~Girany~~ Girany

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	11 24 1920.

FATHER

FULL NAME Edward N. ~~Girany~~ Girany

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Chisso Switzerland

OCCUPATION Signal Maintainer O.S.L.R.R.

MOTHER

FULL MAIDEN NAME Josphine Cappio.

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Chisso Switzerland

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 1:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest C. Finney

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/1/21 19.....

W R Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1975

615-219-044-363

MAR 10 1921

Form V. S. No. 11C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 6

File No. 87882

No. ____ St.

Primary Registration District No. 2/12.

Registered No. 16

Hospital ____

FULL NAME OF CHILD Ruth Eldora Waverick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	12	19	1920

FATHER

FULL NAME: John F. Waverick

RESIDENCE: Weiser Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Philadelphia, Penn.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gladys, Coloig

RESIDENCE: Weiser, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Grant Pass, Oregon.

OCCUPATION: Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:45 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 2/11/21 19____

W R Hamilton
Registrar

MAR 13 1974

Amended 11-3-60

PLACE OF BIRTH

318-219-04K-493

County of Washington

City of Weiser

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 87883

Primary Registration District No. 2112 Registered No. 17

FULL NAME OF CHILD Jessie Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 19, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

FATHER	MOTHER
FULL NAME: William M. Taylor	FULL MAIDEN NAME: Ella May Mickleson
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Stockton, Utah	BIRTHPLACE: Hyde Park, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Feb. 1, 1921 W.R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own childs birth certificate gives name of mother as Jessie Taylor. Dated August 5, 1939. on file in Idaho #283989

Photostatic copy taken of the records of the Ontario, Oregon School District No. 8C files which show the scholastic record of Jessie Taylor, born Dec. 19, 1920 at Weiser, Idaho,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

graduated May 19, 1938 record viewed by V.S.

State of) ss.
County of)

Certificate No. 87883

Date Filed

no documents required to correct no. of children -

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed child (Name on Original Certificate) who was born (Was Born or Died) on December 19, 1920 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed child	Jessie Taylor
Number of child	11	12
Number of children living	11	12

Subscribed and sworn to before me this 30th day of September, 1960

Margaret A Williams

Notary Public, residing at Boise, Idaho

My commission expires April 21, 1963

(Seal)

Signed X Theron James Taylor Co

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2611 Regan Street, Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of) ss.
County of)

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 1960

Margaret A Williams

Notary Public, residing at Boise, Idaho

My commission expires April 21, 1963

(Seal)

Signed X Sadie E Hughes

(Signature of Any Credible Person)

Route #2 Weiser Idaho

(Street Address, City, State)

FORM DH 60-155

MAR 10 1921.

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 87883

No. ..... St.

Primary Registration District No. 2 1 2. Registered No. 17

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	12 19 1920

FATHER

FULL NAME: William M. Taylor

RESIDENCE: Weiser Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 63 (Years)

BIRTHPLACE: Stockton Utah.

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Ella May Nicholson

RESIDENCE: Weiser, Idaho

COLOR: White

AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE: Hyde Park Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2/1/21 19.....

W. R. Hamilton

Registrar

NOV 9 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-221-044-843

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. _____ File No. 87893

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Gwendolyn Raymond.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	12 - 21 1920

FATHER		MOTHER	
FULL NAME	Paul Raymond Jr.	FULL MAIDEN NAME	Agnes Hutchinson.
RESIDENCE	Heath - Idaho.	RESIDENCE	Heath - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Heath - Idaho.	BIRTHPLACE	Garden Gulch - Idaho.
OCCUPATION	Mining Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:20 A. M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Cambridge Idaho

Filed 3/31/20 19 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

249-127-044-249

MAR 10 1921

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. _____ File No. 87894

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Richard Norman Burke.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	Oct 27 1920. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Edward Burke.	FULL MAIDEN NAME	Alma Burns.
RESIDENCE	Cambridge Idaho.	RESIDENCE	Cambridge Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Salubria Idaho.	BIRTHPLACE	Meridian Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2:00 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) R. W. Norman M.D.
(Physician or midwife)

Address Cambridge Ida

Filed 12/6 20 R. W. Norman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1944

415-228-044-412

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 10 1921

County of Washington

City of Cambridge

Registration District No. .....

File No. 87896

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanna Marie Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	12/28/20 (Month) (Day) (Year) 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. R. Davis	FULL MAIDEN NAME	Minnie Wilkma Masmon
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cambridge Ida

Filed 3/6/21 19..... [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-212-043-413

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Valley

RECEIVED
MAY 6 1921
BUREAU OF VITAL STATISTICS

City of ..... Registration District No. 15 File No. 87901

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD not named Georgia Lucile Smith

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fm		yes	11 12 1920

FATHER		MOTHER	
FULL NAME	Jno Smith	FULL MAIDEN NAME	Ona Mathews
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ins	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Shoyle

Phys (Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

..... 19.....

Filed April 5th 1921 Stella Cain Dipy

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JAN 25 1957

534-228-043-855

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Valley

City of

Registration District No. 15

File No. 87902

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD not named Edna Belle Eld.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
fm		no	10 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wayne Eld	FULL MAIDEN NAME	Mattie Yensen
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	—	BIRTHPLACE	Kas
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Moyle

Phys (Physician or Midwife)

Given name added from a supplemental report

, 19

Registrar

Address Cascade

Filed Oct 1920 Stella Cain Dep. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 17 1971

Corr. Aff. 12 17 71

mothers name to Gladys Yensen
Birth date to 10 30 20

PHYSICIAN'S RECORD

County of birth .....

City or town .....

Street No., R.F.D. .....

Hospital Name .....

Registration notice

Address .....

CHILD'S
FULL NAME .....

Birth date .....

Twin 1st
Sex..... Triplet..... 2d, 3d..... Leg.....

863.102.043.395 not ...

PLACE OF BIRTH

RECEIVED
MAY 6 1921
BUREAU OF VITAL STATISTICS

STATE OF [redacted]
Bureau of Vital [redacted]
CERTIFICATE OF BIRTH

V. S. No. 11—10m-6-20-11

County of Valley

City of Cascade

Registration District No. 15

File No. 87903

No. ..... , ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Named George Hollingshead

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	10 2 1920

FATHER		MOTHER	
FULL NAME	Earl Hollingshead	FULL MAIDEN NAME	Mary Fregaskis
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Hoggle
Phys
(Physician or Midwife)

Given name added from a supplemental report

..... , 19.....

Address Cascade Ida

Filed April 5th 1921 Stella Carie
Depy.
Registrar

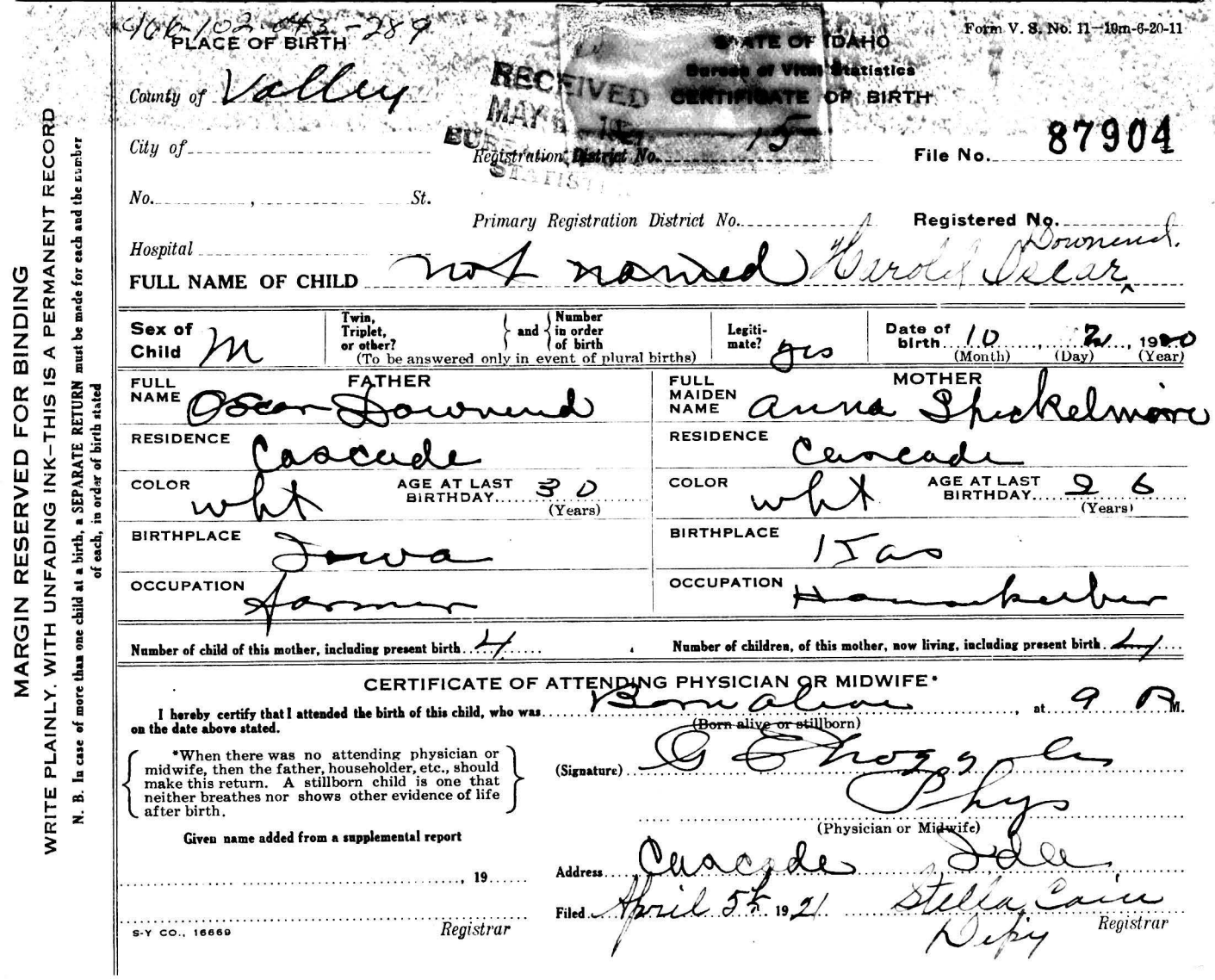
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

166-102-043-289

PLACE OF BIRTH

County of Valley

City of

No. , St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

RECEIVED MAY 1 1921 BUREAU OF VITAL STATISTICS

Registration District No. 15

File No. 87904

Primary Registration District No. 1

Registered No.

FULL NAME OF CHILD not named Harold Oscar Downend

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		yes	10 (Month), 21 (Day), 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Downend	FULL MAIDEN NAME	Anna Spickelmire
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Kas
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle

Phys (Physician or Midwife)

Given name added from a supplemental report

, 19

Address Cascade Idaho

Filed April 5th 1921 Stella Caine Dep'y Registrar

Registrar

S-Y CO., 16669

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

1945

799-126-043-816

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Valley

City of Warren

No. ..... St.

Hospital .....

Registration District No. 15

Primary Registration District No. .....

File No. 87905

Registered No. 250

FULL NAME OF CHILD Edmond R Prindle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		Yes	July (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edmond R. Prindle	FULL MAIDEN NAME	May Estella Hawley
RESIDENCE	Warren Idaho	RESIDENCE	Warren Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Virginia City Montana	BIRTHPLACE	Joliet Illinois
OCCUPATION	Mining	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edmond R. Prindle

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Warren Idaho

Filed Dec 14 1920 Ruth Eagan Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-128-018-959

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87906

County of Clearwater

City of Elk River

Registration District No. 91 File No. 29

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD James Howard Carman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			8th	Yes	Dec 28 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William C. Carman	FULL MAIDEN NAME	Grace Reid
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Shay Engineer	OCCUPATION	House wife

Number of child of this mother including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Elk River, Idaho

Filed Dec. 30 1920 Mrs. F. P. McCormick

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

PLACE

369-204-018-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87907

County of Clearwater

City of Elk River

Registration District No. 91 File No. 26

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Luella Jenibel Corey

Sex of Child Female | Twin Triplet or other? — and Number in order of birth 3rd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Corey	FULL MAIDEN NAME	Margaret La Vince
RESIDENCE	Elk River Ida	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Fireman Saw Mill	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Elk River Idaho

Filed Dec. 6 1920 Mrs. F. P. McCormick

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-120-018-275

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87908

County of Clearwater

City of Elk River Registration District No. 91 File No. 27

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Guido Harry Nesalo

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	—	3rd	yes	July 20 (Month) (Day) 1928 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Nesalo	FULL MAIDEN NAME Amelia Stellgotti
RESIDENCE	Elk River	RESIDENCE Elk River
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE Italy
OCCUPATION	Laborer Sawmill	OCCUPATION House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) F. P. McCormick

Physician

(Physician or midwife)

Address Elk River Idaho

Filed Aug. 22 1928 Mrs. F. C. McCormick
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

292-118-018-211

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87909

County of Elmore Walker

City of Elk River — Registration District No. 91 — File No. 26

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Hiroyuki Kika

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	2nd	Yes	Aug. 8 1920

FATHER		MOTHER	
FULL NAME	Takesaki Kika	FULL MAIDEN NAME	Kuma Kajiwara
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Lumber grader	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. on the date above stated.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Address Elk River Idaho

Filed Aug 17 1920 — Mrs. F. P. McCormick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

1st copy issued, 10-31-41

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-112-018-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

87910

County of Clear Water

City of Elk River

Registration District No. 91 File No. 25

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD James Gordon Mullet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2nd	Yes	August 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Albert Mullet	Flora J. Williams
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Illinois	Michigan
OCCUPATION	Fireman Saw mill	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) F. P. McConnell

Physician (Physician or midwife)

Address Elk River Idaho

Filed Aug 17th 1920 Mrs. F. P. McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19..

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-127.003-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88017

County of Bannock

City of McCammon

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Ray H. Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 27 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. F. Scott	Minnie White
RESIDENCE	McCammon, Ida.	McCammon, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	34
BIRTHPLACE	Scranton, Pa	Swansea Utah
OCCUPATION	Laborer & Farmer	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Harrington, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

April 1, 1921

C. J. Harrington
Registrar

Address McCammon, Idaho.

Filed Oct. 10, 1920. C. J. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-114-003-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 11 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88019

County of Bannock

City of McCammon

Registration District No. 513

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD William Sloan Harwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct. 14, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. S. Harwell	Andrea Jansen
RESIDENCE	McCammon, Ida	McCammon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Woodruff, Ida	Weston, Ida
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harrington, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

April 11 1921

H. J. Harrington
Registrar

Address Pleasant, Idaho.

Filed Oct. 30, 1920

H. J. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942,

NOV 13 1970

249-22-003-595

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88022

County of Bannock

City of Robin

Registration District No. 83 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Selma Smith

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	7 – 22 – 1920

FATHER		MOTHER	
FULL NAME	Lawrence Smith	FULL MAIDEN NAME	Mabel Exeter
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Richmond, Utah.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Hartvigsen

Physician.
(Physician or midwife)

Given names added from a supplemental report.

Jan – 28 – 1921

L. J. Hartvigsen
Registrar

Address Downey, Idaho

Filed Aug. 5, 1920

L. J. Hartvigsen.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
944-107-003-249

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 3/13/46

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 88023

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Arnold Orin Rumsey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 7, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Orin Rumsey	FULL MAIDEN NAME	Viola Burton
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Malad, Idaho	BIRTHPLACE	Treasureton, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician
(Physician or midwife)

Address Downey, Idaho

Filed June 15, 1920 H. J. Hartvigsen
Registrar.

Give names added from a supplemental report.

Jan. 28, 1921

H. J. Hartvigsen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 88023

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arnold Orin Rumsey (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1920 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 7, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Orin Arnold Rumsey	Arnold Orin Rumsey

Subscribed and sworn to before me this 7th day of March, 19 46

Notary Public residing at Downey, Idaho

My commission expires 9-15-48

(Seal)

Signed Orin Rumsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 19 46

Notary Public, residing at Downey, Idaho

My commission expires 10/2/49

(Seal)

Signed
(Signature of Any Credible Person)

Downey, Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

88023

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

County of Bannock

City of Downey

Registration District No. 83 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Orin Arnold Bunsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 7 1920

FATHER		MOTHER	
FULL NAME	Orin Bunsey	FULL MAIDEN NAME	Viola Burton
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Arnold, Idaho	BIRTHPLACE	Preserton, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Hartwigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jan 25 1921

H. H. Hartwigsen
Registrar

Address Downey, Idaho

Filed June 15, 1920

H. H. Hartwigsen
Registrar

669-206-[redacted]03-453

Form V. S. No. 11-C--25m-7-21-19

PLACE OF [redacted]TH

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88025

County of Bannock

City of Downey

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Alberta Ruth Fordyce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	yes	Mon 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A A Fordyce	FULL MAIDEN NAME	Myra Mara Metschan
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weston Idaho

19

File Jan 10, 1921

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 28 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-131-003-235

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

88026

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 5 3 File No.

No. — St.

Hospital —

Primary Registration District No. Registered No.

FULL NAME OF CHILD Arnold Cumer Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 31 1920

FATHER	MOTHER
FULL NAME B W. Green	FULL MAIDEN NAME myrtle Stewart
RESIDENCE McCammon, Ida	RESIDENCE McCammon, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Woodruff, Utah	BIRTHPLACE Benjamin, Utah
OCCUPATION Farmer.	OCCUPATION housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jan — 6 — 1921

H. J. Hartvigsen.
Registrar

Address Downey, Idaho.

Filed June 5, 1920

H. J. Hartvigsen.
Registrar

393-206007-296

PLACE OF BIRTH

RECEIVED APR 11 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

88027

County of Bannock

City of Virginia

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Louisa Rose Tillstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 6, 1920

FATHER		MOTHER	
FULL NAME	Lorenzo Tillstrom	FULL MAIDEN NAME	Rose Brown
RESIDENCE	Virginia Idaho	RESIDENCE	Virginia
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Partridge, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jan 10 1921

H. J. Partridge
Registrar

Address Downey, Idaho

Filed Aug. 29, 1920.

H. J. Partridge
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

88028

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. 219-215-003-236 St.

Registration District No. 83 File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Jenness Barns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec - 15 - 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederic Barns	FULL MAIDEN NAME	Ida Bloxham
RESIDENCE	Downey, Idaho	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kaysville, Utah.	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jany - 10 - 1921

Address Downey, Idaho.

H. J. Hartvigsen
Registrar

Filed Dec - 18 - 1920. H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

88028

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 30 1958

285·216·003-735 Simpkins

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88029

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. 1st.

Hospital

Registration District No. 83

Primary Registration District No. 2160

File No.

Registered No.

FULL NAME OF CHILD Beth Sheriff

Sex of Child female

Twin or Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate?

Date of Birth Nov. 16 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Everett Sheriff	FULL MAIDEN NAME Elizabeth Gleed
RESIDENCE Hawkins	RESIDENCE Hawkins
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Malad
OCCUPATION farmer	OCCUPATION farmer

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was midwife M
(Born alive or stillborn)
on the date above stated.

(Signature) Sarah Bannell

(Physician or midwife)

Address Hawkins Idaho

Filed Mar. 27 1921 H. J. Hartington
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

397126-0047697

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

88091

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ..... GENE WIXOM TIPPETS .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 26 1920

FATHER

FULL NAME: J. Maurice Tippets

RESIDENCE: Georgetown, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Brigham City, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Retta Wixom

RESIDENCE: Georgetown, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Sharon, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7th

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Erma V. Clark

..... Midwife (Physician or midwife)

Address ..... Georgetown, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-1 1921

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on December 26-1920 (DATE OF EVENT)
in Georgetown, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 6 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Gene Wixom Tippets

Subscribed and sworn to before me this 24
day of April, 1942

Notary Public, residing at Ogden, Utah.
My commission expires Sept. 21-1942
(SEAL)

Signed Retta Wixom Tippets
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

360-18th St. Ogden, Utah.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of April, 1942

Notary Public, residing at Ogden, Utah.
My commission expires Sept. 21, 1942
(SEAL)

Signed Nellie E. Tippets
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

360-18th Street, Ogden, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-231-004-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88092

CERTIFICATE OF BIRTH

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD Norma Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Nathan Clark	FULL MAIDEN NAME	Elvirta Cecelia Smith
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montpelier, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Georgetown, Idaho

Registrar

Filed 4-1-1921 H. N. King Registrar

MAY 2 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-108-009-212

PLACE OF BIRTH

County of Bonner

City of Clarksfork

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 88192

Registration District No. 78

Primary Registration District No. 2175

File No. [redacted]

Registered No. .....

Full Name of Child Thomas Lewis Young

SEX OF CHILD: M

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate?

DATE OF BIRTH: Dec. 8 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: Augustus Young

RESIDENCE: Clarks Forks, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Wyandotte, Ohio

OCCUPATION: Cedar mill worker

MOTHER

FULL MAIDEN NAME: Irene Baker

RESIDENCE: Clarks Forks, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Warsaw, Indiana

OCCUPATION: House Keeper

Number of child of this mother, including present birth: 7 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louise Nagele M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mch 4 1921 Floyd Wendle

Registrar

APR 16 1965

515-212-010-343

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

88239

County of .....

City of Idaho Falls

No. R 3 ~~St.~~

Registration District No. 73

File No. .....

Primary Registration District No. 21...

Registered No. 31

Hospital .....

FULL NAME OF CHILD Lucile Rose Van Orden

Sex of Child Female

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Dec (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Van Orden	FULL MAIDEN NAME	Rose Tucker
RESIDENCE	R 3 Idaho Falls Idaho	RESIDENCE	R 3 Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Morgan, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Pendleton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Registrar

Filed 2/4 1921

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-109-010-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH — 88243

County of Bonneville

City of Idaho Falls, Ida.

No. ..... St.

Registration District No. 73 File No. .....

Primary Registration District No. 21-V-0 Registered No. 27

Hospital .....

FULL NAME OF CHILD Joseph Paul Mais

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph J. Mais	Neva Phillips
RESIDENCE	Idaho Falls, Idaho.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Missouri	Minn.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Applegate M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/3 19 21

Registrar

866 - 212 - 014 - 845

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

88290

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 1316 Registered No. .....

FULL NAME OF CHILD Lula Charlotte Howard

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec - 12 1920

FATHER

FULL NAME Oscar Vertment Howard

RESIDENCE Nampa Ida.

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Mo.

OCCUPATION Day Laborer

MOTHER

FULL MAIDEN NAME Mahla Gertrude Huntley

RESIDENCE Nampa Idaho

COLOR white AGE AT LAST BIRTHDAY 27. (Years)

BIRTHPLACE Hodgeton Kansas

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Thos. E. Mangum M D
(Physician or midwife)

Address Nampa Idaho

Filed March 14 1921 Pearle Dodds
Registrar.

MAY 5 1967

484-116-014-531

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88315

County of Canyon

City of Nampa

No. 15 and N. St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Kenneth Lee Wynn.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 16 1920

FATHER		MOTHER	
FULL NAME	G. W. Wynn.	FULL MAIDEN NAME	Viola Elain.
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa.
OCCUPATION	Miller	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 50 P. M. on the date above stated.

(Signature) J. B. Smith M. D. By. A R

(Physician or midwife)

Address

Filed Mar. 10 1921 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DYAS

114-130-014-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88322

County of Canyon

City of Nampa Registration District No. 7 File No.

No. St.

Primary Registration District No. 1056 Registered No.

Hospital

FULL NAME OF CHILD Jaime Jauson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 30, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tomas Jauson	Mallea
RESIDENCE	Nampa Idaho.	Nampa Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Spain	Spain
OCCUPATION	Hotel prop.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Geo. M. McKellogg

Physician

(Physician or midwife)

Address Nampa, Idaho.

Filed Mar. 18 1924 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 1948
MAY 28 1948

DECEASED

231-115-016-217

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88447

Registration District No. 117 File No. ---

Primary Registration District No. 2196 Registered No. 1884

FULL NAME OF CHILD [redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. Black	FULL MAIDEN NAME	Katie Sager
RESIDENCE	Burley, Ida	RESIDENCE	Burley Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Beulah, Ida	BIRTHPLACE	Ogden Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Registrar

Filed Mar. 9, 1921 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4-28-58

PLACE OF BIRTH

864-223-022-713

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 88483

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Lenore Hodgson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	December 23 1920

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Chas. L. Hodgson	FULL MAIDEN NAME	May Gallaway
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Gray

Physician (Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed March 10 1921 W. B. West Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
APR 11 1958

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 88483
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lenor Hodgson (Name on Original Certificate) who born (Was Born or Died) on 12-23-20 (Date of Event)
in Newdale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my mother's statement (Bible Record, Insurance Policy, Etc.) prepared on Lenore as we all knew it (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Cert. of Baptism LDS July 6, 1929 School Record/- LA Calif.	2nd Grade both documents
	show only first name - viewed by v.s.	Lenore
Child's Name	Lenor Hodgson	~~Lenor~~ Elizabeth Hodgson

Subscribed and sworn to before me this 7th day of April, 1958
Willis J. McCarle
Notary Public, residing at Berkeley, Cal.
My commission expires Feb. 8, 1961
(Seal)

Signed Loretta Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 Sacramento St. Berkeley Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 1958
Isabelle Burrington
Notary Public, residing at Richmond, Calif
My commission expires Mar. 29, 1959
(Seal)

Signed Douglas M Brinkman
(Signature of Any Credible Person)
100-37th Street, Richmond, Calif.
(Street Address, City, State)

FORM DPH 55.155

NNCL 3-13-58 nm

Form V. S. No. 11-C--25m-7-21-19

88483

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

Registration District No. 49 File No. .....

Primary Registration District No. 2197 Registered No. .....

FULL NAME OF CHILD Miss Lenor Hodgson

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas L. Hodgson	FULL MAIDEN NAME	May Galloway
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Registrar

Filed Mar 10 19 W Burst

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1958

814-225-022-259

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88487

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 94 File No.

No. St.

Primary Registration District No. 2171 Registered No.

Hospital

FULL NAME OF CHILD Fern Hammond

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		3	Yes	11 (Month) 25 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt Hammond	FULL MAIDEN NAME	Rena Kerr
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Mar 10 1921

W D West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-111-022-612

PLACE OF BIRTH

County of Shoshone

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88490

Registration District No. 99 File No. .....

Primary Registration District No. 3177 Registered No. .....

FULL NAME OF CHILD Yoshio Kaneto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 11 1920

FATHER

FULL NAME Ray Kaneto

RESIDENCE Parrot Idaho

COLOR Jap. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Tomi Wakamatsu

RESIDENCE Parrot Idaho

COLOR Jap. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Japan

OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) W. A. Clark MD

(Physician or midwife)

Address .....

Filed Dec 10 1920 W. A. Clark Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-210-022-319

Form V. S. No. 11-C--25m-7-21-...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88491

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Kurt Odell Klingler

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Dec 10 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Karl C Klingler

RESIDENCE St Anthony Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ruthven

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Cora Gennett Gordon

RESIDENCE St Anthony Ida

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Franklin Ida

OCCUPATION Mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn), at 8 A M. on the date above stated.

(Signature) W. B. Wood

(Physician or midwife)

Address .....

Filed Jan 10 1921

W. B. Wood Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1963

93-126-022-818

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88492

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Masao Georg Ichikawa

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Dec 26" (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Eugi Ichikawa	FULL MAIDEN NAME Mine Hayamizu Ichikawa
RESIDENCE St. Anthony Ida R D 3	RESIDENCE St Anthony
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Farm Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) W. W. Landsborough MD

(Physician or midwife)

Address St. Anthony Idaho

Filed Jan 10 1921 C O Black Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

245-208-024-133

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88495

RECEIVED
APR 26 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. [illegible]

No. ..... St.

Primary Registration District No. 2018

Registered No. /

Hospital .....

FULL NAME OF CHILD Frances Adelaide Bunker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	no		1st	Yes	July (Month) 8 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Murphy Bunker	FULL MAIDEN NAME	Anna Z Albred
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wendell Ida

Filed Apr 4 1921 E L Simonton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio
County of Summit } ss.

Certificate No. 88495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Frances Adelaide Bunker who was born on July 8 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Kendell, Gooding Co. Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Frances Adelaide Bunker

Subscribed and sworn to before me this 8 day of August, 1944

L. G. Buck
Notary Public, residing at Mogadore
My commission expires 3/12/47
(Seal)

Signed Fannie Z. (Bunker) Bertolini
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3981 Eleanor Ave. Mogadore Ohio
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio
County of Summit } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of August, 1944

L. G. Buck
Notary Public, residing at Mogadore
My commission expires 3/12/47
(Seal)

Signed Mrs. Edith Foust
(Signature of Any Credible Person)
3957 Eleanor Ave.
(Street Address, City, State)
Mogadore, O.

AUG 14 1914

445-205-024-262

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ____ St.

Hospital ____

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

88499

Registration District No. 22

File No. ____

Primary Registration District No. 2018

Registered No. ____

Full Name of Child Alvina Mueller

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	no	7th	Yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	J. Phillip Mueller	FULL MAIDEN NAME	Maria Bosaur
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 4 1921 E. L. Simonton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-229-024-388

PLACE OF BIRTH

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88500

County of Gooding

City of Wendell

No. ..... St.

Registration District No. 22

Primary Registration District No. 2018

File No. ——

Registered No. .....

Hospital .....

Full Name of Child Frances EILEEN ARMITAGE

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		1	Yes	Dec 29 1920

FATHER		MOTHER	
FULL NAME	Shelley Armitage	FULL MAIDEN NAME	Ora Blanche Trindell
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 4 1921 E. C. Simonton

Registrar

MAR 21 1956

FEB 16 1956

812 - 206-024-864

PLACE OF BIRTH

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

88502

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Registered No.

Hospital

Full Name of Child Birda Lee Helen Haberman

SEX OF CHILD: Female	Twin, Triplet or Sister? (To be answered only in event of plural births)	and Number in order of birth: 2d	Legitimate? Yes	DATE OF BIRTH: Aug 6 (Month) (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	Antone R. Haberman	FULL MAIDEN NAME	Jesse V. Young
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 4 1921

E. D. Simonton
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212 - 206-024-386

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88503

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Bernice May Kassens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		4	Yes	July (Month) 6 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David W. Kassens	FULL MAIDEN NAME	Grace E. Thompson
RESIDENCE	Wendell Ida	RESIDENCE	Elvira Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Indiana	BIRTHPLACE	Nova Scotia Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wendell Ida

19

Filed Apr 4 1921 E. D. Simonton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Bureau of Vital Statistics
Boise, Idaho.

Please make correction of the spelling of my maiden name on birth certificate for Clarence Kassens. It is recorded as "Grace Tompson". It should be Grace Elvira Thompson.

Mrs. Grace T. Kassens
(wife of David W. Kassens)
1706-7th Ave., Lewiston, Ida.

12/15-1939.

Dr. E. L. Simonton, please sign statement to this correction.

Make the correction as asked,

E L Simonton

Reg. Dist 22

141-102-024-219

PLACE OF BIRTH

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

88504

County of Gooding

City of Wendell

Registration District No. 22

File No.

No.

Primary Registration District No. 2618

Registered No.

Hospital

FULL NAME OF CHILD Kenneth Warren Aman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	6th	yes	July 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Roy Aman	FULL MAIDEN NAME	Sophia Barvezat
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wendell Ida

19

Registrar

Filed Apr 4 1921 E B Simonton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

338-121-024-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88505

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Hospital

Primary Registration District No. 2018 Registered No.

FULL NAME OF CHILD Maurice Delos

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	January 1 1921

FATHER		MOTHER	
FULL NAME	James M. Clyde	FULL MAIDEN NAME	Bessie Leonia Kress
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) E. D. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Filed Apr 4 1921 E. D. Simonton

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 s190 nc

BOTH DELAYED

693-112-024-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Gooding

City of Wendell

No.

Hospital

RECEIVED APR. 6 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88506

Registration District No. 22

File No.

Primary Registration District No. 2018

Registered No.

FULL NAME OF CHILD George Wickersham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		Second	yes.	Feb 12" 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Charles Wickersham	FULL MAIDEN NAME	Nellie May Strickland
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician.

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 4 1921 E. L. Simonton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF
1920-421985

792-125-024-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

88508

CERTIFICATE OF BIRTH

Registration District No. 22 File No. .....

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD Jerry J. Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and —	4"	yes	Apr 25 1920

FATHER	MOTHER
FULL NAME Harry Gibson	FULL MAIDEN NAME Sady Goodwin
RESIDENCE Wendell Ida	RESIDENCE Wendell Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of children of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 11 1920 E. L. Simonton

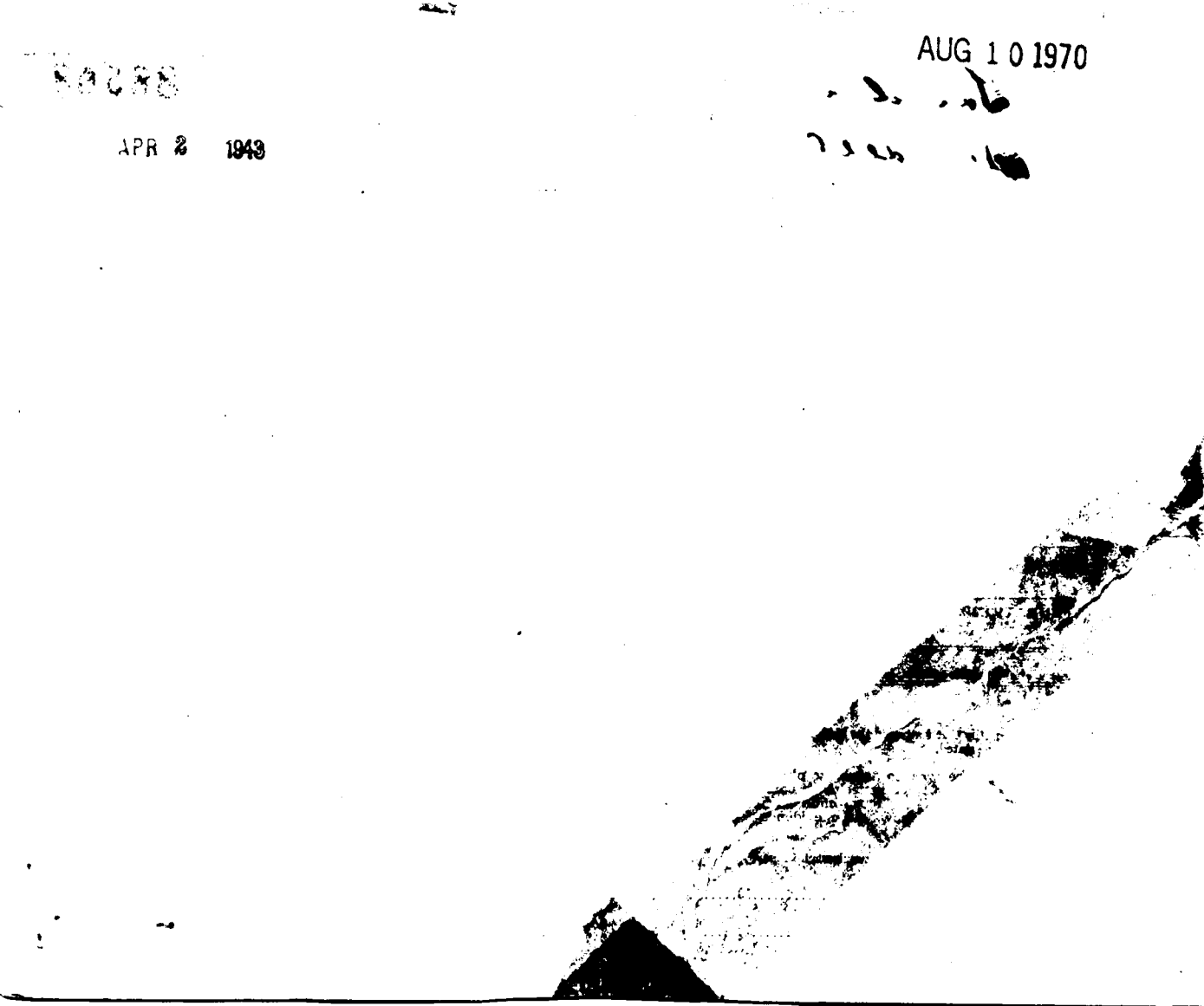
Registrar

S-Y CO. 20174

K

AUG 1 0 1970

APR 2 1943



819-215-024-793

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 88510

Registrar's File No. 22

File No. _____

Primary Registration District No. 2018

Registered No. _____

Full Name of Child Mildred Elizabeth Hartley

SEX OF CHILD	Female	Twin, Triplet or other? (To be answered only in event of plural births)	no	and Number in order of birth	1st
Legitimate?	Yes	DATE OF BIRTH	Oct 15 (Month) (Day)	1920 (Year)	

FATHER		MOTHER	
FULL NAME	Melvin Columbus Hartley	FULL MAIDEN NAME	Retta Elizabeth Pickerel
RESIDENCE	Wendell Ida	RESIDENCE	Wendell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	North Carolina	BIRTHPLACE	Stillwater Okla
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11:15 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Filed Oct 16 1920 E. L. Simonton

Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

MAY 13 1969

JAN 13 1972

719-219-024-814

PLACE OF BIRTH

RECEIVED
APR 6 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

88512

County of Gooding

City of Wendell

Registration District No. 22

File No. [illegible]

No. [illegible] St.

Primary Registration District No. 2016

Registered No. [illegible]

Hospital [illegible]

Full Name of Child Verna Geraldine Gardner

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births): no	and Number in order of birth: 5	Legitimate? Yes	DATE OF BIRTH: Oct (Month) 19 (Day) 20 (Year)	

FATHER

FULL NAME: Edward Gardner
RESIDENCE: Wendell Ida
COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Nebraska
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nellie Hampson
RESIDENCE: Wendell Ida
COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Nebraska
OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Simmons

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 12 1921

E. C. Simmons
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-124-024-555

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

RECEIVED
APR 6 1921
BUREAU OF VI...
STATISTIC...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

88513

CERTIFICATE OF BIRTH

Registration District No. 22

File No. .....

Primary Registration District No. 2018

Registered No. .....

Full Name of Child Robert ~~Marilyn~~ BRUCE Allison

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Wilson Allison	FULL MAIDEN NAME	Pearl Everhart
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, 5:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Wendell Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 1 1921 E L Simonton

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT ...

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS JUN 9 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 83513
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Robert Merlyn Allison (Name on original certificate) who was born (Was born or died) on November 24, 1920 (Date of event)
in Jerome, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family bible (Bible record, insurance policy, etc.) prepared on shortly after birth date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
middle name	Robert Merlyn Allison	Robert Bruce Allison

Subscribed and sworn to before me this 6th day of June, 1941
E. K. BUNKER
NOTARY PUBLIC in and for the County of Los Angeles, State of California
Notary Public, residing at Claremont, Calif.
My commission expires August 3, 1944
[SEAL]

Signed Pearl Allison (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
363 South Alexander Ave., Claremont, California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 1941
E. K. BUNKER
NOTARY PUBLIC in and for the County of Los Angeles, State of California
Notary Public, residing at Claremont, Calif.
My commission expires August 3, 1944
[SEAL]

Signed Helen Allison
(Signature of any credible person other than the previous affiant)
over 21
(older sister to Robert Bruce Allison)
363 So. Alexander Ave., Claremont, Calif.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

6-13-41 U. J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-7-224-024-364

PLACE OF BIRTH

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88514

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Registered No.

Hospital

Full Name of Child Ruth Angle

SEX OF CHILD Female | Twin, Triplet or other? no | and Number in order of birth 5th | Legitimate? yes | DATE OF BIRTH Oct 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ralph R Angle	FULL MAIDEN NAME Velma Lowe
RESIDENCE Wendell Ida	RESIDENCE Wendell Ida
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Kansas	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 32 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at [redacted] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Swanton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 1 1921 E L Swanton

Registrar

AUG 17 19

844-22-1024-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH — 88515

County of Gooding

City of Wendell

RECEIVED APR 6 1920 BUREAU OF STATISTICS

Registration District No. 22

File No.

No. ..... St.

Primary Registration District No. 2018

Registered No.

Hospital

FULL NAME OF CHILD Nellie Chloe Hudspeth

Sex of Child: Female

Twin, Triplet or other? no

Number in order of birth: 1st

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: March 21 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Voit Hudspeth	FULL MAIDEN NAME: Lenna Phillips
RESIDENCE: Wendell Ida	RESIDENCE: Wendell Ida
COLOR: White	AGE AT LAST BIRTHDAY: 28 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. C. Simmons

Physician

(Physician or midwife)

Address Wendell Ida

Filed Apr 7 1920 E. C. Simmons

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

555-217-08-463

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88519

County of Boise

City of Quartzburg

No. ..... St.

Hospital Home

RECEIVED APR 11 1921 BUREAU OF VITAL STATISTICS

Registration District No. .....

Primary Registration District No. 12

File No. .....

Registered No. 4

Full Name of Child Frances Martha Everett

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	November 17th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren B. Everett	FULL MAIDEN NAME	Sadie Motts Everett
RESIDENCE	Quartzburg Idaho	RESIDENCE	Quartzburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 years (Years)	AGE AT LAST BIRTHDAY	28 years (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Manager of Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Litz MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Registrar

Filed Apr. 1921 Mrs E S Robson

Registrar

JUL 8 1942

241-228-008-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

88520

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 88520

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Grimes Pass
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Josephine Elenore Swan

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Nov 28, 1920 193... (Month, Day, Year)

FATHER

9. Full name: William A. Swan

10. Residence (usual place of abode) (If non-resident, give place and State): Garden Valley

11. Color or race: Wh | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or Country): Denver, Colorado

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: M. Maud Townsend

19. Residence (usual place of abode) (If non-resident, give place and State): Garden Valley

20. Color or race: Wh | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Decompsia, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. E. S. Robison, [redacted]

or ....., Midwife

Address Placerville, Idaho

Give name added from a supplemental report .....
(Date of)

Filed April 11, 1921 193... Mrs. E.S.Robison
Registrar.

.....
Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

365-201-024-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 26 1921 BUREAU OF VITAL STATISTICS

88526

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 22 File No. [redacted]

No. ..... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Della Winnifred Conditt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	5	Yes	Jan (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Winford Conditt	FULL MAIDEN NAME	Delia Parks
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Washington	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornbline (Born alive or stillborn), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wendell Ida

Filed Jany 10 1920 E L Simonton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 105 - 024 - 168

PLACE OF BIRTH

Form V. S. 2 11-C—25m-7-21-19

RECEIVED APR 6 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88527

County of Gooding

City of Wendell

Registration District No. 2 2 File No.

No. St.

Primary Registration District No. 2 0 8 Registered No.

Hospital

FULL NAME OF CHILD Robert Henry Barton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			1	Yes	Jan 5 1920

FATHER		MOTHER	
FULL NAME	Henry J. Barton	FULL MAIDEN NAME	Lillian Johns
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) E. L. Simonton
Physician
(Physician or midwife)

Address Wendell Ida

Filed Jan 2 1920

Registrar

Registrar

85527

Wendell Ida June 3" 1937

Bureau of Vital Statistics, Boise Ida

This is to certify that I was in attendance at the birth of Robert Burton and the birth occured Jan 5" 1920.

E. L. Simonton M.D

5-25-113-025-346

PLACE OF BIRTH

Amended 4-17-56

County of Idaho

City of Spring Camp

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 104 File No. 88535

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD WALTER EVERETT EBERHARDT

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
MALE			Yes	Sept 13 (Month) (Day) 1920 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Herman B. Eberhardt	FULL MAIDEN NAME	Grace Cook
RESIDENCE	Spring Camp	RESIDENCE	Spring Camp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Ellia B. Wilson

Midwife
(Physician or midwife)

Address Spring Camp

Filed April 4 1921 W. A. Foskett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death 88535

State of Idaho
County of Nez Perce } ss.

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Walter Joseph Ebarhardt (Name on Original Certificate) who was born (Was Born or Died) on September 13, 1920 (Date of Event)
in Spring Camp, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License March 28, 1948 (Bible Record, Insurance Policy, Etc.) Veterans Adm. Life Ins. prepared on January 1, 1947 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Walter Joseph Ebarhardt	Walter Everett Eberhardt
Father's 1st name.	Ebarhardt	Eberhardt
Mother's birthplace	[redacted]	~~Kansas~~ OREGON

Subscribed and sworn to before me this 2nd day of March, 19 56
Hazel L. Kyle
Notary Public, residing at Lewiston, Ida.
My commission expires 9-1-58
(Seal)

Signed Hermann Eberhardt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
622-3rd St. Lewiston, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 19 56
Hazel L. Kyle
Notary Public, residing at Lewiston, Ida
My commission expires 9-1-58
(Seal)

Signed Bina Eberhardt
(Signature of Any Credible Person)
622-3rd St. Lewiston, Idaho
(Street Address, City, State)

DPH 52.155

l. c. pd.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR - 4 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88535

County of Idaho

City of Spring Camp

Registration District No. 104 File No.

No. St.

Primary Registration District No. Registered No.

Hospital —

FULL NAME OF CHILD. Walter Joseph Ebarhardt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	Sept	13	1920

	FATHER	MOTHER
FULL NAME	Herman B. Ebarhardt	
FULL MAIDEN NAME		Grace Cook
RESIDENCE	Spring Camp	Spring Camp
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Germany	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ella B. Wilson

midwife
(Physician or midwife)

Address Spring Camp.

Filed 19

W. A. Foskett
Registrar

FEB 6 19[illegible]

MAY 8 1970

256-119-025-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR - 4 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88536

County of Idaho

City of Lucile

Registration District No. 104 File No. —

No. — St.

Primary Registration District No. Registered No.

Hospital —

FULL NAME OF CHILD Robert Ward Sewell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ward A. Sewell	FULL MAIDEN NAME	Della Smith
RESIDENCE	Lucile	RESIDENCE	Lucile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Pullman Wash	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.0. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs - E. W. Butcher
Add = Lucile - Ida
(~~Physician~~ or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Apr 1921 W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-120-025-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88537

County of Idaho

RECEIVED
APR - 4 1921
BUREAU OF VITAL STATISTICS

City of P.O. White Bird Registration District No. 104 File No.

No. St.

Primary Registration District No. 2182 Registered No.

Hospital

FULL NAME OF CHILD Harry Earnest Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	May	20	1920

FATHER		MOTHER	
FULL NAME	Sam N. Robinson	FULL MAIDEN NAME	Parthena Wilson
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett
Physician
(Physician or midwife)

Address White Bird

Given names added from a supplemental report.

19

Registrar

Filed Apl 19 20

W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132 - 225-025-557

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of P.O. Lucile

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR - 4 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88538

Registration District No. 104 File No. ———

Primary Registration District No. ——— Registered No. ———

FULL NAME OF CHILD Loine Louise Alkire

Sex of Child Female | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 25 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Josh Henderson Alkire	FULL MAIDEN NAME Cleo Maryorie Engle
RESIDENCE Lucile Idaho	RESIDENCE Lucile Idaho
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Lucile Ida-	BIRTHPLACE Kazee - Minn
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10. P. M. on the date above stated.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird

Filed apr 1921

W. A. Foskett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

719-219-002-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1921
STATISTICAL

CERTIFICATE OF BIRTH

88540

County of Adams

City of P.O. New Meadows Ida.

Registration District No. 104 File No. - - -

No. ~ St.

Primary Registration District No. Registered No.

Hospital ~

FULL NAME OF CHILD JOAN LYNN Parks

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 19 1920

FATHER	MOTHER
FULL NAME: Calvin Erastus Parks	FULL MAIDEN NAME: Cara May Hardin
RESIDENCE: P.O. New Meadows Ida	RESIDENCE: P.O. New Meadows Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Louis Co. Neb.
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs Otto Gotzinger
Neighbor
(Physician or Midwife)

Address Pollock - Idaho

Filed Apr. 4 1921 W. A. Foskett
Registrar

JUN 2 2 1942

SEP 2 9 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 88540

County of Adams } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Laura Lavinia (Birth or ~~Death~~)

for Laura Lavinia (Name on Original Certificate) who Nov 19 (Was Born or ~~Died~~) on 1920 (Date of Event)

in New Meadows (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Birth Cert (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Laura Lavinia	Joan Lynn Parks

Subscribed and sworn to before me this 13 day of Sept, 1944

Notary Public, residing at New Meadows Ida

My commission expires Dec 31-1944

(Seal)

Signed Cora M. Parks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September 1944

Notary Public, residing at Boise, Idaho

My commission expires 1/15/46

(Seal)

Signed Joyce E. Wisdom

(Signature of Any Credible Person Other Than Previous Year)

1014½ Jefferson, Boise, Idaho

(Street Address, City, State)

OCT 2 8 194

993-123-025-132

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88541

RECEIVED
APR - 4 1921
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Idaho

City of P. O. Lucile

Registration District No. 104 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD William Bailey Rice

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Dec (Month) 23 (Day) 1920 (Year)

FATHER

FULL NAME: Bailey Frank Rice

RESIDENCE: Lucile Idaho

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Grangeville Ida.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Jalia Alkire

RESIDENCE: Lucile Ida -

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Freedom Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett
Physician
(Physician or midwife)

Address White Bird - Ida

Given names added from a supplemental report.

19

Registrar

Filed Apr 19 21

W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-110-026-415

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

88556

CERTIFICATE OF BIRTH

County of Jefferson

City of Heise

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 11

Hospital

FULL NAME OF CHILD Walter M. Mellenthin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	7 - 10 1920

FATHER		MOTHER	
FULL NAME	Walter C. Mellenthin	FULL MAIDEN NAME	Eva Manney
RESIDENCE	Heise	RESIDENCE	Heise
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rigby

Filed 2/10 1921 Ray H. Fish

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUNE 21 1968

7/28/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 34 AM '76

State of Oregon
County of Multnomah } ss.

Certificate No. 88556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Mellenthin (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1920 (Date of Event)
in Heise, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism - Navy discharge (Bible Record, Insurance Policy, Etc.) prepared on ~~8/3/76~~ 3/15/46 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Walter M. Mellenthin

Subscribed and sworn to before me this 3rd day of August, 19 76

Notary Public, residing at Portland, Oregon

My commission expires 6/22/77

(Seal)

Signed Ova Mellenthin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1919 N.E. 10th Ave. Portland, Oregon 97212
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Baptismal record gives name as Walter Manney Mellenthin ~~gix~~ dated Sept 6, 1923 born July 10, 1920. father's name as Walter Charles Mellentin and mother's name as Ida Eva Manney. viewed b V. S.

AUG 18 1976

Honorable Discharege from the U.S. Navy gives name as Walter M Mellenthin. born Jul 10, 1920 at Ririe, Idao. dated Mar 15, 1946. viewed by V. S.

45-9-125-026-459

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

88558

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 9

Hospital

FULL NAME OF CHILD Lineal Samuel Meikle

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	12-25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lineal S. Meikle	Ida E Merrett
RESIDENCE	Rigby #2	Rigby #2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Wyo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) Sam. I Price

(Physician or midwife)

Address Ririe

Filed 2/10 1921 Raylt Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

243-215-026-212

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88559

County of Jefferson

City of Ririe

Registration District No. 98 File No. -

No. ..... St.

Primary Registration District No. 216 Registered No. 8

Hospital .....

FULL NAME OF CHILD NORMA ELIZABETH Buck

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12-15 20

FATHER		MOTHER	
FULL NAME	J. D. Buck	FULL MAIDEN NAME	Millie Bassett
RESIDENCE	Rigby R 2	RESIDENCE	Rigby R 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Sam T Price

(Physician or midwife)

Address Ririe

Filed 2/10 19 21 Ray H Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 88559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Buck (Name on Original Certificate) who born (Was Born or Died) on Dec. 15, 1920 (Date of Event) in Ririe, Bonneville Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Buck	Norma Elizabeth Buck

Subscribed and sworn to before me this 8th day of March, 19 42

Notary Public, residing at Carlsbad, Calif.

My commission expires Dec. 17, 1942.
(Seal)

Signed Millie A Buck Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 164, Carlsbad, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 19 42

Notary Public, residing at Carlsbad, Calif.

My commission expires Dec. 17, 1942.
(Seal)

Signed Frank E. Buck Grandmother.
(Signature of Any Credible Person Other Than Previous Year)

Box 164, Carlsbad, Calif.
(Street Address, City, State)

SEP 2 1964

JUN 19 1973

MAR 13 1951

571-126-026-685

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88560

County of Jefferson

City of Ririe

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 7

Hospital

FULL NAME OF CHILD Merit Egan

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Egan	FULL MAIDEN NAME	Ethel Wheeler
RESIDENCE	Rigby R2	RESIDENCE	Same
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Ririe

Filed 2/10 1921 Ray H. Fish
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

244-206-026-465

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88561

County of Jefferson

City of Ririe

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 6

Hospital

FULL NAME OF CHILD Wanda Ruth Summers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Dec 6 1920

FATHER		MOTHER	
FULL NAME	John L. Summers	FULL MAIDEN NAME	Dora Montgomery
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) Sam F. Price

(Physician or midwife)

Address Ririe

Filed 2/10 19 21 Ray H. Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-210-026-265

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

88564

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 3

Hospital

FULL NAME OF CHILD Marcella Iko Tanzawa

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Frank Tanzawa	FULL MAIDEN NAME	Mura Kondo
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Japanese	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

19

Registrar.

Filed 2-10 19 51 Raymond Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1971

2 Certified Copies - May 23, 1938

154-201-026-B95

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88565

County of Jefferson

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 2

FULL NAME OF CHILD Irene Minnie Anderson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	yes	12-1 19 20

FATHER		MOTHER	
FULL NAME	Harry S. Anderson	FULL MAIDEN NAME	Minnie Frances French
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	R. R. Employee agt	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at One a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) O. B. Beller

(Physician or midwife)

Address Rexburg

Filed 2/10 19 21 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-106-026-214

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88566

County of Jefferson

City of Roberts

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 1

Hospital

FULL NAME OF CHILD John Paul Deffinger

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	12-6-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gotlup Deffinger	Etta Baula
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Russia	Nebraska
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellar

(Physician or midwife)

Address Roberts

Given names added from a supplemental report. 19

Registrar.

Filed Feb 10 19 21 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-112-028-114

PLACE OF BIRTH

[redacted]

RECEIVED
APR - 7 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88581

County of [illegible]

City of [illegible]

Registration District No. 30

File No. [illegible]

No. ..... St.

Primary Registration District No. 1059

Registered No. 917

Hospital .....

FULL NAME OF CHILD Merlin Glenn James

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 12 1921

FATHER		MOTHER	
FULL NAME	Jesse L James	FULL MAIDEN NAME	Anna M James
RESIDENCE	Gibbs Idaho	RESIDENCE	Gibbs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Marshaltown Iowa	BIRTHPLACE	Denmark
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drenna M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address (Town) Coeur d Alene Idg

Filed April 7 19 21 D D Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Certified copy issued 12-20-1940 D.P.

285-114-028-846

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88600

County of Owyhee

City of Worley Ida

Registration District No. 30

File No. [illegible]

No. ..... St.

Primary Registration District No. 1057

Registered No. 937

Hospital .....

FULL NAME OF CHILD Donald, Jesse Sygnold

Sex of Child Male. | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth 12 (Month) 14 (Day) 1920 (Year)

FATHER

FULL NAME Jesse Sygnold.

RESIDENCE Worley Ida

COLOR White AGE AT LAST BIRTHDAY 32, (Years)

BIRTHPLACE Michigan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Huff.

RESIDENCE Worley

COLOR White AGE AT LAST BIRTHDAY 22, (Years)

BIRTHPLACE Virginia

OCCUPATION Home Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. J. Herringer M. D.

(Physician or midwife)

Address Worley, Idaho. R. F. D. No 1.

Filed April 7 1921 D D Drennan

Registrar

DEC 29

255-209-033-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[illegible] S. No. 11—20m-7-26-19

1921

88681

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 72

File No. .....

Primary Registration District No. .....

Registered No. .....

RECEIVED
APR - 1 1921
BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD HELEN CLARE BEECH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12 9 1920

FATHER		MOTHER	
FULL NAME	Lyle Beech	FULL MAIDEN NAME	Viola Ricks
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shugar

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed 3/29 1921

G. G. Espe
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont

Certificate No. 88681
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Helen Clare Beech (Name on original certificate) who was born (Was born or died) on December 29, 1920 (Date of event)
in Sugar City, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on December 9, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No name	Helen Clare Beech
Date of birth	12-29-20	12-9-20

Subscribed and sworn to before me this 6th day of January, 19 42

Notary Public, residing at St. Anthony

My commission expires August 17, 1944

[SEAL]

Signed T. L. Beech, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 19 42

Notary Public, residing at St. Anthony,

My commission expires August 17, 1944

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

St. Anthony, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

235-123-034-866

PLACE OF BIRTH

County of Minidoka

City of Paul, Ida

No. Amended 5/22/79 St.

Hospital

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88743

Registration District No. 19 File No.

Primary Registration District No. 2016 Registered No. 33

FULL NAME OF CHILD Howard John Kley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1		3	yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	Louis Kley	FULL MAIDEN NAME	Mary Susan Howard
RESIDENCE	Paul, Ida	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kittrad, Conn	BIRTHPLACE	Cottonwood Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 P. M. Nov 23 1920
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H K Adams MD
(Physician or midwife)

Address Paul Ida

Given names added from a supplemental report.

19

Registrar

Filed Mar 3 1921 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 23 12 53 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 88743

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kley (Name on Original Certificate) who was born (Was Born or Died) on 11-23-20 (Date of Event)
in Paul (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Kley	Howard John Kley

Subscribed and sworn to before me this 27 day of May, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Mary S. Kley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1431 Gibson ave, Ogden Ut,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of May, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Hazel Sharp
(Signature of Any Credible Person)
1021 Colena Prosser Wash,
(Street Address, City, State)

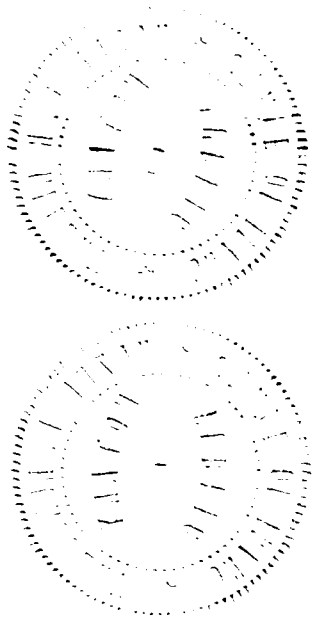
FORM DPH 55-155

- Honorable Discharge from the XXXXXXXXXX U.S. Army gives name as Howard J. Kley, Born Nov 23, 1920 at Paul , idaho date of separtion Nov 22, 1945. viewed by V. S.

MAY 2 2 1979

Application to United Transportation Union Ins. Assoc., Cleveland, Ohio 44114. No No. 123132. gives name as Howard J. kley. born Nov 23, 1920. in Idaho. dated Oct 12,1973. viewed by V. S.

OCT 1 1979



639-203-034-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88744

County of Minidoka

City of Rupert Ida R 2

Registration District No. 19 File No. [illegible]

No. ..... St.

Primary Registration District No. 2013 Registered No. 32

Hospital .....

FULL NAME OF CHILD AUDA BERNICE OLIVER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		4	yes	Dec 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred H Oliver	FULL MAIDEN NAME	Rachel A Moore
RESIDENCE	Rupert Ida R 2	RESIDENCE	Rupert Ida R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Cheyenne Co, Mfr	BIRTHPLACE	Evans, Col.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 3-20, at 10.50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Ida

Filed Mar. 3 1921 [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 8874

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1920 (Date of Event)
in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ~~Insurance policy~~ (Bible Record, Insurance Policy, Etc.) prepared on ~~December 2, 1940~~ (Give Date), are:
Own Child's Birth Cert.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) #28020 Viewed by V.S.	TO (The Correct Facts)
Child's Name	Unnamed	Auda Bernice Oliver

Subscribed and sworn to before me this 4th day of May, 19 57
Jackson E Bell
Notary Public, residing at Boise, Idaho
My commission expires May 3, 1958
(Seal)

Signed Fred W. Oliver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Wilder, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 19 57
Jackson E Bell
Notary Public, residing at Boise, Idaho
My commission expires May 3, 1958
(Seal)

Signed Myron F. Oliver
(Signature of Any Credible Person)
Box 332 Nailey, Idaho
(Street Address, City, State)

FORM DPH 55.155

Child's birth certif. from Idaho No. 349047 named Katherine Adain Lapp gives mother's name as Auda Bernice Oliver. Dtead May 14, 1942. Viewed by V. S.

OCT 20 1969

Pacific Life Benefit Association Lewiston, Idaho gives name as Auda B. Lapp. No. 7066-G. Dted December 2, 1941. Signed by.W. E. Bitter. Viewed by V. S.

669-229-034-614

PLACE OF BIRTH

name added 6/28/82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88745

County of Lincoln

City of Hazelton

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2010 Registered No. 31

Hospital

FULL NAME OF CHILD Martha Iris Worthington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	7	yes	Dec 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence Worthington	Grace Jorgensen-Wadsworth
RESIDENCE	Hazelton Idaho	Hazelton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Logan, Utah	Pinehurst, Miss.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 8 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. E. Adams, M.D.

(Physician or midwife)

Address Hazelton Idaho

Filed Mar. 3 1921 E. O. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 88745
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Worhtington (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 29,1920 (Date of Event)
in Paul, Idaho (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Martha Iris Worthington

Subscribed and sworn to before me this 28 day of June, 1985.
Notary Public, Susan L. Cleverly
Residing at Boise Idaho
My commission expires April 3, 1985
(Seal)

M Iris Quigley
Signature of Applicant
13199 Hawthorne, Boise, Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

own child's birth certificate on file in Idaho gives name as Mikeal Don Wadsworth born Feb. 28, 1953 in Idaho. mother's name as Martha Iris Worthington/ file No. 53-4474. viewed by V. S.

Certificate of Baptism from the LDS Church gives name as Martha Iris Worthington daughter of Lawrence Worthington and K Elzina Jorgenson. Born Dec. 29, 1920 in Paul, Idaho. viewed by V. S.

4134-229-034-639

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88746

County of Minidoka

City of Rupert Ida Rt 2 Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 30

Hospital

FULL NAME OF CHILD Mary McMillan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1 and	8	Yes	Dec 29, 1920

FATHER	MOTHER
FULL NAME Luther McMillan	FULL MAIDEN NAME Rosetta Alyea (Utica)
RESIDENCE Rupert Ida Rt 2	RESIDENCE Rupert Ida Rt 2
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Colorado
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 29-20 at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. V. Adams, M.D.

(Physician or midwife)

Address Rupert Ida

Filed Mar. 8 1921 E. O. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

291-222-034-514

PLACE OF BIRTH

AMENDED – AUGUST 25, 1949

County of Minidoka

City of Rupert

No. Route 2 St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 88747

Primary Registration District No. 2015 Registered No. 29

FULL NAME OF CHILD Mollie Kraus
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	October 22 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Kraus	FULL MAIDEN NAME	Katie Rau
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) H. R. Adams

Physician
(Physician or midwife)

Address Paul, Idaho

Filed March 3 1921 E. H. Elmore
Registrar.

1. PLACE OF BIRTH

County of Mundoha

City of Paul,

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 12 1940

CERTIFICATE OF BIRTH

Registration District No. 451 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 17

2. FULL NAME OF CHILD Mollie Kraus 16-26

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 10/22, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Kraus	18. Full maiden name Katie (Rau) Rauw ~~Kraus~~
10. Residence (usual place of abode) (If non-resident, give place and State) Heyburn, Id	19. Residence (usual place of abode) (If non-resident, give place and State) Heyburn, Ida
11. Color or race white | 12. Age at last birthday 79 (years)	20. Color or race white | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Russia	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 21	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

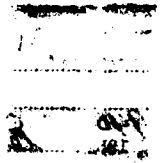
I hereby certify that I attended the birth of this child, who was born alive at 5 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Katie Kraus, M. D.
or Mollie, Midwife
Address .....
Filed 3-8 [redacted] H. Elmore
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 11453

Date Filed 3/3/21

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mollie Kraus (Name on Original Certificate) who born (Was Born or Died) on Oct. 22, 1920 (Date of Event) in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on September 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Oct. 26, 1920	Oct. 22, 1920

Subscribed and sworn to before me this 19 day of August, 19 49

Notary Public, residing at Burley Idaho
My commission expires July 10, 1950
(Seal)

Signed Mrs W M Kraus.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of August, 19 49

Notary Public, residing at Burley Idaho
My commission expires July 10, 1950
(Seal)

Signed Vesta Olson
(Signature of Any Credible Person)

Paul, Idaho
(Street Address, City, State)

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88747

County of Minidoka

City of Rupert Ida R F D

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 29

Hospital

FULL NAME OF CHILD Mollie Kraus

Sex of Child Female | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 26 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Kraus	FULL MAIDEN NAME	Katie Rowe
RESIDENCE	Rupert Ida R 2	RESIDENCE	Rupert Ida R
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 26 20 at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Adams, MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert Ida

Registrar

Filed Mar. 3 1921 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-219-034-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

-88749

County of Minidoka

City of Paul

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 27

Hospital

FULL NAME OF CHILD Margaret Inga Burke

Sex of Child Female | Twin Triplet or other? 1 | and | Number in order of birth 9 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 19 (Month) (Day) 1930 (Year)

FATHER		MOTHER	
FULL NAME	John Burke	FULL MAIDEN NAME	Inga Anderson
RESIDENCE	Paul, Ida	RESIDENCE	Paul, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Va	BIRTHPLACE	Utah
OCCUPATION	Brick-layer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3a M. on the date above stated.

(Signature) A R Adams MD

(Physician or midwife)

Address Paul, Ida

Filed Mar. 3 1931 E D Ehmke Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1973

386-130-035-391

Form V. S. No. 11-C--25m-7-21-19

88755

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Zealand Idaho

Registration District No. 68 File No.

No. ✓ St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ~~Wannie~~ WAYNE ~~Jessie~~ JESSE ~~Thornton~~ THORNTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) ~~10~~ 30th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jessie Thornton	FULL MAIDEN NAME	Hazel Dell Craig
RESIDENCE	Zealand Idaho	RESIDENCE	Zealand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	Zealand Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Kelly M.D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Kendrick Idaho

Filed 3-5 1921

R. F. [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 88755

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wainnie Jessie	Wayne Jesse Thornton
Date	Nov. 10th	Nov. 30, 1920

Subscribed and sworn to before me this 25th day of Nov., 1942

Notary Public, residing at Kendrick

My commission expires Jan. 31st 1944

(SEAL)

Signed Mrs Hazel Thornton

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 1 1942

615 - 217-035-355

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH - 88779

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 637

FULL NAME OF CHILD Bonnavive Marie Fansler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	February 17th 1920

FATHER		MOTHER	
FULL NAME	Roy S. Fansler	FULL MAIDEN NAME	Cecelia A. Tierney
RESIDENCE	Clarkston, Washington	RESIDENCE	Clarkston, Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Lewiston, Idaho
(Physician or ~~midwife~~)

Given names added from a supplemental report.

.....19.....

Registrar

Address .....

Filed Mar 10 1921 Susan E. Bruce
Registrar

SEP 27 1946

493-121-036-544

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88812

County of Oneida

City of Black Pine

Registration District No. 26

File No.

No. ..... St.

Primary Registration District No. 2069

Registered No. 6

Hospital Home

FULL NAME OF CHILD CLYRON WAYNE MILLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Mills	FULL MAIDEN NAME	Inga C Emmertson
RESIDENCE	Black Pine, Ida	RESIDENCE	Black Pine, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wreys Bush South Island N Zeland	BIRTHPLACE	Huntsville, Weber Co, Ut
OCCUPATION	Farmer & Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.25 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maud M. Wilson
Nurse
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Juniper Ida

Filed April 4 1921 R T Maier M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOF

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 88812

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) birth for (NAME ON ORIGINAL CERTIFICATE) Clyron Wayne Mills who (WAS BORN OR DIED) was born on (DATE OF EVENT) Feb 21, 1920, in (PLACE OF EVENT) Black Pine Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) parents record prepared on (GIVE DATE) Date of Birth, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	-- -- --	Clyron Wayne Mills

Subscribed and sworn to before me this 8 day of January, 19 42

Notary Public, residing at Snowville, Utah

My commission expires Mar 5 1945
(SEAL)

Signed Thomas Mills, Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Stone, Idaho,
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of January, 19 42

Notary Public, residing at Snowville Utah

My commission expires Mar 5, 1948
(SEAL)

Signed Williams Stokes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Snowville, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 24 1972

242-131-037-357

PLACE OF BIRTH

RECEIVED APR 6 1921 BUREAU OF VITAL STATISTICS STATE OF IDAHO

RECEIVED APR 28 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88820

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD John KUSHLAN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
M.				yes	Dec 31 1920

FATHER	MOTHER
FULL NAME Frank KUSHLAN	FULL MAIDEN NAME FRANCES CEGNAR
RESIDENCE Homedale	RESIDENCE Homedale
COLOR W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D.
(Physician or midwife)

Address Homedale Ida.

Given names added from a supplemental report.

Mar 1 1921
S Hopper
Registrar

Filed Mar 1 1921 S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Owyhee

Certificate No. 88820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Kuslam (Name on Original Certificate) who as Born (Was Born or Died) on December, 31 1920 (Date of Event)
in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kuslam	Kushlan
Mother's name	Franciska Cgener	Frances Cegnar

Subscribed and sworn to before me this 21 st. day of [illegible] 19 42

[illegible] Robinson
Notary Public, residing at Caldwell Ida.

My commission expires 2/3/43
(Seal)

Signed Frank Kushlan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 23 1942

AUG 1

259-130-038-915

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88852

County of Payette

City of New Plymouth Registration District No. 5 File No.

No. St.

Primary Registration District No. 1009 Registered No. 7

Hospital

FULL NAME OF CHILD William Harvey Knight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Jan 30 1920

FATHER		MOTHER	
FULL NAME	Clarence F Knight	FULL MAIDEN NAME	Viola Rawlins
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	So Dakota	BIRTHPLACE	Kans.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Drake. M. D.
(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

19

Registrar

Filed Jan 19 20 Wm J. Drysdale
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 0 2 2009

751—209-040-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88884

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. 1st + Cedar St.

Primary Registration District No. 10 11

Registered No. 1

Hospital Wallace

FULL NAME OF CHILD Ruth Johana Elizabeth Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 9 1920

FATHER	MOTHER
FULL NAME: Oscar Pearson	FULL MAIDEN NAME: Hannah Johnson
RESIDENCE: 703 Olive St. Wallace Ida.	RESIDENCE: 703 Olive St. Wallace
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Vermland	BIRTHPLACE: Vermland
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Jan 9th 1920 at 12 Noon
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address.....

Filed Jan 30 19 21

[signature]
Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 21 1970

SEP 30 2005

Dup of 1920-2089944

364-112-040-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88885

County of Shoshone

City of Wallace

No. 1st & Cedar St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No.

Registered No. 2

FULL NAME OF CHILD Chas. Wallace Couch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 12th 4:40 P.M. 1921

FATHER	MOTHER
FULL NAME: Chas Raymond Couch	FULL MAIDEN NAME: Beatrice May Fite
RESIDENCE: Kellogg Idaho	RESIDENCE: Kellogg Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: North Carolina
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Jan. 12th 1921 at 4:40 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 3 1921 [signature] Registrar

S-Y CO. 24655

319-228-040-000

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

88886

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. 1st Cedar St.

Primary Registration District No. 1011

Registered No. 3

Hospital Wallace

FULL NAME OF CHILD Nannie Ethel Christina Carlquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 28th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Carlquist	FULL MAIDEN NAME	
RESIDENCE	Interstate Idaho	RESIDENCE	Interstate Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive May 28th 1920 at 4:45 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

Registrar

Filed Jan 3 1921 F L [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1957

168-215-040-369

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88887

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 4

Hospital Wallace

FULL NAME OF CHILD Betty Mae Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	peter H. Johnson	FULL MAIDEN NAME	Ramona Corey
RESIDENCE	Mullan	RESIDENCE	Mullan Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Bonner Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born May 15th 1920 at 1:50 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 3 1921 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1973

693-213-040-592

Form V. S. No. 11-C—25m-1-1-19

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88888

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1st and 2nd St.

Hospital Wallace

Registration District No. 10

Primary Registration District No. 1011

File No. [illegible]

Registered No. 2

FULL NAME OF CHILD Dorothy Jane Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		3rd	Yes	June 13th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raimon T. Williams	FULL MAIDEN NAME	Edee Eisele
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Longmont Colorado	BIRTHPLACE	Longmont Colo
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) June 13th 1920 at 3:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address .....

Filed Jan 3 1921

[signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1944

249-104-040-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88889

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 6

FULL NAME OF CHILD Max Truman Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Max Truman Smith	FULL MAIDEN NAME	Beryl Burch
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Salt Lake City - Utah
OCCUPATION	Physician and Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max T. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 3 1921 F L Jenny

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1954

815-102-040-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88890

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 7

Hospital Wallace

FULL NAME OF CHILD Edward Stanley Haugen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	Two	Yes	Feb. 2nd 1920

FATHER	MOTHER
FULL NAME Edward Haugen	FULL MAIDEN NAME Lula Marie Smith Haugen
RESIDENCE Wallace Idaho	RESIDENCE Wallace Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wibaux S.D.	BIRTHPLACE Spirit Lake Iowa
OCCUPATION Black Smith	OCCUPATION House Wife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

(Signature)

(Physician or midwife)

Address

Filed Jan 3 21 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HAUGEN

...Dup of 1920 - 3.45/20

713-126-040-435

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Amended 2-26-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 88891

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 8

Hospital Wallace Hosp

FULL NAME OF CHILD James Calbert Gale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	Two	Yes	Oct 26 1920

FATHER	MOTHER
FULL NAME Arthur B Gale	FULL MAIDEN NAME Vada Charlott Gale McNett.
RESIDENCE Burke	RESIDENCE Burke
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE mich.	BIRTHPLACE mich.
OCCUPATION Time Keeper	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Jan 3 1921

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 29 11 25 AM '80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Multnomah
County of Oregon } ss.

Certificate No. 88891
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Arthur B. Gale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 26, 1920 (Date of Event)

in Burke, Idaho (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Arthur B. Gale	James Calbert Gale
birthplace	Burke, Idaho	Wallace, Idaho

Subscribed and sworn to before me this 15th day of December, 19 80.

Notary Public, Norma Stangland

Residing at 19340 N.E. Halsey, Portland, OR

My commission expires April 14, 1984

(Seal)

James C Gale
Signature of Applicant

11519 NE Prescott St
Portland Oregon 97220
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 10/17/79 nm

Army of the United States Honorable Discharge issued by the Army of the United States gives name as James C. Gale born October 26, 1920, in Wallace, Idaho. Date of Separation October 21, 1945.
Viewed by V.S.

Certificate of Marriage gives name as James C. Gale married to Viola H. Dial Married in the County of Clark, State of Washington, on March 10, 1942.
Viewed by V.S.

Family Record issued early in life gives name as James Calbert Gale born October 26, 1920, in Wallace Hospital, Wasllac, Idaho.
Viewed by V.S.

291-127-040-365

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

88892

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 111 Bank St.

Hospital Wallace Hosp

Registration District No. 70

File No.

Primary Registration District No. 10 11

Registered No. 9

FULL NAME OF CHILD Robert Francis Brang

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
m	3rd	3	Yes	Oct 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elfred Henry Brang	FULL MAIDEN NAME	Mary Dorothy Brang Condon
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	New York	BIRTHPLACE	Mich
OCCUPATION	Engineering	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary J. Brang

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 3 1921 F L Fenger

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1973

MAY 28 1942

391-117-040-249

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88893

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Wallace

Registration District No. 10

File No.

No. 116 Cataract St.

Primary Registration District No. 1011

Registered No. 10

Hospital Wallace

FULL NAME OF CHILD Leonard Jay Cramer Jr.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1st				Nov 17 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leonard Jay Cramer	FULL MAIDEN NAME	Ruth Lucile Smith
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Penn
OCCUPATION	Bookkeeper	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Jan 3 21, 19 F L [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 88894

Registered No. 70

File No. .....

Primary Registration District No. 10 11

Registered No. 11

FULL NAME OF CHILD James Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	2/4/20 191...

FATHER		MOTHER	
FULL NAME	Wm E. Miller	FULL MAIDEN NAME	Janet Waddell
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Maine
OCCUPATION	Barber	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James R Bean

..... (Physician or midwife)

Address .....

Filed 1/10/21 19.....

T. L. Jenkins Registrar

BOTH DELAYED

793-113-040-389

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88895

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 70

Primary Registration District No. 104

File No. .....

Registered No. 12

FULL NAME OF CHILD Robert John Gillispie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick Gillispie	FULL MAIDEN NAME	Anna Ohnsholm
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ireland	BIRTHPLACE	Minn
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10 1921

F L Tuttle

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 2015

235-216-040-689

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88896

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. ..... St.

Primary Registration District No. 1011

Registered No. 13

Hospital Providence

FULL NAME OF CHILD Mary Jane Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Aug 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Owen Stevens	FULL MAIDEN NAME	Stella White
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nebraska
OCCUPATION	Blacksmith	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 40 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

..... Registrar Filed Jan 10 1921 F L Tenney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STEVENS

365 -110-040-262

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1 St.

Hospital Providence

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

88897

Registration District No. 70

Primary Registration District No. 1011

File No.

Registered No. 14

FULL NAME OF CHILD DONALD HUBERT CONLEY

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 10 1920

FATHER

FULL NAME Philip L Conley

RESIDENCE Wallace

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Penn

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Alberta Bailey

RESIDENCE Wallace

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ida

OCCUPATION H W

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at 4 P ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar Filed Jan 10 21 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 88897

Date Filed 1[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR ~~DEATH~~)
for Donald Hubert Conley (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN ~~OR DIED~~) on Nov. 16 1920 (DATE OF EVENT)
in Wallace, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 19 1930 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Donald Hubert Conley
name of father	Philip J. Connelly	Philip J. Conley

Subscribed and sworn to before me this 10th
day of April, 1942.
Elsie M. Ryan
Notary Public, residing at Wallace Idaho
My commission expires 2/4/45
(SEAL)

Signed Philip J. Conley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
308-2nd St., Wallace, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

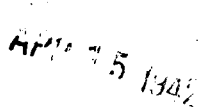
[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

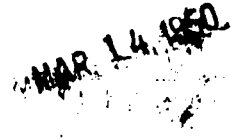
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1942.
Elsie M. Ryan
Notary Public, residing at Wallace Idaho
My commission expires 2/4/45
(SEAL)

Signed J. J. Murphy
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
207 Bank St. Wallace, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

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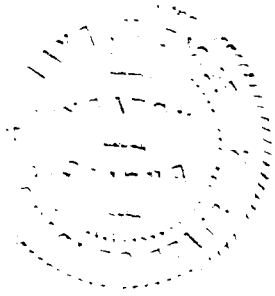


216G124-040-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88898

Registration District No. 70 ..... File No. .....

Primary Registration District No. 10 11 ..... Registered No. 15

FULL NAME OF CHILD Roger Frederick Safford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond J Safford	FULL MAIDEN NAME	Fern Marie Barton
RESIDENCE	Moscow Ida	RESIDENCE	Moscow Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bank Clerk	BIRTHPLACE	Idaho
OCCUPATION	Minn	OCCUPATION	TKW

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10 1921

F L Terry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1945

993-205-040-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

88899

CERTIFICATE OF BIRTH

Registration District No. 10

File No. .....

Primary Registration District No. 10.11

Registered No. 16

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	12 / V / 20

FATHER

FULL NAME Walker C. Richardson

RESIDENCE Mullan Ida

COLOR W AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Oregon

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Ada E. Conrad

RESIDENCE Mullan Ida

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION HW

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar Filed Jan 10 21 H. L. Jenkins Registrar

ID--230-040-316

PLACE OF BIRTH

RECEIVED
APR 25 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

88900

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. ..... St.

Primary Registration District No. 104

Registered No. 17

Hospital Providence

FULL NAME OF CHILD Margaret Amalia Dayko

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 30 1920

FATHER		MOTHER	
FULL NAME	Emil G. Dayko	FULL MAIDEN NAME	Margaret Aborne Coutz
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Spokane Wn
OCCUPATION	Clerk	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10 1921

F L Jensen
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-205-040-235

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

88901

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 78

Hospital Wallace

FULL NAME OF CHILD ~~Catherine Ann~~ Lenetta Jane Sturts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	September 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Sturts	FULL MAIDEN NAME	Margaret A. Stewart
RESIDENCE	Kellogg, Ida	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Scotland
OCCUPATION	Smelterman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas C. Thomas M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 20 1921

F L Tuesday

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466.-203-040-455

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88902

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 19

Hospital Wallace

FULL NAME OF CHILD Katherine Irwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	One		One	yes	Mar (Month) 3 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Moore	FULL MAIDEN NAME	Isabelle Devine
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wisconsin
OCCUPATION	~~Hou~~ Electritian	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bronson C. Hamm

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 20 1921

F L Tenney

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1970

659-221-040-292

PLACE OF BIRTH

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88903

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 70

Hospital Wallace

FULL NAME OF CHILD Gladys Fergusons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	One	third	yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	John Bagies Fergusons	FULL MAIDEN NAME	Zoe Beswick
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Colo
OCCUPATION	County Treasurer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Jan 20 1921

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-226-040-719

PLACE OF BIRTH

RECEIVED APR 5 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88904

County of Shoshone

City of Wallace

Registration District No. 20

File No.

No. St.

Primary Registration District No. 1041

Registered No. 21

Hospital Wallace

FULL NAME OF CHILD Marilyn Faye Longley

Sex of Child Female

Twin, Triplet or other? One (To be answered only in event of plural births)

and Number in order of birth 1st

Legitimate? Yes

Date of Birth Sept 26 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Vincent Wellington Longley

RESIDENCE Mullan Idaho

COLOR White

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Montana

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Elizabeth Garber

RESIDENCE Mullan Idaho

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report,

19

Registrar

Address

Filed Jan 20 19 21 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

962-128-040-595

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

RECEIVED APR 5 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88905

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 10 11

Registered No. 77

Hospital Wallace

FULL NAME OF CHILD ~~Herman J.~~ James Ewing Rossi

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	One	Two	Yes	Sept 28 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman J. Rossi	FULL MAIDEN NAME	Bernice Ewing
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Minn
OCCUPATION	Broker	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

Registrar

Filed Jan 20 1921 F. L. [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WALLACE HOSPITAL

WALLACE, IDAHO

Max T. Smith, M. D.
Paul M. Ellis, M. D.
Hubert E. Bonebrake, M. D.
Lewis B. Hunter, M. D.

August 4, 1941

To whom it may concern:

According to the hospital records, James Ewing Rossi was born in the Wallace Hospital on September 28, 1920.

Mothers name: Bernyce Ewing Rossi
Father's name: Herman J. Rossi

Attending physician: Max T. Smith, M. D.

Max T. Smith

Max T. Smith, M. D.

Personally appearing, Max T. Smith made oath that the foregoing statement by him subscribed is copied from the Wallace Hospital records.

Genevieve C. Lane

Genevieve C. Lane
Notary Public

August 4, 1941

JAN 8 1942

413-101-040-1791

PLACE OF BIRTH

RECEIVED APR 5 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

88906

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace Hosp.

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 73

FULL NAME OF CHILD Elson Frederick Mackey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)	3rd	Yes	Dec 1st 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Elson Frederick Mackey	FULL MAIDEN NAME Mabel ~~Mackey~~ Frazier
RESIDENCE Wallace Idaho	RESIDENCE Wallace Idaho
COLOR White — AGE AT LAST BIRTHDAY 39 (Years)	COLOR White — AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Canada	BIRTHPLACE Canada
OCCUPATION Mang. of Unite of Stores	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 20 1921 F L [signature]

Registrar — Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-208-040-955

RECEIVED APR 5 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88907

County of Shoshone

City of Mullen

Registration District No. 70

File No. [illegible]

No. ..... St.

Primary Registration District No. 104

Registered No. 74

Hospital Wallace Hosp.

FULL NAME OF CHILD Helen Jane Newbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec. 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Benjamin Newbury	FULL MAIDEN NAME	Ruth M. Reeves
RESIDENCE	Mullen	RESIDENCE	Mullen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mullen Idaho	BIRTHPLACE	Columbus Ohio
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12/8/20 at 5 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Jan 20 21 F L [illegible]

..... Registrar Filed ..... 19.... ..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1948

296-223-040-243

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88909

County of Shoshone

City of Wallace

Registration District No. 70 File No.

No. St.

Hospital Providence Primary Registration District No. 1911 Registered No. 26

FULL NAME OF CHILD Rachel Nora Brown

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Meredith Brown	FULL MAIDEN NAME	Mary Sullivan
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wallace Ida

Registrar.

Filed Jan 30 1921 F L Lundy
Registrar.

MAY 2 1958

944-101-041-643

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88921

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 8

FULL NAME OF CHILD Rudolph

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec - 1 - 1920

FATHER		MOTHER	
FULL NAME	Carl Fredrich Rudolph	FULL MAIDEN NAME	Julia Fullmer
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed 2/12th 1921 Martin Mar[illegible]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-305-041-619

PLACE OF BIRTH amend 3-28-83

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88922

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. ——

No. ..... St.

Primary Registration District No. 2176 Registered No. 7

Hospital .....

FULL NAME OF CHILD Genevieve Lucille Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Owen Daniels	FULL MAIDEN NAME	Sadie Forbush
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	51 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idaho

Filed Feb 12th 1921 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 88922
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Jenevive Lucile Daniels (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 5, 1920 (Date of Event)
in Driggs (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Jenevive Lucile Daniels	Genevieve Lucille Daniels

Subscribed and sworn to before me this 14th day of February, 1983
Notary Public, Patti H. Sinfield
Residing at Lund, Nevada
My commission expires November 29, 1983

PATTI H. SINFIELD
Notary Public - State of Nevada
White Pine County, Nevada
My appointment Expires Nov. 29, 1983

Genevieve Lucille Daniels
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1983
Notary Public, Dale S Smith
Residing at Salt Lake City, Ut.
My commission expires Commission Expires Oct. 19, 1986
(Seal)

Frances Daniels Bettger
Supporting Signature

747 Hawthorne Ave.
SLC, Utah, 84102

Street Address, City, State

Certificate of Birth from LDS Church gives Genevieve Lucille Daniels born 8-5-20 in Teton County, Idaho to Owen DAniels and Sadie May Forbush. Entered on Record Oct 8, 1920. Viewed by V.S.

MAR 28 1983

Marriage Certificate gives Genevieve L Daniels and Martin E Baker were married in Ely NV on 12-12-41. Viewed by V.S.

655-227-042-867

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

89012

County of Twin Falls.

CERTIFICATE OF BIRTH

City of ..... Registration District No. 37 File No. .....

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edith Fenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes.	Dec. 27, 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Fenn	Diana Pearl Hopkins.
RESIDENCE	Twin Falls County.	Twin Falls County.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Haf Bieler M. D.
(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 17 1921 J. F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1942

274-165-042-274

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

89018

County of Twin Falls

City of Buhl, Ida. Castleford

Registration District No. 31

File No.

No. R. 1 St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Milton J. Spurrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	and	yes	Oct. 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Spurrey.	Hattie Spurrey.
RESIDENCE	Castleford Ida.	Castleford Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Austria Czechoslovakia	Utah Czechoslovakia
OCCUPATION	Farmer (Europe)	(Europe)

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed March 4 1921 J. F. Coughlin
Registrar

Registrar

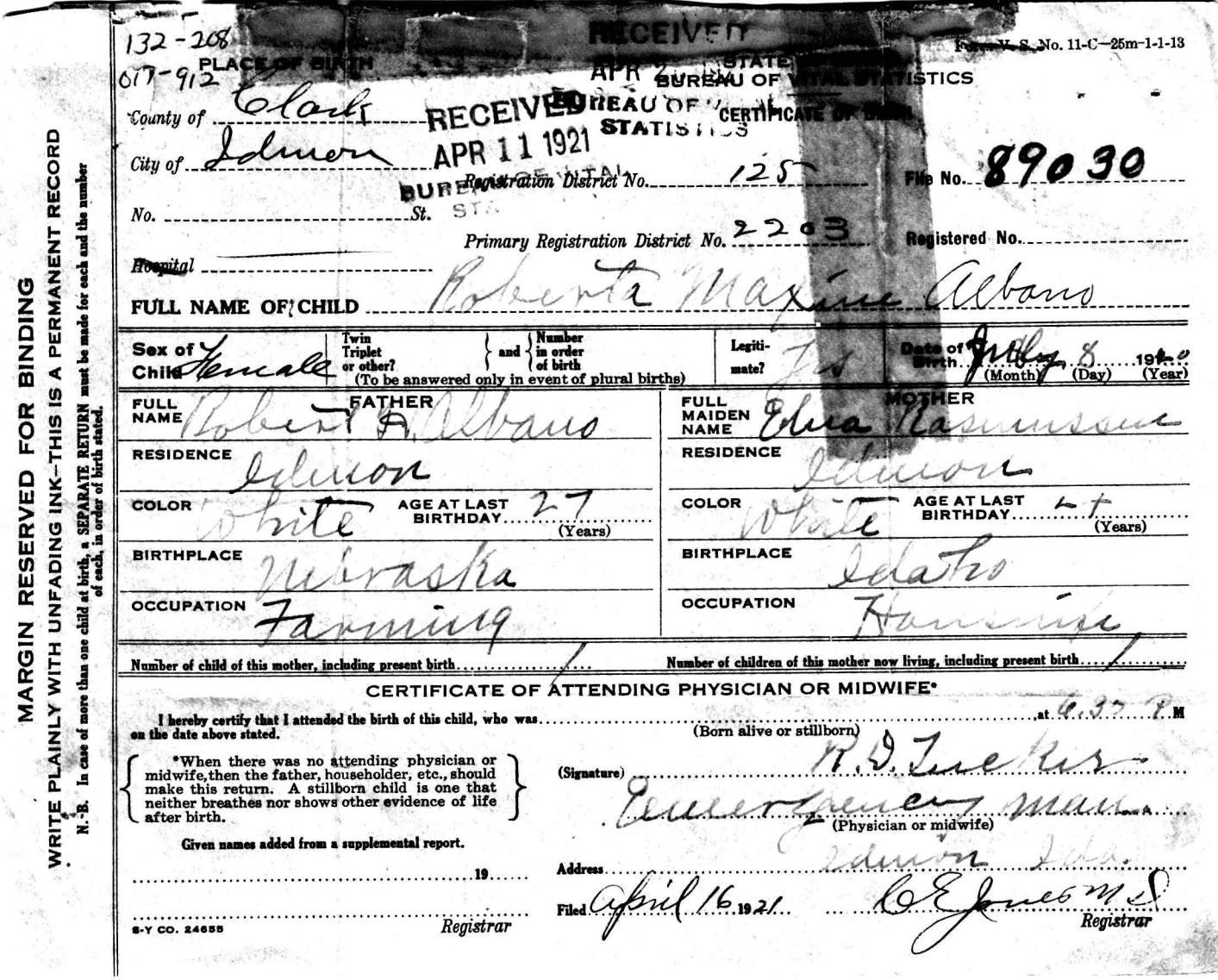
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 27 1965



132-208
017-912

PLACE OF BIRTH

RECEIVED
APR 11 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Clark

City of Idmon

No. _____ St.

Registration District No. 125

File No. 89030

Primary Registration District No. 2203

Registered No. _____

Hospital _____

FULL NAME OF CHILD Roberta Maxine Albano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert A. Albano	FULL MAIDEN NAME	Edna Rasmussen
RESIDENCE	Idmon	RESIDENCE	Idmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Emergency man
(Physician or midwife)

Given names added from a supplemental report.

Address Idmon Ida.

_____ 19__

Filed April 16 1921

C. E. Jones M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.-B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
STATE OF IDAHO
VITAL STAT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1924 BUREAU OF VITAL STATISTICS

County of Clark

City of Idmon

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Roberta Maxine Albano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert H. Albano	FULL MAIDEN NAME	Elna Rasmussen Albano
RESIDENCE	Idmon	RESIDENCE	Idmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Emergency Man.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idmon Ida

Filed _____ 19____

_____ Registrar

_____ Registrar

S-Y CO. 24655

Recorder of vital Statistics

Boise

Dear Sir;

Ida

In looking over some papers I have found the enclosed certificate of birth that I was sure that I had sent in to you or the co recorder. Please record and greatly oblige

Yours truly R.D. Tucker

4.6.1924

Idaho Falls Ida

Route 5

RECEIVED
APR 1924
BUREAU OF
STATE

APR 2 0 1925

996-208-001-296

Form [redacted]-25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 11 1921
BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

89039

County of Ada

City of Boise

Registration District No. ..... File No. .....

No. 5th Washington St.

Primary Registration District No. ..... Registered No. .....

Hospital St. Alphonsus

FULL NAME OF CHILD Ivis Rita Irwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Oct. (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert Harrison Irwin	FULL MAIDEN NAME	Ivymae Brown
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Fiskburg Ky.	BIRTHPLACE	Clinton Mo.
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V L Fraser

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 515 Overland Bldg.

Filed May 11 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1960

168-208-014-891

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

Registration District No. 7

File No. 89282

No. ____ St.

Primary Registration District No. 1006

Registered No. ____

Hospital Beatrice Augusta

Full Name of Child ~~Baby~~ Johnson

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 8 (Day) 1920 (Year)

	FATHER	MOTHER
FULL NAME	Alvin ~~D~~ DEVERE Johnson	Clara Hiatt
RESIDENCE	St Anthony Idaho	Nampa
COLOR	W	W
AGE AT LAST BIRTHDAY	27 (Years)	20 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

Physician (Physician or midwife)

Given names added from a supplemental report

____ 19__

Registrar

Address Nampa

Filed May 10 1921 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 22 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 6 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nampa

Street: Elder

County: Canyon

File Number: 8.92.82

Registration Dist. No.: 7

Sex of Child: Female

Date of Birth: Dec. 8 192.0.

Father: Alvin Devere Johnson (Full Name)

Mother: Clara Hiatt Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beatrice Augusta Johnson
Child's Name in Full

Clara Hiatt Johnson
Signature of Father or Mother

853-124-014-271

PLACE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 8 File No. 89305

No. St.

Hospital No

Primary Registration District No. 2007 Registered No. 30

FULL NAME OF CHILD Luther Harvey Helm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Helm	FULL MAIDEN NAME	Edna Irene Sparrow
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Steamboat Spgs. Colo.	BIRTHPLACE	Haines, Ida.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Numbers, M.D.
Phys. & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

Address Parma, Ida.

19

Registrar

Filed 5/8 1921 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

U35-114-94-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 3 File No. 89307

No. St.

Primary Registration District No. 2007 Registered No. 32

Hospital

FULL NAME OF CHILD Walter Robt. McNees

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben McNees	FULL MAIDEN NAME	Florence Morrison
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Green Co. Tennessee	BIRTHPLACE	Golden, Colo.
OCCUPATION	U.S.R.S.	OCCUPATION	House wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don L. Numbers, M.D.
Phys. & Surg.
(Physician or midwife)

Given names added from a supplemental report.

Address Parma, Ida.

19

Registrar

Filed 5/8 1921 Luke Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-126-014-515

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 3 File No. 89308

No. St.

Primary Registration District No. 2007 Registered No. 34

Hospital

FULL NAME OF CHILD Samuel David King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will King	FULL MAIDEN NAME	Beatrice Van Cleave
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Prairie City, Ore.	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Numbers, M.D.
Phys. & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

Address Parma, Ida.

19

Registrar

Filed 5/8 1921 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-105-04-395

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 89310

No. ..... St.

Primary Registration District No. 2007 Registered No. 38

Hospital .....

FULL NAME OF CHILD Donald Andrew Willis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arch Willis	FULL MAIDEN NAME	Rose Lenore Lowler
RESIDENCE	Parma, Ida.	RESIDENCE	
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Arapahoe, Neb.	BIRTHPLACE	King Hill, Ida.
OCCUPATION	Farmer & Stockman	OCCUPATION	HW.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don F. Numbers, P. & S.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ida.

Registrar

Filed 5/8 1921 Lulu Waldron
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 4 1942

897-123-016-785

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
APR 28 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Trenstads

Registration District No. 117

File No. 89397

Primary Registration District No. 2196

Registered No. 1900

FULL NAME OF CHILD ~~Joseph~~ Higgins Chester Clyde

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				yes	12 23 1920

FATHER	MOTHER
FULL NAME Clarence Higgins	FULL MAIDEN NAME Esther Ahlen
RESIDENCE Burley	RESIDENCE Burley
COLOR White.	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE N. D.	BIRTHPLACE Minn.
OCCUPATION Farmer.	OCCUPATION House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Joseph Trenstad

Physician.
(Physician or midwife)

Address Trenstad Hospital

Filed Apr 9 19 21 Dr. J. C. Patterson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 89397

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Joseph Higgins (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on December 23, 1920 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Joseph Higgins	Chester Clyde Higgins

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Joseph Fernandelli
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 18 1942

JUN 2 2 195[redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-129019-495

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

89411

Registration District No. 16 File No. 17

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Virgil Raymond Weber

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Dec 29 1920

FATHER		MOTHER	
FULL NAME	Raymond Weber	FULL MAIDEN NAME	Marie Diers
RESIDENCE	Mackay	RESIDENCE	Mackay Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Mining Engineer	OCCUPATION	House wife.

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Farrell M.D.

(Physician or midwife)

Address Mackay Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-5 1921 J. Nowacki

Registrar

JAN 26 1942

133-116-019-897

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 6 19..
BUREAU OF V...
STATISTIC...

CERTIFICATE OF BIRTH

89413

Registration District No. 76 File No. .....

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Franklin Higbee Allen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	12-16 1920

FATHER		MOTHER	
FULL NAME	Frank Allen	FULL MAIDEN NAME	Zelda Higbee
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ariz.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) M H Farnell MD.

(Physician or midwife)

Address Mackay Ida.

Filed 5-5 1921 R. Nowack
Registrar

MAY 8 1942

DEC 19 1956

313-208-019-389

RECEIVED
MAY 6 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

89415

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 16 File No. 104

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7-8 1920

FATHER		MOTHER	
FULL NAME	J. A. Caldwell	FULL MAIDEN NAME	Emma Christensen
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida

Filed 5-5 1921 R. Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-127-024-286

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 1 4 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 89501

No. ..... St.

Hospital Gooding

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jasper Eugene Heller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Otto David Heller	FULL MAIDEN NAME	Ethyl Shotwell (Heller)
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Witchita, Kansas,	BIRTHPLACE	Mesa Colorado
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding - Idaho

Filed 3 - 11 - 1921 T T Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

K

JUN 4 1943

295-108C026-553

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

89522

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 74

Hospital .....

FULL NAME OF CHILD Joseph Harding Seevers

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Seevers	FULL MAIDEN NAME	Melba Nelson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 4-10 1921 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE VITAL STATISTICS

Boise, Idaho, JUN 7 1921 192 1

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street:

County: Bonneville

File Number: 8.9.3.2.2

Registration Dist. No.: 98

Sex of Child: Male

Date of Birth: Dec. 8 192 0

Father: Mr. Leo Lievers (Full Name)

Mother: Miss Melba Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mr. Joseph Harding Lievers (Child's Name in Full)

L. Lievers (Signature of Father or Mother)

466-128-026-652

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98 File No. 89524

Primary Registration District No. 2176 Registered No. 72

Hospital ____

FULL NAME OF CHILD Max Moffat

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 12-28 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Ralph Moffat

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Lula Webb

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 31 a M. on the date above stated.
(Born alive or stillborn)

(Signature) O. F. Call

(Physician or midwife)

Address Rigby

Filed 4-19 1921 H. Ray Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUN 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 8952 4

Registration Dist. No.: 98

Sex of Child: male

Date of Birth: Dec. 28 1920

Father: Ralph S. Moffat (Full Name)

Mother: Lula Webb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Max Moffat (Child's Name in Full)

Ralph S. Moffat. (Signature of Father or Mother)

8[illegible]-453

PLACE OF BIRTH

Form V. S. No. 11—[illegible]-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby Registration District No. 78 File No. 89526

No. ..... St.

Hospital Smithom Primary Registration District No. 2176 Registered No. 70

FULL NAME OF CHILD Annie Elizabeth Hanson

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-17-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	V. P. Hansen	FULL MAIDEN NAME	Eva Mechling
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Rigby

Filed 4-10 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 1943

Boise, Idaho, JUN [illegible] 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: 3rd West

County: Jefferson

File Number: 8.9.526

Registration Dist. No.: 98

Sex of Child: Female

Date of Birth: December 17 1920.

Father: Valentine P. Hansen
Full Name

Mother: Eva D. Mechling
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Annie Elizabeth Hansen
Child's Name in Full

Eva D. Hansen
Signature of Father or Mother

295-209-026-699

PLACE OF BIRTH

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98

File No. 89527

Primary Registration District No. 2176

Registered No. 69

Hospital ____

FULL NAME OF CHILD Barbara Kinghorn

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12-9-20

FATHER

FULL NAME Edward W. Kinghorn

RESIDENCE Rigby

COLOR W

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mattie Wright

RESIDENCE Rigby

COLOR W

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

____ 19____

Registrar.

Filed 4-10 19 21

Ray H. Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ST IDAHO

WELFARE

RECEIVED
JUN 18 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rigby; County Jefferson Co.

File Number 89527

Registration Dist. No. 98

Sex of Child Female

Date of Birth Dec 9 1920

Father Edward U. Knighton (Full Name)

Mother Martha Viola Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Yvie

Child's Name in Full

Barbara Knighton

Signature of Father or Mother

155·115·026-137

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Garfield

Registration District No. 98 File No. 89529

No. ..... St.

Primary Registration District No. 2176 Registered No. 68

Hospital .....

FULL NAME OF CHILD ELMER MAX JENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12-15-1920

FATHER		MOTHER	
FULL NAME	C. E. Jensen Jr.	FULL MAIDEN NAME	Flora N Atgood
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 4-10 1921 Ray H Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Riverside } ss.

Certificate No. 89529
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)
for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)
in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jensen	Elmer Max Jensen

Subscribed and sworn to before me this 25th
day of October, 19 41
Mildred Bogart
Notary Public, residing at Hemet, Calif
My commission expires Jan 14, 1942
[SEAL]

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E E Jensen
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____
Notary Public, residing at _____
My commission expires _____
[SEAL]

Signed _____
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

619-205-026-749

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98

File No. 89530

Primary Registration District No. 2176

Registered No. 67

Hospital ____

FULL NAME OF CHILD Beatrice Leona Farnsworth

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12-5-20

FATHER

FULL NAME Ronald Farnsworth

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Violet Gurr

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Mexico

OCCUPATION At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

____ 19____

Registrar.

Filed 4-10 19 21 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 20 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street:

County: Jefferson

File Number: 8.95.30

Registration Dist. No.: 98

Sex of Child: female

Date of Birth: Dec. 5 192.0

Father: Ronald E. Farnsworth (Full Name)

Mother: Violet Furr (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beatrice Leora Farnsworth
Child's Name in Full

Violet Farnsworth
Signature of Father or Mother

28-105-026-179

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. ____ File No. 89531

No. ____ St.

Primary Registration District No. ____ Registered No. 66

Hospital ____

FULL NAME OF CHILD Noel Agren Shurtleff

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	12-5-20

FATHER

FULL NAME Warren L. Shurtleff

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Laura Agren

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION At home

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report. ____ 19__

Address Rigby

Filed 4-10 19 20 Ray H. Fisher

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy Issued Feb. 21, 1941. E.W.

NOV 22 1944

693-103-026-253

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 89532

Primary Registration District No. 2176 Registered No. 65

FULL NAME OF CHILD Gilbert Raymond Wilburn

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-3-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin F Wilburn	FULL MAIDEN NAME	Estella Kelley
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Ida
OCCUPATION	Mechanic	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 4-10 1921 Ray H. Fisher
Registrar.

... of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MA

Boise, Idaho, JUN 1927 192...

Dear Madam: [redacted] OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of birth — City .....

Street Rigby Idaho.

County Jefferson County.

File Number 89532

Registration Dist. No. 98

Sex of Child M. Male

Date of Birth Dec. 3, 192[illegible]

Father Benjamin Franklin Willburn (Full Name) Mother Estella Leona Kelly (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gilbert Raymond Willburn.
Child's Name in Full

Mrs. B. F. Willburn
Signature of Father or Mother

APR 1 4 1986

242-213-026-415

PLACE OF BIRTH

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 89533

Primary Registration District No. 2176 Registered No. 64

FULL NAME OF CHILD Edna Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12-13-20

FATHER

FULL NAME: Lawrence Bush

RESIDENCE: Rigby

COLOR: W

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice Davis

RESIDENCE: Rigby

COLOR: W

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Ida

OCCUPATION: at home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 a. M. on the date above stated.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Address Rigby

Filed 4-10-21 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ARCHIVE COPY

JUL 8 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN. 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 8933

Registration Dist. No.: 96

Sex of Child: female

Date of Birth: Dec 13 192.0.

Father: Lawrence Bush (Full Name)

Mother: Alice Harris (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Bush
Child's Name in Full

Alice Bush
Signature of Father or Mother

415-101-026-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 89535

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

Primary Registration District No. 2176 Registered No. 63

Hospital .....

FULL NAME OF CHILD Melvin Davis

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
M				yes	12-1 20

FATHER		MOTHER	
FULL NAME	Geo. B. Davis	FULL MAIDEN NAME	Ada Kinghorn
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Truck Driver	OCCUPATION	at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) O. F. Call

(Physician or midwife)

Address Rigby

Filed 4-10 19 21 Ray H. Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 1 12 25 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 89535

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 1, 1920 (Date of Event)
in Rigby, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on 1-3-1932 (Give Date) ARMY DISCHARGE 5-28-1945, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Melvin Davis

Subscribed and sworn to before me this 23rd day of May, 1977

Notary Public, residing at Idaho Falls Idaho

My commission expires 7-15-79

(Seal)

Signed Hazel Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Aunt of Melvin Davis - Rigby, Idaho)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1977

Notary Public, residing at Idaho Falls Idaho

My commission expires 7-15-79

(Seal)

Signed Hazel Sorensen
(Signature of Any Credible Person)

(Aunt of Melvin Davis - Rigby Idaho)
(Street Address, City, State)

FORM DH 60-155

CL 4/20/77 nm

Certif of Baptism from the LDS Church gives nameaz Melvin Davis son of George Davis and Ada Kinghorn born Dec 1, 1920 at Rigby Idaho Baptized Jan 2 1932. viewed by V. S.

JUN 23 1977

Honorable discharge from the ~~LDS~~ U.S. Army gives nameas Melvin Davis Born Dec 1, 1920. date of separation May 28m 1945. viewed by V. S.

719-123 096-79 S

PLACE OF BIRTH

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

89551

County of Jefferson

City of Menan

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 47

Hospital

FULL NAME OF CHILD Winslow Green Gardner

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 27 1920

FATHER		MOTHER	
FULL NAME	Ford Gardner	FULL MAIDEN NAME	Ella Mae Green
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

19

Registrar.

Filed 4-10 19 21 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

/12/41 2 copies L. B.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

Street:

County: Jefferson

File Number: 8955 1

Registration Dist. No.: 98

Sex of Child: male

Date of Birth: November 23 1920

Father: Ford Gardner (Full Name)

Mother: Ella Mae Green (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Winslow Green Gardner
Child's Name in Full

Ella Mae Gardner
Signature of Father or Mother

381-129-016-695

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 89552

Primary Registration District No. 2176 Registered No. 46

Hospital .....

FULL NAME OF CHILD Wm Baker Chattin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Chattin	Elfa Greg
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Butcher	At Home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 12 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
(Physician or midwife)

Address Rigby

Given names added from a supplemental report. ..... 19.....

Filed 4-10-21 Ray H Fisher
Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-130-026-694

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
APR 20 BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 89553

Primary Registration District No. 2176 Registered No. 45

Hospital .....

FULL NAME OF CHILD James Charles Ball

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Nov 30 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lester J. Ball	FULL MAIDEN NAME	Antonette Fisk
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Truck driver	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

(Signature) O. F. Call

(Physician or midwife)

Address Rigby

Filed 4 10 1920 Ray H Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 7 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rigby; Street ; County Jefferson

File Number 8953B

Registration Dist. No. 98

Sex of Child male

Date of Birth November 30 1920

Father Lester James Ball
Full Name

Mother Antoinette Rose Frisk
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Charles Ball
Child's Name in Full

Antoinette Ball
Signature of Father or Mother

612-109-029-449

PLACE OF BIRTH

RECEIVED
MAY 6 192[illegible]
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

Registration District No. 65

File No. 89621

No. St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD Ernest Wesley Wakefield

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes	Dec 19 1920

FATHER	MOTHER
FULL NAME George Wakefield.	FULL MAIDEN NAME Eva L Murray.
RESIDENCE 4 Mi E. Palouse	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Kansas.	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 32 (Years)
	BIRTHPLACE Mo.
	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M. on the date above stated.

(Signature) E. K. Wolfe M.D.

Palouse Wash

(Physician or midwife)

Address

Filed April 10 1921 D. J. W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-120-029-85-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah. RECEIVED

City of Princeton APR 13 1921

BUREAU OF VITAL STATISTICS

Registration District No. 65 File No. 89644

No. Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD James William Rasmussen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	✓		✓	yes.	Dec 20 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME James. Rasmussen.	FULL MAIDEN NAME Cora Bell Head
RESIDENCE Princeton	RESIDENCE Princeton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Beaver Wis.	BIRTHPLACE Blue Springs. Neb.
OCCUPATION Laborer -	OCCUPATION Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. Jr. Thompson
M D.
(Physician or midwife)

Address Potlatch - Idaho

Filed Jan 25th 1921 Dr. Jr. Thompson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1C

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-130-038-693

RECEIVED MAY 4 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

89765

County of Payette

City of Payette

No. 37 E. Eighth St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No.

Registered No. 35

FULL NAME OF CHILD William Charles Phipps

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 30 1920

FATHER		MOTHER	
FULL NAME	H N Phipps	FULL MAIDEN NAME	Bertha Wilson
RESIDENCE	Payette-Ore. Slope	RESIDENCE	Payette-Oregon Slope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O H Avery

Physician

(Physician or midwife)

Address Payette Ida

Filed Apr 22 1921 J C Woodward

Registrar

K

JAN 8 1963

649-225-041-464

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

RECEIVED
MAY 10 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 89790

Primary Registration District No. 2176 Registered No. 19

FULL NAME OF CHILD Joyce Furniss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single			Yes	Oct 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Furniss	FULL MAIDEN NAME	Rhoda Manlton
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs Ida

Filed May 8 1921 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

294-121-042-955

PLACE OF BIRTH

RECEIVED
MAY 7 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 89834

Registered No. .....

Full Name of Child Henry Joe Simon

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Male				Yes	Dec. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Simon	FULL MAIDEN NAME	Sophia Zennur
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Filer, Ida

Registrar

Filed Apr 25 1921 Dr. A. A. Newberry

Registrar

AUG 2 9 1973

433-202-
043-113

PLACE OF BIRTH [redacted]

RECEIVED MAY 6 BUREAU OF STATISTICS

Form V. S. No. 11—10m-6-[illegible]-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Valley

City of McCall Registration District No. 15 File No. 89887

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Jo~~ L Georgana McClure

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Fm		yes	12 (Month), 2 (Day), 1920 (Year)

FATHER		MOTHER	
FULL NAME	Don J McClure	FULL MAIDEN NAME	Sigrid Jackson
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	Wht AGE AT LAST BIRTHDAY 22 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Finland
OCCUPATION	Saw Millhand	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hogg Co
Physician
(Physician or Midwife)

Given name added from a supplemental report

Address Cascade

....., 19.....

Filed April 5th 1921 Stella Cain Depy. Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1965

679-112-
044-253

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
[illegible] 1921
BUREAU OF VITAL STATISTICS

Registration District No. .....

File No. 89900

Registered No. .....

FULL NAME OF CHILD Jimmy Gordon Ogilvie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓		✓	yes	10/12/20

FATHER		MOTHER	
FULL NAME	Claud Ogilvie	FULL MAIDEN NAME	Gladys Bell
RESIDENCE	Portland, Ore.	RESIDENCE	Portland Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cambridge Ida	BIRTHPLACE	Colo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12.08 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Wiseman

Cambridge Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Physician

Filed 5/3/21 19..... W. W. Wiseman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 7 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 432-223-044-23

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

RECEIVED
MAY 4 1921
BUREAU OF VITAL STATISTICS

City of ..... Registration District No. ..... File No. 89901

No. ..... St. ..... Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ivena Rosegetta McBride

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	10 (Month) 23 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt E McBride	FULL MAIDEN NAME	Ina A Stamper
RESIDENCE	Washington Co	RESIDENCE	Washington Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 45 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Wilkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cambridge Ida

..... 19 .....

Filed 5/3/21 19 ..... R M Wilkinson

..... Registrar

Registrar

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 3 1971

432-110-044-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

RECEIVED
MAY 4 1921
BUREAU OF VITAL STATISTICS

Registration District No. ..... File No. 89902

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Forest Clair Ka McKenzie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	9 (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Guy McKenzie	FULL MAIDEN NAME	Laura Phoebe Davis
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cambridge Idaho

..... 19.....

Filed 5/3/21 19.....

A. M. Whiteman
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

RECEIVED
JUL 5 1921
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 8 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Eainbridge

Place of Birth — Street:

Place of Birth — County: Washington

File Number: 19902

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Sept. 10 192..

Father: James Guy McKenzie (Full Name)

Mother: Laura Phoebe Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Forest Clair McKenzie
Child's Name in Full

Mrs. James Guy McKenzie
Signature of Father or Mother

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECE[illegible]
MAY 4
BUR[illegible]
STAT[illegible]

County [illegible]

412-112-002-789

City of ..... Registration District No. ..... File No. 89903

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Michael Vincent Mason

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	Yes	11 / 12 / 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Mason	FULL MAIDEN NAME	Anna Phillips
RESIDENCE	Adams Co	RESIDENCE	Adams Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Ida

Filed 5/3/21 19..... [illegible]

..... Registrar

Registrar

PLACE OF BIRTH

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 2 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge

4. FULL NAME OF CHILD Michael Vincent Mason

5. Date of Birth of Child (Month, day, year) 11-12-20

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Patrick Mason
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Banbridge, Ireland (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Phillips
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Kilkeel, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Dr. Wilkerson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Mason Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) [signature] Notary Public, residing at Cambridge, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by APR 21 1942, Registrar.

Bearing FIRST-CLASS postage to obtain copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-223-
044 334

PLACE OF BI

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 4
BUREAU OF VITAL STATISTICS

County of ..... Registration District No. .....

File No. 89904

City of ..... Primary Registration District No. .....

Registered No. .....

No. ..... St. .....

Hospital ....

FULL NAME OF CHILD ..... Mary Joyce DeVaney .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.		✓	yes	12/22/20

FATHER	MOTHER
FULL NAME Geo E DeVaney	FULL MAIDEN NAME Marion Thompson Chase
RESIDENCE Washington Co.	RESIDENCE Washington Co.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE N. Dak.	BIRTHPLACE Minnesota
OCCUPATION Rancher	OCCUPATION Home wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wiseman

Physician (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/3/21 19..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

212-101-044-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 138 E. Main St.

Registration District No. 86 File No. 89907

Primary Registration District No. 1010 Registered No. 25

Hospital

FULL NAME OF CHILD Yoshiuki Sasaki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 1 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Kaoru Sasaki	Misao Sasaki
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	Brown	Brown
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Japan	Japan
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Kaoru Sasaki father

(Physician or midwife)

Address Weiser Idaho.

Filed 2/1/21 19

W R Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

99907

I, [illegible]y Sasaki, do hereby certify that my child Yosiwki Sasaki was born January 1st, 1920, and not on January 1st, 1921, as stated in the Certificate of Birth filed in the Bureau of Vital Statistics, Department of Public Welfare, Capitol Building, Boise, Idaho. Said certificate being numbered 89907.

Taonu Sasaki

Subscribed and sworn to before me this 23" day of August 1921.

Harrison McAdams
Notary Public.

My commission expires the 3rd day of [illegible], 1923.

DEC 2 1963

SEP

OCT 31 1964

I, Kaory Sasaki, do hereby certify that my child, Yoshiuki Sasaki, was born January 1st, 1920, amd not on January 1st, 1921, as stated in the Certificate of Birth, filed in the Bureau of Vital Statistics, Department of Public Welfare, Capitol Building, Boise, Idaho. Said certificate being numbered 89907.

(Signed) Kaory Sasaki.

Subscribed and sworn to, before me this 2 day of August 1921.

Harrison McAdams.
Notary Public.

My Commission expires on the 3 day of December, 1923.

Ihereby certify that the above is a true and correct copy of affidavit pertaining to certificate of birth of Yoshiuki Sasaki, on file in the Bureau of Vital Statistics, Department of Public Welfare, Boise, Idaho.

F. W. Almond
Medical Advisor

APR 1957

331-16-001-841

Fo[redacted]-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 7 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

89956

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Hospital St. Alph

Primary Registration District No. 1004 Registered No. 157

FULL NAME OF CHILD Geo. Francis Claycomb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May ~~17~~ 16 1920

FATHER		MOTHER	
FULL NAME	Geo. Claycomb	FULL MAIDEN NAME	Helen Fuarles
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Salmon Idaho
OCCUPATION	Rancher	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or midwife) Boise

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 11 1921

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 6-27-41

St. Alphonsus Hospital
Boise, Idaho

April 29, 1936

Department of Public Welfare
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

As per your telephone request of Saturday morning:

Born to Mr. and Mrs. G. F. Claycomb on May 16, 1920 a son. Attending physician Dr. Titus.

Yours very truly,
St. Alphonsus Hospital

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

593-227-004-219

RECEIVED MAY 20 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

CERTIFICATE OF BIRTH

90109

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD MARY JEAN NICHOLSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gne		Yes	12-27-20 19

FATHER		MOTHER	
FULL NAME	R. L. Nicholson	FULL MAIDEN NAME	Mary Bonny
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Nel
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Lubley
(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

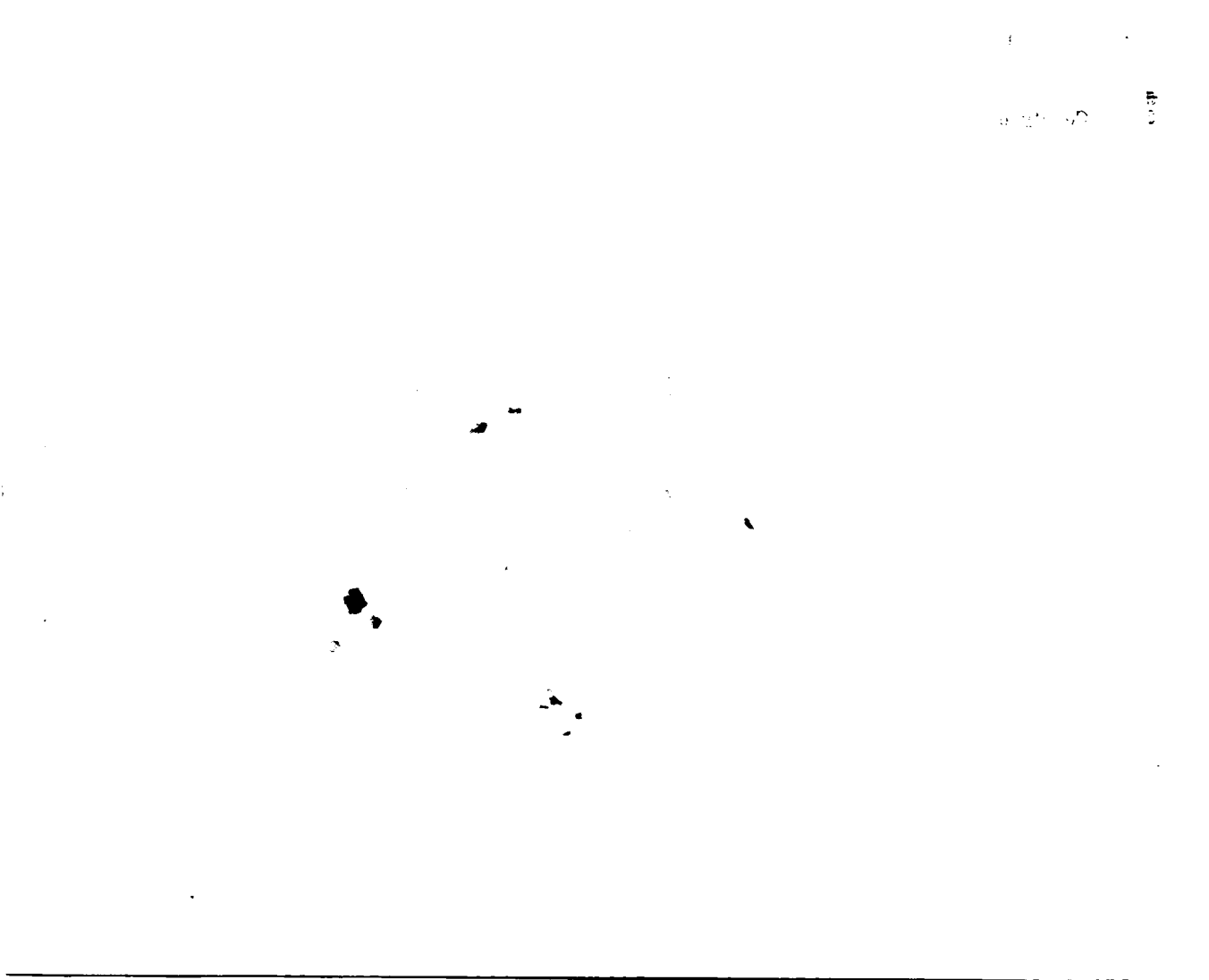
Registrar.

Filed 5-15 1921 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 2 1942 Certificate No. 90109
County of San Bernardino } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Nicholson (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec 27 1920 (DATE OF EVENT)
in Montpelier Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ——— (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Nicholson	Mary Jean Nicholson

Subscribed and sworn to before me this 29th.
day of December, 19 41.
Edward C Thurm
Notary Public, residing at San Bernardino
My commission expires April 29— 1942
(SEAL)

Signed Russell L. Nicholson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
546 Del Rosa Ave Highland California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th.
day of December, 19 41.
[illegible]
Notary Public, residing at San Bernardino.
My commission expires May 19th, 1942
(SEAL)

Signed Edward C Thurm
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
459 4th St San Bernardino Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on ——— 1942 By ———
(REGISTRAR'S SIGNATURE)

JAN 5 1942

SEP 20 1971

415-131 ... 4-299

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 90110

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 31 (Day) 20 (Year) 19

FATHER		MOTHER	
FULL NAME	Victor Henderson	FULL MAIDEN NAME	Hortense Bird
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Montpelier
OCCUPATION	Bell Man	OCCUPATION	Wife

Number of child of this mother including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 5-15 1921 [signature]

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-126-004-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90111

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 12-26-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. W. Buck	FULL MAIDEN NAME	Pearl Williams
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P M. on the date above stated. (Born ~~alive or~~ stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuthbert

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Montpelier Ida

Filed 5-15-1921 N H Long

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-127-009-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 314 St Clare St.

Hospital

RECEIVED MAY 27 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90313

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Dewitt Sanborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Dec (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Daniel Sanborn	FULL MAIDEN NAME	Dolly Aretthig Moore
RESIDENCE	314 St Clare, Sandpoint	RESIDENCE	314 St Clare Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	Huf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint.

Registrar

Filed April 8 1921 Floyd G. Wendle
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

436.127.009-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 27 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90314

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital —

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Earle Leroy McFarland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl Leroy McFarland	FULL MAIDEN NAME	Amelia Alice Lowry
RESIDENCE	6th St Sandpoint	RESIDENCE	6th St Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	S. Dak.
OCCUPATION	Book keeper	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Sandpoint

Filed April 8 1921

Floyd E Wendell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

213-213.009-363

PLACE OF BIRTH

RECEIVED
MAY 27 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Sandpoint

No. #33 Milltown St.

Hospital —

Registration District No. 78 File No. 90315

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Emily Christina Kallgren.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Arnold Kallgren	FULL MAIDEN NAME	Verta Collins
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ashland, Wis.	BIRTHPLACE	Provo Utah
OCCUPATION	Laborer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 ; # M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Rockhouse

MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Sandpoint.

Filed April 8 1921

Hoyd E. Wallace

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1942

769-130-009-466

PLACE OF BIRTH

Form V. S. ~~No. 11-C-25~~m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90316

County of Bonner.

City of Sandpoint

No. 307 Church St.

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

Hospital —

FULL NAME OF CHILD Albert Edwin Gordon:

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Gordon.	FULL MAIDEN NAME	Vida Moore.
RESIDENCE	407-S 4th Sandpoint	RESIDENCE	407-S-4th Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	S Dak.
OCCUPATION	Laborer.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Hackhouse

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint.

Registrar

Filed April 8 1921 Floyd G Wendle
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 1 1921
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

PA... ...LFARE

JUL 1 1921 ..... 1921..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Sandpoint
Street: 307 Church St.
County: Bonner

File Number: 90316

Registration Dist. No. .....

Date of Birth: Dec 30 ..... 1920..

Sex of Child: Male

Father: Albert Oscar Gordon
Full Name

Mother: Vida B. Moore
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Albert Edwin Gordon
Child's Name in Full

Vida B. Gordon
Signature of Father or Mother

SEP 1941

JAN 6 1964

235-203-010-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 90404

No. ..... St.

Primary Registration District No. 21 50 Registered No. 71

Hospital .....

FULL NAME OF CHILD Elvira Elizabeth Steele

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fish	—		6	yes	Sept. 3rd 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J Steele	FULL MAIDEN NAME	Margaret M. Crabtree
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechat	OCCUPATION	Housefr

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 3, 21 (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrell

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed Apr. 1 1921 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO APR 13

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 90404

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elvira Elizabeth Steele (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 3, 1920 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	Jan. 3, 1921	Sept. 3, 1920

Subscribed and sworn to before me this 20TH day of APRIL, 1943

Notary Public, residing at POCATELLO, IDAHO

My commission expires OCTOBER 30, 1946

(SEAL)

Signed Mrs Margaret C Steele
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

535 No. Bayer Pocatello Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 43

Notary Public, residing at Idaho Falls, Idaho

My commission expires

(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

816 Shoup Ave., Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 3 1948

756-226-010-265

PLACE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 90405

No. ..... St.

Hospital .....

Primary Registration District No. 2150 Registered No. 70

FULL NAME OF CHILD Marianna George

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1st	yes	Nov 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nicholas E. George	FULL MAIDEN NAME	Emma Boehmer
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mossinia
OCCUPATION	Farmer	OCCUPATION	Housekeep

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Jan~~ Jan 26-1921, at 9 a M. on the date above stated.

(~~Born~~ alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Apr 1 1921 C. Kennard
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: .....

County: Bonneville

File Number: 90405

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: Nov 26 1926

Father: Nicholas E George (Full Name)

Mother: Emma F Bochmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marianna George

Child's Name in Full

Nicholas E George

Signature of Father or Mother

R

Medical Advisor.

In looking at my records I find the date of birth of the above child to be nov 26th 1920

Yours Truly Ralph T. Menius M.D.

Sept 1. 21

177-208.025-419

PLACE OF BIRTH

RECEIVED JUN 13 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of McCall

Registration District No. 8 File No. 90631

No. ..... St.

Hospital No

Primary Registration District No. 8687 Registered No. 42

FULL NAME OF CHILD Edith Loraine Applegate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Aug 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Applegate	FULL MAIDEN NAME	Belle Mains
RESIDENCE	Payette Ida	RESIDENCE	Payette, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Payette, Ida	BIRTHPLACE	Dora Mo.
OCCUPATION	Stock raising	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Munkers, M.D.

Phys. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma, Ida.

Filed 6-1 1921 Luke Waldrop Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493205·014-814

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 13 1921 BUREAU OF VITAL STATISTICS

90632

County of

City of

No. St.

Registration District No. 8 File No.

Primary Registration District No. 2007 Registered No. 78

Hospital no

FULL NAME OF CHILD Dorothy Lorraine Milani

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f		1	yes	Sept. 5 1920

FATHER		MOTHER	
FULL NAME	A. Milani	FULL MAIDEN NAME	Rosella Hamilton
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	San Francisco Calif	BIRTHPLACE	Parma Idaho
OCCUPATION	Farming	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Don F. Newton M.D.

Phys. & Surg.
(Physician or midwife)

Address Parma, Ida.

Filed 6-1 1921 Lulu Waldrop
Registrar

154-10-1026-452

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90650

County of Jefferson City of Rigby Registration District No. 98 File No.

No. St. Primary Registration District No. 2176 Registered No. 142

Hospital

FULL NAME OF CHILD Elwood Anderson

Aug 1 1920

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
M		yes	July 25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm James Anderson	Ella May Mees
RESIDENCE	Rigby RD 2	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Newman (Physician or midwife)

Address Rigby RD 2

Given names added from a supplemental report.

19

Registrar.

Filed 5/10 19 21 Ray Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: R. D. #2

County: Jefferson

File Number: 90650

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 1st 192.0

Father: William James Anderson (Full Name)

Mother: Ellamay West (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elwood Anderson

Child's Name in Full

Ellamay Anderson

Signature of Father or Mother

753-223-026-958

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90652

County of Jefferson

City of Menan

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 110

Hospital

FULL NAME OF CHILD Sarah Louise Peterson

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Peterson	FULL MAIDEN NAME	Velma Reynolds
RESIDENCE	Ida Falls	RESIDENCE	Ida Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Given names added from a supplemental report.

19

Address Roberts

Filed 5/10 1921 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1969

696-108-026-219

PLACE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98

File No. 90655

No. ..... St.

Hospital .....

Primary Registration District No. 2176

Registered No. 107

FULL NAME OF CHILD Lewis Glen Fife

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	12-8-20

FATHER

FULL NAME: Lewis Fife

RESIDENCE: Lewisville

COLOR: W

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Utah

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: Marie C Barow

RESIDENCE: same

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:35 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 5/10 19 21

Ray H Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-217-026-413

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAY 20 1921

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90659

County of Jefferson

City of Lidell

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 103

Hospital

FULL NAME OF CHILD Marion Dalby Harding

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	8-17-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard M Harding	Mabel Dalby
RESIDENCE	Lewel	Lewel
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

19

Registrar.

Filed 5/10 19 21 Ray H Frisby
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-230-026622

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90660

County of Jefferson

City of Camas

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 102

Hospital

FULL NAME OF CHILD Della Irene Terry

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1-30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Terry	FULL MAIDEN NAME	Susan Osborne
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Given names added from a supplemental report.

19

Address Roberts

Filed 5/10 1921 Ray H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

3.49-2141026-715

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90662

County of Jefferson

City of Roberts

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 100

Hospital .....

FULL NAME OF CHILD Ruth Marion Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	8-14-20

FATHER

FULL NAME Charles E. Curtis

RESIDENCE Dubois,

COLOR W AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Iowa

OCCUPATION Garage Mn'g.

MOTHER

FULL MAIDEN NAME Lucy M Tanek

RESIDENCE Idaho

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Given names added from a supplemental report. ..... 19.....

Filed 5/10 19 21 Ray H Fisher

Registrar.

.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-111-026-4/18

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo Registration District No. 98 File No. 90668

No. ..... St.

Hospital ..... Primary Registration District No. 2176 Registered No. 94

FULL NAME OF CHILD Ray H Keller

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	5 - 11 - 1920

FATHER		MOTHER	
FULL NAME	Alfred C. Keller	FULL MAIDEN NAME	Roberta H Maynard
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 5/10 1921

Registrar.

Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-128-026-795

PLACE OF BIRTH

RECEIVED
MAY 20 1921

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

County of Jefferson

City of Roberts

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90669

Registration District No. 98 File No.

No. St.

Hospital Primary Registration District No. 2176 Registered No. 93

FULL NAME OF CHILD Lloyd Leonard Gellings

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm F Gellings	FULL MAIDEN NAME	Anna Pretzsch
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24	COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

19

Registrar.

Filed 5/10 19 21 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-122-026-411

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

Registration District No. 98 File No. 90671

Primary Registration District No. 2176 Registered No. 91

FULL NAME OF CHILD Carey Huston Carskadon Jr

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-22-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carey H. Carskadon	FULL MAIDEN NAME	Emma R. Maas
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roberts

Filed 5/10 1921 Ray H. Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1944

335-215-026-168

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90674

County of Jefferson

City of Rilee

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 88

Hospital

FULL NAME OF CHILD Dorothy L. Cleverley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	12-15-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. F. Cleverley	Mamie Johnson
RESIDENCE	Rigby R 2	Rigby R 2
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Sam F. Price
(Physician or midwife)

Address Rilee

Filed 5/10 1921 Ray H. Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 7 1968

219-205-026-213

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

Registration District No. 98 File No. 90689

No. ..... St.

Primary Registration District No. 2176 Registered No. 136

Hospital .....

FULL NAME OF CHILD Malinda Mae Burwell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	6-5-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Burwell	Olive L. Balmer
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	29
BIRTHPLACE	Ohio.	Mo.
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 5/10, 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

247-212-026-264

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90696

County of Jefferson

City of Camas

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 129

Hospital

FULL NAME OF CHILD Margaret Belle Sugg

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	1-12-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. J. Sugg	Lilla M Bowlware
RESIDENCE	Camas	Camas
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Ky.	Texas
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

19

Registrar.

Filed 5/10 19 21 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249/104: 26 & 52

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Terreton

Registration District No. 98 File No. 90701

No. ..... St.

Primary Registration District No. 2176 Registered No. 124

Hospital .....

FULL NAME OF CHILD John Wm Smith

Sex of Child: M | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5-4 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: John Smith

RESIDENCE: Terreton (Ranch)

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Austria

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Lena Hebertson

RESIDENCE: Same

COLOR: W AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report. ..... 19.....

Filed 5/10 1921 Ray H Fisher
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-1291026-395

PLACE OF BIRTH

RECEIVED MAY 20 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 90703

No. ..... St.

Primary Registration District No. 2176 Registered No. 122

Hospital .....

FULL NAME OF CHILD Edward Maurice Buermann

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 7-29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hermann Buermann	FULL MAIDEN NAME	Carrie Lindstrom
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roberts

Filed 5/10 1921 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-115-016.613

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED MAY 20 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90704

County of Jefferson

City of Roberts Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 121

Hospital

FULL NAME OF CHILD Luman Walker Green

Sex of Child M | Twin / Triplet / or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 5-15 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Luman P. Green

RESIDENCE Roberts

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leda Jane Walker

RESIDENCE Roberts

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Given names added from a supplemental report. 19

Registrar.

Filed 5/10 1921 Ray H. Fisher Registrar.

719-1071026-315

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

Registration District No. 98 File No. 90705

No. ..... St.

Primary Registration District No. 2176 Registered No. 120

Hospital Warren W.

FULL NAME OF CHILD ~~Wesley~~ Warren W. Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 – 7 1920

FATHER		MOTHER	
FULL NAME	Frank Earl Parks	FULL MAIDEN NAME	Laura A Cannady
RESIDENCE	Roberts	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roberts

Filed 5/10 1921 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-205-026819

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

Registration District No. 98 File No. 90710

Primary Registration District No. 2176 Registered No. 115

FULL NAME OF CHILD Wrena Rosalie Dunsmoor

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
F				Yes	1	5	20

FATHER

FULL NAME Herbert E. Dunsmoor

RESIDENCE Roberts

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice J. Harris

RESIDENCE Roberts

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 5/10 19 21 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1962

962-118-026-445

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

Registration District No. 98 File No. 90712

No. ..... St.

Primary Registration District No. 2176 Registered No. 113

Hospital .....

FULL NAME OF CHILD Rolland ~~Orville~~ ~~Robison~~ ROBISON

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 3-18-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Riley Oral Robinson ROBISON	FULL MAIDEN NAME	Minnie ElMyra ~~Dunsmoor~~ DUNSMOOR
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roberts

Filed 5/10 1921 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Jefferson }

Certificate No. 90712

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rolland Oren Robinson (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1920 (Date of Event)
in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Rolland Oren Robinson	Rolland Orville Robison
father's name	Riley Oral Robinson	Riley Oral Robison
mother's name (maiden)	Minnie E. Robinson	Minnie ElMyra Dunsmoor

Subscribed and sworn to before me this 17th
day of March, 1942
E. H. Bailey
Notary Public, residing at Corvallis, Oregon
My commission expires March 20, 1945
(Seal)

Signed Minnie E. Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Roberts Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Benton }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 17th
day of March, 1942
E. H. Bailey
Notary Public, residing at Corvallis, Oregon
My commission expires March 20, 1945
(Seal)

Signed P O Robison
(Signature of Any Credible Person Other Than Previous Year)
Roberts, Idaho
(Street Address, City, State)

JUN 1 4 1966

MAR 26 1942

249-213-026-853

PLACE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90713

County of Jefferson

City of Roberts

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2176

Registered No. 112

Hospital

FULL NAME OF CHILD Margaret Lucile Surerus

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	7-13-20

FATHER

FULL NAME Loftus J. Surerus

RESIDENCE Roberts

COLOR W

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE No. Dak.

OCCUPATION Mechanic.

MOTHER

FULL MAIDEN NAME Violet May Heller

RESIDENCE Roberts

COLOR W

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE No. Dak.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. D. Spencer

(Physician or midwife)

Address Ida. Falls Ida.

Filed 5/10 19 21 Ray H. Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

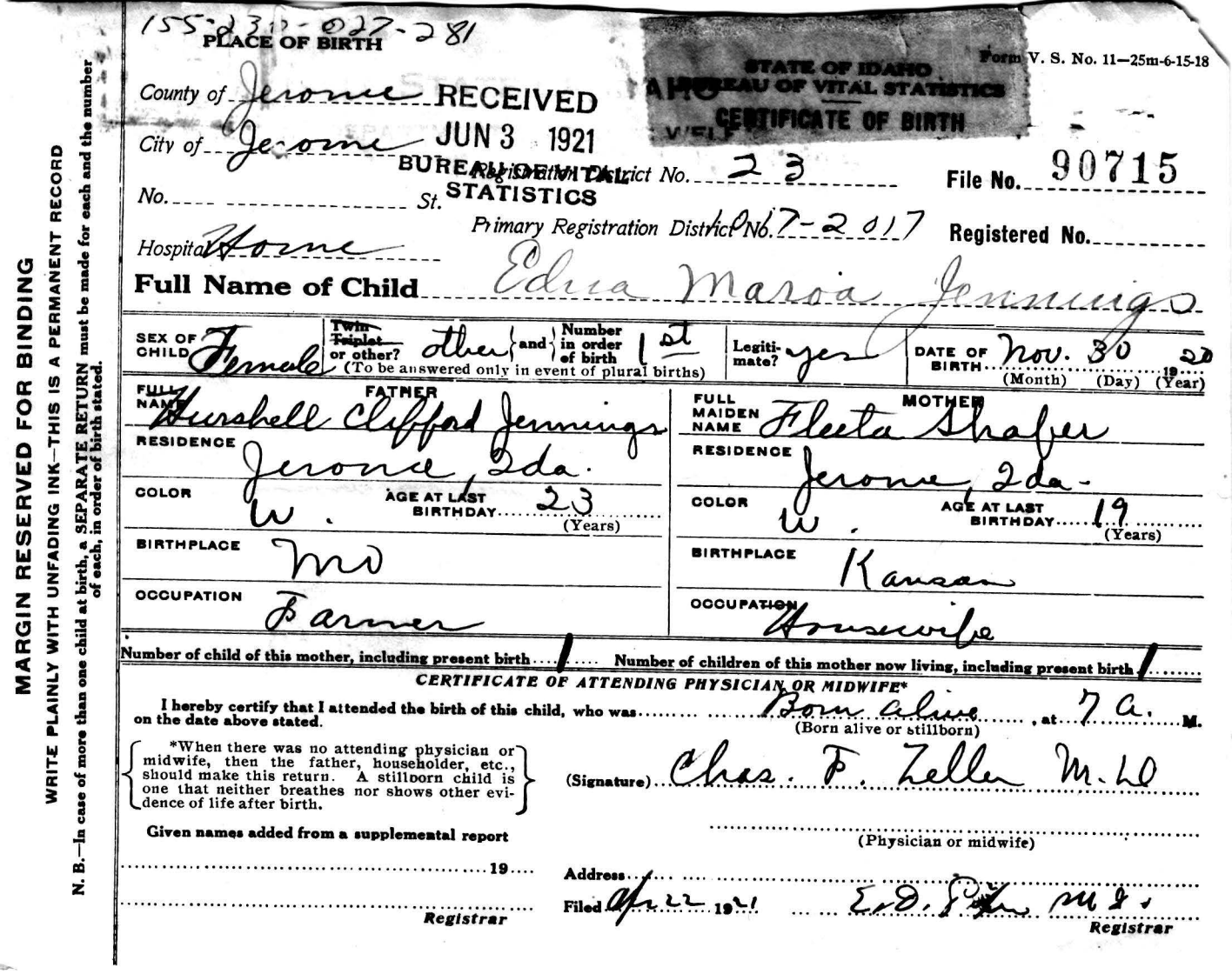
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1963



155-2310-027-281

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jerome

RECEIVED
JUN 3 1921
BUREAU OF VITAL STATISTICS

City of Jerome

Registration District No. 23

File No. 90715

No. ..... St.

Primary Registration District No. 1017-2017

Registered No. .....

Hospital Home

Full Name of Child Edna Maroa Jennings

SEX OF CHILD Female	~~Twin Triplet~~ or other? other and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Nov. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hurshell Clifford Jennings	FULL MAIDEN NAME	Fleeta Shafer
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Registrar

Filed Apr 22 1921 E. D. Pike M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... / ..... Street ..... X ..... County ..... Jerome .....

File Number ..... 90715 .....

Registration Dist. No. .....

Date of Birth Nov. 30th 1920

Sex of Child ..... Female .....

Father Hurshell Clifford Jennings Mother Fleeta Shaffer
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Edna Maroa Jennings.
Child's Name in Full

Mrs. Fleeta Jennings.
Signature of Father or Mother

249-124-027-893

Amended 3/8/77

PLACE OF BIRTH

RECEIVED
JUN 3 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017-2017

File No. 90724

Registered No. .....

Full Name of Child Clifford Hans Burrus

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Burrus	FULL MAIDEN NAME	Esther Hiller
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	North Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F Zeller

Jerome, Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Apr 22 1921 E D Pipin M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: .....

County: Jerome

File Number: 90724

Registration Dist. No: .....

Sex of Child: Male

Date of Birth: November 24 1920.

Father: Edmund Burrus
Full Name

Mother: Esther Miller
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clifford Hans Burrus
Child's Name in Full

Edmund Burrus
Signature of Father or Mother

9/24/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King

OCT 27 9 34 AM '76

Certificate No. 90724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edward Hans Burrus (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 4/25/41 12/5/61 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edward Hans Burrus	~~Clifford Burrus~~
		Clifford Hans Burrus

Subscribed and sworn to before me this 22nd day of October, 19 76

K. A. Kompson
Notary Public, residing at Seattle
My commission expires 9/24/79
(Seal)

Signed Edward Burrus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6341 Delridge Way SW
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Seattle WN. 98106

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Washington } ss.
County of King

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 19 76

K. A. Kompson
Notary Public, residing at Seattle
My commission expires 9/24/79
(Seal)

Signed Jackie Crawford
(Signature of Any Credible Person)

4406 22nd Ave S.W. Seattle
(Street Address, City, State)

(98043)

Insurance policy from Northwestern Life Ins. Co. gives name as Clifford Hans Burrus. dated Sept 25, 1941. policy No. 14557. viewed by V. S.

Transcript from Ballard High school gives nameas Clifford H. Burrus. for the year(s) 1938. viewed by V.S/

MAR 8 1977

493105-027-433

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90725

County of Jerome

RECEIVED
JUN 3 1921
BUREAU OF VITAL STATISTICS

City of Jerome Registration District No. 23 File No.

No. Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Elmer Lee Roy Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 5 1920

FATHER		MOTHER	
FULL NAME	Charles Elmer Miller	FULL MAIDEN NAME	Pulah G. McCoy ~~Miller~~
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller
Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Apr 22 1921 E. D. Piper M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County ...Jerome...

File Number ...90725...

Registration Dist. No. .....

Sex of Child...Male...

Date of Birth Dec 5 1920

Father Charles Elmer Willey (Full Name)

Mother Beulah Gertrude McCoy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elmer Lee Roy

(Child's Name in Full)

Chas Elmer Willey

(Signature of Father or Mother)

469-128-
027-65

PLACE OF BIRTH

RECEIVED
JUN 3 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

File No. 90730

Primary Registration District No. 1017-2017

Registered No. .....

Full Name of Child Ethel Calvin Morland

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	other (To be answered only in event of plural births)	4th	yes	Nov. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Morland	FULL MAIDEN NAME	Ruth Helen Ferbrache
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Registrar

Filed 9/22 1921 E. D. P. Jones M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued Nov. 20, 1944.

STATISTICS

Boise, Idaho, ... JUL 1 ... 1921 ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: E.

County: Jerome

File Number: 90750

Registration Dist. No.:

Sex of Child: Male

Date of Birth: NOV 28 192 0

Father: Charles Sam Morland (Full Name)

Mother: Ruth Hellen Fenbacher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel Calvin Morland
Child's Name in Full

Mrs. Sam Morland
Signature of Father or Mother

K

962-204-027-869

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 90738

County of Jerome

City of "

Registration District No. 23

No. ..... St.

Primary Registration District No. 1917-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helene Robinson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Dec	4	20

FATHER		MOTHER	
FULL NAME	Orson A Robinson	FULL MAIDEN NAME	Katherine D. Horn
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	S Dakota
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Dr C. A. Zeller

Jerome Idaho
(Physician or midwife)

Address .....

Filed Apr 22 1921

E. D. Fiser M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1942

268-209-027-7

PLACE OF BIRTH

RECEIVED
MAY 27 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 90751

No. ..... St.

Primary Registration District No. 12-17-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clao Bohannan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 9 1920

FATHER		MOTHER	
FULL NAME	Thos Berry Bohannon	FULL MAIDEN NAME	Clara May Pridgen
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. F. Zeller

Jerome Idaho
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Apr 12 1921 E. D. Pifer M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 90751

OCT 9 1943
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Dec 9 - 1920 (Date of Event)
in Jerome Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Clao Bohannan

Subscribed and sworn to before me this 6th
day of October, 1943

Signed Oma Clay Bohannan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Jerome Ida

My commission expires April 22, 1946
(Seal)

Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October, 1943

Signed Mrs Elsie Tharp
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Jerome Idaho

My commission expires April 22, 1946
(Seal)

Jerome Idaho
(Street Address, City, State)

OCT 1 1 1943

719-218-027-753

PLACE OF BIRTH

RECEIVED MAY 27 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90756

County of Jerome

City of Jerome — Registration District No. 22 — File No.

No. ____ St.

Primary Registration District No. 1917-2017 — Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 18 1920

FATHER		MOTHER	
FULL NAME	Emile J. Paradise	FULL MAIDEN NAME	Elizabeth Picard
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	—	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller.

Jerome, Idaho
(Physician or midwife)

Address

Given names added from a supplemental report. ____ 19____

Registrar.

Filed Apr 22 1924

E. D. Piper M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-112-027-796

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAY 27 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

90758

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017 2017 Registered No.

Hospital

FULL NAME OF CHILD Fred William Peterson Jr

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Dec 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Peterson	FULL MAIDEN NAME	Blossom Grouns.
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 50/a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller
Jerome, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Apr 22 1924 E. D. Piper M.D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Place of Birth — Street: .....

Place of Birth — County: Jerome

File Number: 90758

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Dec 12 '20 192.0.

Father: Fred Wilhelm Peterson (Full Name)

Mother: Blossom Grounds (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fred Wilhelm Jr. Peterson.

Child's Name in Full

Mrs. Fred W. Peterson.

Signature of Father or Mother

597-225-027-663

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 27 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 90775

No. St.

Primary Registration District No. 1017 2017 Registered No.

Hospital Home

FULL NAME OF CHILD Vallerie May Vipham

Sex of Child F. | Twin Triplet or other? other and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4/25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin C. Vipham	FULL MAIDEN NAME	Marie Violet Wolverton
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wash.
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Jerome Idaho

Registrar.

Filed May 26 1921 E. D. Piper M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome SEP 14 1936 RECEIVED

No. ____ St. Registration District No. ____ File No. ____

Hospital Home Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Vallerie Mae Upshaw

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	Twin	1st	Yes	April 15 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edwin C Upshaw	FULL MAIDEN NAME	Marie Violet Houston
RESIDENCE	Jerome 2 Ida.	RESIDENCE	Jerome 2 Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lake Superior Wis.	BIRTHPLACE	Walla Walla Wash.
OCCUPATION	Truck Driver	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Teller M. D. (Physician or midwife)

Address Jerome 2 Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed ____ 192__ ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1936 RECEIVED

Los Angeles Calif
Sept. 18-'36.

Department of Public Welfare
Bureau of Vital Statistics.
Boise, Id.

Dear Sir:

Am in receipt of your letter of the 14th

The correct birth date of my daughter is April 25th 1920.

Thanking You I Am
Very Sincerely Yours.
Mrs. E. C. Upham
1029 S. Mc. Bride Ave.
Los Angeles Calif.

90775

returning 5.00
[illegible]

9/23/36

MAR 18 1942

OCT 21 1943

419-212-028-617

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

City of Spirit Lake, Ida.

Registration District No. 47

File No. 90799

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Charlotte Maines

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem.	1		—	Yes	10 (Month) – 12 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D B Maines –	FULL MAIDEN NAME	Bessie Hagen
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	Wh	COLOR	Wh.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	87 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	S.D.
OCCUPATION	Woodsman –	OCCUPATION	Housewife –

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl I Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 10/15 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 20 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Spirit Lake

Street: .....

County: Kootenai

File Number: 90799

Registration Dist. No. .....

Date of Birth: October 12th 192.0.

Sex of Child: Female

Father: W B Maines (Full Name)

Mother: Bessie Hagen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Louise Charlotte Maines (Child's Name in Full)

W B Maines (Signature of Father or Mother)

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

County of Kootenai
113-115 1028-553
City of Spirit Lake, Ida.

Registration District No. 42
File No. 90800

No. ..... St.

Primary Registration District No. .....
Registered No. .....

Hospital .....

FULL NAME OF CHILD Frederick Jacobsen

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	—	Yes	10 — 15 — 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jorgen Jacobsen	FULL MAIDEN NAME	Cora Mason
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Ill
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Smith [redacted]

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

(CERTIFICATE OF)

PLACE OF BIRTH

962-209-028-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Spirit Lake, Ida.

Registration District No. 42

File No. 90814

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frances Maxine Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	12 - 7 1912

FATHER		MOTHER	
FULL NAME	Roland Roberts	FULL MAIDEN NAME	Eva Frances Rucker
RESIDENCE	Sp Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	Wh	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	England	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl J. Daniels M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/25 1921

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-130-028-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

County of Kootenay

City of Spirit Lake, Ida.

No. ..... St.

Hospital .....

Registration District No. 42

File No. 90817

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Baby Dolan Paul Frederick Dolan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		—	yes	11 - 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy Paul Dolan	FULL MAIDEN NAME	Lulu E Buchanan
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	N.C.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-25 1921 Thos Kaniche

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UN 2 0 1945

STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Spirit Lake — Street: 2nd ave. — County: Kootenai

File Number 90817

Registration Dist. No.

Date of Birth November 30 1920

Sex of Child Male

Father Paul Percival Nolan (Full Name)

Mother Lucie Estella Buck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Paul Frederick Nolan
Child's Name in Full

Mrs P P Nolan
Signature of Father or Mother

437-27-028-25-4

PLACE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida.

Registration District No. 42

File No. 90818

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Irene Virginia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	1	Yes	11-17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas D McPhail	Edna H Bergeson
RESIDENCE	Spirit Lake Ida	Sp L.
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Wyoming	Neb
OCCUPATION	Foreman Bank Carpenter	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Brindle MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/25 1921

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1974

439-119-028-213

PLACE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 42

File No. 90819

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Schuyler McInnis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11-19-1920

FATHER		MOTHER	
FULL NAME	Harris McInnis	FULL MAIDEN NAME	Lyra Ball
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp L.
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wis	BIRTHPLACE	Ind
OCCUPATION	Sta. Engr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

K ..... 19.....

Registrar

Address .....

Filed 5/25 1921 Chas Hacksch

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1971

DEC 1 1941

419-223-028-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 42

File No. 90820

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Maine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem.	1		—	Yes	11 - 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Warren Maine	FULL MAIDEN NAME	Elizabeth Greer
RESIDENCE	Blanchard Ida	RESIDENCE	Blanchard Id
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Ky.
OCCUPATION	Laborer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S. Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 5/25 1921 Thos. Harrigh

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-116-028-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

Registration District No. .....

File No. 90822

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Rounds Harold Martin Rounds

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		—	yes	10 (Month) 16 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Laverne Rounds	FULL MAIDEN NAME	Mary Murphy
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp Lake Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle L Pounds M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5/30 1921

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S O

DEPART ...LIC WELFARE

REC... JUL 30 19... BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Spirit Lake; Street 716 Washington; County Idaho

File Number 90822

Registration Dist. No. .....

Sex of Child Male

Date of Birth October 16 1920

Father LaVern Rounds
Full Name

Mother Miss Mary Murphy
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harold Martin Rounds
Child's Name in Full

Mrs L. V. Rounds
Signature of Father or Mother

231-220-028-643

PLACE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida.

Registration District No. 42

File No. 90823

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy May Slater

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem.	1		—	Yes	10 (Month) - 20 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas F Slater	FULL MAIDEN NAME	Irene Fuller
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prendt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/25 1921 Chas Kasich

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

358-226-028-193

PLACE OF BIRTH

RECEIVED
MAY 28 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida

Registration District No. 42

File No. 90824

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Lehman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		—	yes	10 - 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Lehman	FULL MAIDEN NAME	Mabel Ricketts
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp. L.
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Boilermaker	OCCUPATION	NSwf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/25 1921 Chas Kadish

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-117-033-299

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 9 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 90902

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Dr. Forrest Dean Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male					Jan. 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Hugh Sharp	Clara Elizabeth Briggs
RESIDENCE	Rexburg, Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Smithfield, Utah	Idaho Falls, Ida.
OCCUPATION	Farming	Farming

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) C. O. Martin
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 6/6 19 21 G. Gillespie
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z BRIGGS

NOT

413-209-035-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nezperce

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

City of Lewiston

Registration District No. 96

File No. 90980

No. L. Orchards St.

Primary Registration District No. 1009

Registered No. 669

Hospital

FULL NAME OF CHILD Elsie Myrtle Mac Alister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	10 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Mac Alister	FULL MAIDEN NAME	Margaret McDermot
RESIDENCE	Lewiston Orchards ~~Canada~~	RESIDENCE	Lewiston Orchards
COLOR	W. AGE AT LAST BIRTHDAY 53 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho.

Registrar

Filed May 10 1921 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-214-040-313

RECEIVED
MAY 25 192.
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 123 File No. 91092

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Nina Ida Comolli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	3	Yes	May 14 1920

FATHER		MOTHER	
FULL NAME	Joe Comolli	FULL MAIDEN NAME	Jessie Calldere
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg. Ida.

Filed 5/20 1920 Geo. L. Lesher

Registrar

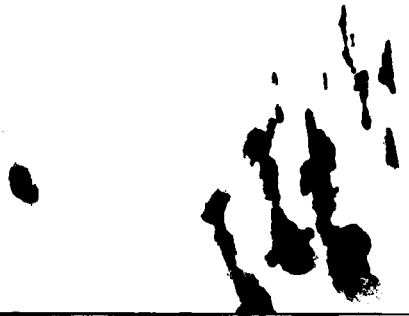
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1942

SEP 1 1942



413-226-040-168

RECEIVED
MAY 25 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 123

File No. 91093

Primary Registration District No. 2204

Registered No. .....

FULL NAME OF CHILD Charlotte Lucille ~~[illegible]~~ MATSON

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	9 (To be answered only in event of plural births)	Yes	5 (Month) 26 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME John ~~[illegible]~~ MATSON	FULL MAIDEN NAME Lisa Johanna
RESIDENCE Wardner	RESIDENCE Wardner
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Finland	BIRTHPLACE Finland
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kellogg, Ida

Filed 5/20 1921 Geo. C. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED

DEC 17 1943

299-104: 040-355

RECEIVED
MAY 25 1921
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 123

Primary Registration District No. 1201

File No. 91100

Registered No. .....

FULL NAME OF CHILD Martin Lentz Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Boy		1	Yes	12 (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alvah Joseph Briggs	FULL MAIDEN NAME	Gertrude Marie Lentz
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Miner	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at ..... M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Mason

(Physician or midwife)

Address Kellogg, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/30 1921 Geo. L. Lesher

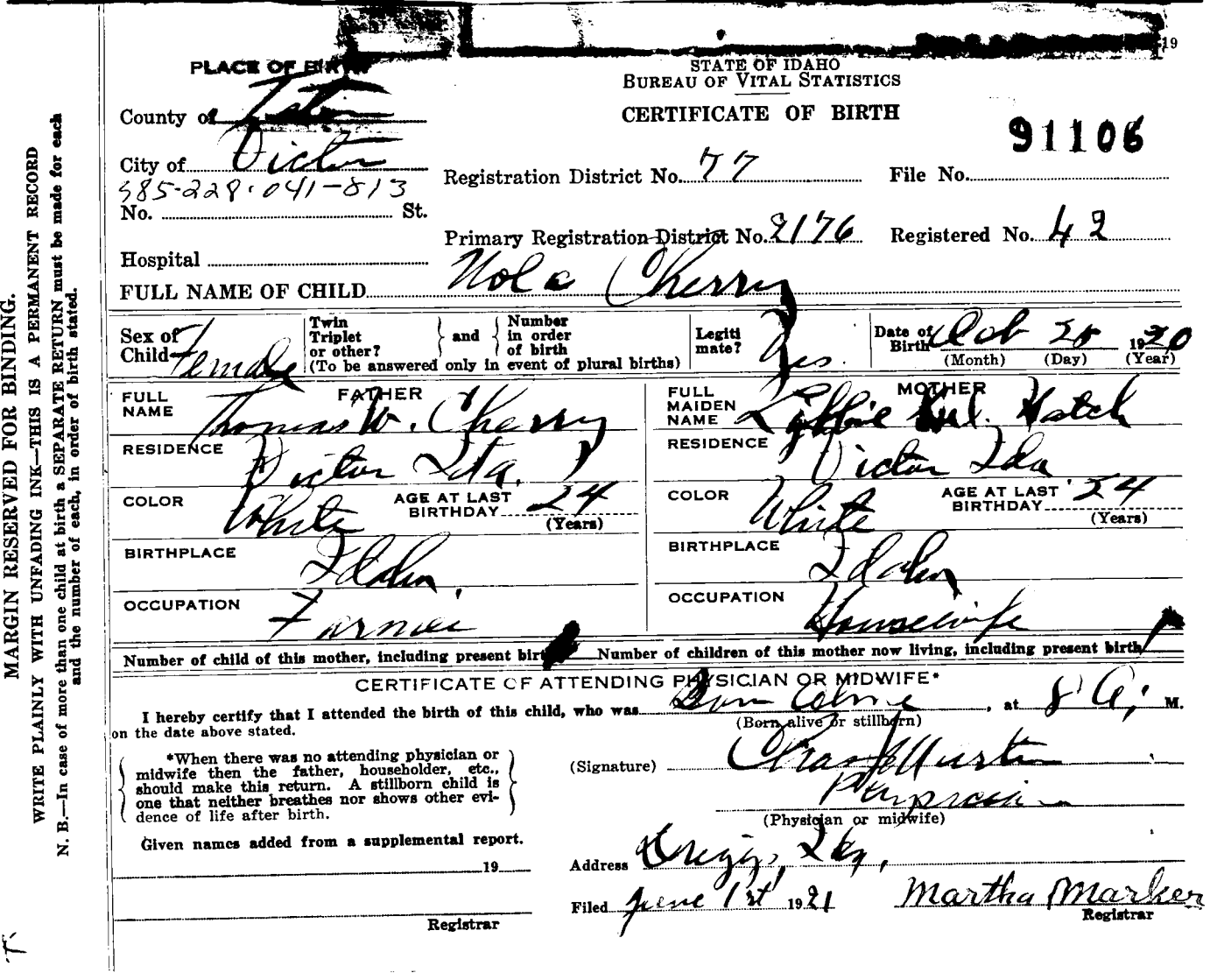
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/28/41 L. B.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91106

County of Teton

City of Victor

No. 585-228-041-813 St.

Registration District No. 77 File No.

Primary Registration District No. 2176 Registered No. 42

Hospital

FULL NAME OF CHILD Nola Cherry

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Cherry	FULL MAIDEN NAME	Lillie Mel. Hatch
RESIDENCE	Victor Ida.	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs, Ida.

Registrar

Filed June 1st 1921 Martha Marker
Registrar

Form V. S. No. 11-C--25m-7-2

HT

APR 2 1 1943

236-102-042-364

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 13 1921
BUREAU OF VITAL STATISTICS

County of Twin Falls.

City of Twin Falls. Idaho

No. Cor Hospital St.

Hospital

Registration District No. 37.

Primary Registration District No. 1085

File No. 91166

Registered No.

FULL NAME OF CHILD Billy Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	Yes	11 7 1920

FATHER		MOTHER	
FULL NAME	Roy D. Scott	FULL MAIDEN NAME	Anna J. Loula
RESIDENCE	Twin Falls. Idaho.	RESIDENCE	Twin Falls. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ponca - Nebra	BIRTHPLACE	Montgomery, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan
Twin Falls, Idaho.
(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Ida.

Registrar

Filed June 3 1921 John F Coughlin
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-357148

562.203.003-435

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91377

County of Bannock

City of Pocatello

Registration District No. 28 File No. 73

No. ..... St.

Primary Registration District No. 2161 Registered No. 3832

Hospital St Anthony's

FULL NAME OF CHILD Mary Louise Voss

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jas. Voss	FULL MAIDEN NAME	Louise McElroy
RESIDENCE	"	RESIDENCE	Helena - Mt -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Portland (?)	BIRTHPLACE	Wyoming
OCCUPATION	Fireman	OCCUPATION	Boat Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 3, at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello, Ida

Filed 7/6 1921

J. R. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1964

285-102-019-219

PLACE OF BIRTH

RECEIVED
JUL 11 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91534

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 85

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Baby Sherry Keith L. Sherry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	12 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Floyd D. Sherry	FULL MAIDEN NAME	Edith B. Bailey
RESIDENCE	Mackay Idaho	RESIDENCE	Mackay Idaho
COLOR	Wh AGE AT LAST BIRTHDAY 34 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Ohio
OCCUPATION	Miner	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards, MD.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Idaho

Filed 12/18 1920 Rose Nowacki
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

RECEIVED
JUL 5 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Idaho — CERTIFICATE OF BIRTH — 91609

City of Green Creek — Registration District No. 105 — File No. 20

652418-025-995 No. ____ St.

Primary Registration District No. 2183 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Clarence ANTHONY Wessels

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 18 1920

	FATHER	MOTHER
FULL NAME	ANTHONY Wessels	FULL MAIDEN NAME Elizabeth Riener
RESIDENCE	Green Creek Idaho	RESIDENCE Same
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	25 (Years)
BIRTHPLACE	Kans	Kansas.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) D Wesley R Orr
by H B Blake Registrar Dist 105
(Physician or midwife)

Address Cottonwood Idaho

Filed June 1st 1921 H B Blake

Registrar

Registrar

PLAC

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 91609

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Clarence Arthur Wessels (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 18, 1920 (DATE OF EVENT)
in Twin Creek, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
First name	Clarence Arthur	Clarence Anthony
First name of Father	Arthur Wessels	Anthony Wessels

Subscribed and sworn to before me this 25th
day of January, 19 42

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Anthony A Wessels
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

753-130-038-493 Please return immediately

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

RECEIVED JUN 30 1921 BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91843

County of Payette

City of

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 73

Hospital

FULL NAME OF CHILD Clarence Miller Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	May 30 1920

FATHER		MOTHER	
FULL NAME	Rasmus Peter Peterson	FULL MAIDEN NAME	Mary Mickelson
RESIDENCE	Near Payette	RESIDENCE	Near Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Idaho

Filed Oct 1 1921 J. C. Woodward

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED

955-124-003-252

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91990

RECEIVED
AUG 10 1921
BUREAU OF VITAL STATISTICS

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2161

File No. .....

Registered No. .....

FULL NAME OF CHILD Edwin Welden Reese
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept. 24 1921

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas Reese	FULL MAIDEN NAME	Emma Sessions
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ft Harriman Utah	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** ..... **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

father
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed August 1 1921 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1955

291-205-033-651

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

RECEIVED
AUG 5 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of St Anthony

Registration District No. 2177 File No. 92408

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gwendolyn Bradshaw

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	5 (Month) 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Bradshaw	FULL MAIDEN NAME	Jennie Weaver
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	~~Ida~~ Wyo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jon R Gray

(Physician or midwife)

Given names added from a supplemental report.

J 19.....

Registrar

Address .....

Filed June 10 1920

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-128-042.45-3

PLACE OF BIRTH

RECEIVED
JUL 22 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

92776

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Charles Edwin Heinecke

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3	Yes	Dec. 28 1920

FATHER

FULL NAME: Edwin B. Heinecke

RESIDENCE: 2nd ave E, Twin Falls.

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Jewell City, Kansas

OCCUPATION: Lumber Co. Mgr.

MOTHER

FULL MAIDEN NAME: Eva Detweiler.

RESIDENCE: Twin Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Atchol, Kansas

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan

(Physician or ~~midwife~~)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1921 John A. Coughlin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

366-112-042-849

PLACE OF BIRTH

RECEIVED AUG 3 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Idaho

Registration District No. 38

File No. 92783

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Meredith Charles Town

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	May 12, 1920

FATHER		MOTHER	
FULL NAME	C. M. Town.	FULL MAIDEN NAME	Edith Hurlle.
RESIDENCE	Twin, Ida.	RESIDENCE	Twin, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada.	BIRTHPLACE	Wisconsin.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

(Signature) Frank A. Dwyer M.D.

(Physician or midwife)

Twin Ida

Address

Filed Dec 9 1920 Dr. A. A. Newberry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

692-229-042-386

PLACE OF BIRTH

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

92794

County of Twin Falls

City of Filer, Ida.

Registration District No. 38

File No.

No. ..... St.

Primary Registration District No. 2076

Registered No.

Hospital

FULL NAME OF CHILD Peggy Jean Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noble Vaughn Fisher	FULL MAIDEN NAME	Ardella Frances Lyon
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Filer Idaho

..... 19.....

Filed Dec 9 1920 Dr. A. A. Newberry

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

789-11-042-813

PLACE OF BIRTH

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Twin Falls

City of Twin Ida.

No. ..... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 2076

File No. 92795

Registered No. .....

FULL NAME OF CHILD William Andrew Phillips

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept. 10 1920

FATHER

FULL NAME: A. H. Phillips

RESIDENCE: Twin Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Hale

RESIDENCE: Twin Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: New Mexico

OCCUPATION: Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 1:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Dwight M.D.

Twin Falls Ida.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 9, 1920 Dr. A. A. Newberry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864118 042-791

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

92796

County of Twin Falls

City of Filer, Ida.

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2076

Registered No.

Hospital

FULL NAME OF CHILD David Willis Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sept 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Owen Young	FULL MAIDEN NAME	Ruth Grabel
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.

Filer Ida

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed Dec 9 1920 Dr. A. A. Newberry

Registrar

K

... FOR BINDING

... WITH UNFADING INK - THIS IS A PERMANENT RECORD

... B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/18/41

NOV 6 1968

243-221-042-386

amend 4-9-82

Form V. S. No. 11-C—25m-9-8-17

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Filer, Ida.

No. ..... St.

Hospital .....

Registration District No. 38

File No. 92797

Primary Registration District No. 2 of 6

Registered No. .....

FULL NAME OF CHILD Naomi Wyone Buckman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	R. W. Buckman	FULL MAIDEN NAME	Edna Thomas
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Dwight M.D.

Filer Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 9 1920 Dr. A. A. Newberry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-31-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____
County of _____ } ss. APR 5 9 23 AM '82

Certificate No. 92797
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Neoma Wyone Buckman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-21-20 (Date of Event)
in Filer (Twin FAlls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Neoma	Naomi

Subscribed and sworn to before me this 2nd day of April, 1982.
Notary Public, Lorene Nichols
Residing at Nampa, Idaho
My commission expires 3-27-86
(Seal)

Naomi B. Shaw
Signature of Applicant
2808 Greenvale Pl.
Street Address, City, State
Nampa, Idaho - 83651

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Apr. 2, 1982.
Notary Public, Lorene Nichols
Residing at Nampa, Ida.
My commission expires 3-27-86
(Seal)

M. Carlene Lindsey
Supporting Signature
507 Shoshone Nampa, Ida
Street Address, City, State

1 cc credit

APR 9 19[illegible]

Social Security Card # 518-14-3019 gives Naomi Buckman Shaw as name listed and date of issue is 4 8-40. Viewed by V.S.

1975 US individual income tax return gives Naomi B Shaw Soc Sec # 518-14-3019 as tax payer. Dated 3-1-76. Viewed by V.S.

281-103-042-284

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Idaho

Registration District No. 38

File No. 92798

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dwight Le Roy Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. I. Shaw	FULL MAIDEN NAME	Bertie Shulu
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Mgr. Lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th. Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.

Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec. 9 1920 Dr. A. A. Newberry
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1975

396-216.042-231

PLACE OF BIRTH

RECEIVED
AUG 3 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida.

Registration District No. 38

File No. 92799

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bettie May Crofts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Nephi Crofts	FULL MAIDEN NAME	Ann May Blankenship
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.
Filer Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 9 1920 Dr. A. A. Newberry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1974

231-130-009-619

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 18 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

92824

County of Bonner (Rural)

City of Samuels

No. ..... St.

Hospital .....

Registration District No. 8

File No. .....

Primary Registration District No. 2155

Registered No. .....

Full Name of Child Herman Charles Stanton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		Yes	June 30 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Herman Charles Stanton	FULL MAIDEN NAME	Lillian May Farres
RESIDENCE	Samuels	RESIDENCE	Samuels
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	White County Indiana	BIRTHPLACE	Centerville, Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Stanton

(~~Physician or midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed June 8 1921 Floyd E. Wandle

Registrar

MAGAZIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1969

DELAYED

691-213-009-219

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 18 1921
BUREAU OF VITAL STATISTICS

92829

County of Bonner Co.

City of Samuels

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. .....

Full Name of Child Francis Irene Frazier

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F.			Nov (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Edward Frazier	FULL MAIDEN NAME	Lenora Vurnice Barnheart
RESIDENCE	Samuels	RESIDENCE	Samuels
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bates Co. Missouri	BIRTHPLACE	Renolds, Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Edward Frazier

Laura Bonny
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed June 8 1921 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible] 993-231 [illegible] 366

RECEIVED AUG 29 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57

File No. 92929

No. ..... St.

Primary Registration District No. 2025

Registered No. 50

Hospital .....

FULL NAME OF CHILD Enid Francis Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	S Parker Richards	FULL MAIDEN NAME	Mary F Cooper
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Carey Idaho

Filed Aug 1 1921

Robert H. Wright
Registrar

Registrar

K

JUN 2

SEP 12 1921

Boise, Idaho, ... 192...

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Street: .....

County: Blaine

File Number: 92927

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 31 192.0

Father: Samuel Parker Richards (Full Name)

Mother: Mary Francis Cooper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Enid Francis Richards

Child's Name in Full

Parker Richards

Signature of Father or Mother

AUG 13 1973

393-127-009
69 S

PLACE OF BIRTH [redacted]

RECEIVED
SEP 6 - 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

92931

County of Bonner

City of Blanchard

No. ..... St.

Hospital .....

Registration District No. 85 File No. 2

Primary Registration District No. 2185 Registered No. 87

FULL NAME OF CHILD James Harold Litz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one		First	yes	Sept. 27 1921

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Hatton Litz	FULL MAIDEN NAME	Cora Mae Freeman ~~Litz~~
RESIDENCE	Blanchard	RESIDENCE	Blanchard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Phillips MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Newport Wash

Filed Sept. 1 1921 C. T. Getzlaff Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REC

859-223-010-597

PLACE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

92975

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21V-0 Registered No. 177

Hospital

FULL NAME OF CHILD EVA JANE HERRICK

Sex of Child female | Twin, Triplet or other? — (To be answered only in event of plural births) | and | Number in order of birth — | Legitimate? yes | Date of Birth Sept 23 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Wm N Herrick

RESIDENCE Idaho Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Ogden, Utah

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Estella Nixon

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Wansahip, Utah

OCCUPATION housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Hatch M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

19

Registrar

Filed July 22 19 21 Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 92975

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Eva Jane Herrick (Birth or ~~Death~~)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eva Jane Herrick
Eva Jane Herrick		

Subscribed and sworn to before me this 14 day of July, 1942

Notary Public, residing at

My commission expires NOTARY PUBLIC for the County of Los Angeles, State of California
(Seal)

My Commission Expires Aug. 25, 1945

Signed Lota Estella Herrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

911 Via Wanda, St Long Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

693-210-010-753

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Route —

No. ____ St.

Hospital —

Registration District No. 73 File No. 92976

Primary Registration District No. 2170 Registered No. 176

FULL NAME OF CHILD Mavel May Wilde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Oct 10, 1920

	FATHER	MOTHER
FULL NAME	A A Wilde	FULL MAIDEN NAME Ethel Peck
RESIDENCE	Idaho Falls, Route (1)	Idaho Falls, Route (1)
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Rainbow Creek, Ida	Fairview, Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 P. M. on the date above stated.

(Signature) A Ray Hatch M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed July 22 19 21 [illegible]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

RECEIVED
JAN 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP 1? 192? 192...

Dear Madam:

The name of your baby was not filled in on the birth certificat[redacted] to this office. It is of vital importance to have the full name included in the record. Kindly fill in the [redacted]nation requested in the blank below and return this sheet, at your earliest convenience, in the enclosed se[redacted]ddressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lincoln

Street: .....

County: Bonneville

File Number: 9 2 9 7 6

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Oct 10 192 D.

Father: Albert Adamson Wilde Jr. (Full Name)

Mother: Ethel Peak (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wavah Mary Wilde
Child's Name in Full

Ethel Wilde
Signature of Father or Mother

145-129-010-369

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

92977

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 179

Hospital

FULL NAME OF CHILD Kenneth Clifford Ames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 29 1920

	FATHER	MOTHER
FULL NAME	Oliver J. Ames	FULL MAIDEN NAME Etta M. Forsie
RESIDENCE	Idaho Falls Fairview, Wyo.	RESIDENCE Idaho Falls Afton, Wyo.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Fairview, Wyo	BIRTHPLACE Afton, Wyo.
OCCUPATION	farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W R Hatch M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed July 22 19 21 W Tennant

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Lincoln } ss.

Certificate No. 92977

OCT 21 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Clifford Ames (Name on Original Certificate) who Born (Was Born or Died) on Oct 29, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Kenneth Clifford Ames

Subscribed and sworn to before me this 9
day of March, 1945

E. Blake Wray
Notary Public, residing at Afton Wyo.
My commission expires Jan 29, 1949
(Seal)

Signed Oliver J. Ames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Ethel B. Ames
(Signature of Any Credible Person Other Than Previous Year)

Afton, Wyo.
(Street Address, City, State)

APR 1 8 1967

154-102-010-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 92978

No. City St.

Primary Registration District No. 2150 Registered No. 180

Hospital

FULL NAME OF CHILD Mabel Sevilla Ashmore David Ray Andelin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Nov. 2 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aubrey O Andelin	FULL MAIDEN NAME	Gladys M Passey
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Filmore, Utah.	BIRTHPLACE	Mesa, Arizona.
OCCUPATION	Music Dealer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed July 22 1921 A Kinnard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Octob[illegible], 1940. L.L.

849-109-010-456

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 19 & Higbee St.

Registration District No. 73 File No. 92979

Hospital

Primary Registration District No. 2150 Registered No. 761

FULL NAME OF CHILD Paul Dewey Quinn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Nov (Month) 9 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Chester J. Quinn	FULL MAIDEN NAME	Hallie L. Dewey
RESIDENCE	Montpelier, Ida	RESIDENCE	Montpelier, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Salt Lake City
OCCUPATION	R. R. Conductor	OCCUPATION	housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Hatch M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

____ 19__

Registrar

Address Idaho Falls, Idaho

Filed July 22 1921 C. E. Kennard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...BLIC WELFARE

RECEIVED
SEP 22 1921
BUREAU OF VITAL
STATISTICS

Boise, Idaho, SEP 12 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: Ida.

County:

File Number: 92979

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Nov. 9 192 0.

Father: Chester John Quinn (Full Name)

Mother: Hallie Laura Dewey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Paul Dewey Quinn
Child's Name in Full

Hallie Quinn
Signature of Father or Mother

296-205-010-299

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls.

Registration District No. 73

File No. 92980

No. Canal & J St.

Primary Registration District No. 2150

Registered No. 182

Hospital

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Nov. 5 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Johnathan Edmund Browning	FULL MAIDEN NAME	Nina Amanda Birdsall
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Odgen Utah.	BIRTHPLACE	Illinois
OCCUPATION	Automobiles	OCCUPATION	house wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls.

Filed July 22 1921 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BROWNING

251-209-010-689

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 92981

Primary Registration District No. 21 V-0 Registered No. 1F3

FULL NAME OF CHILD Beulah Hortense Beach

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl.	—		—	yes	Nov. 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rufus Beach	FULL MAIDEN NAME	Nellie C. Whitehead
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Snyderville, Ut	BIRTHPLACE	Ovid, Idaho.
OCCUPATION	Farmer.	OCCUPATION	house wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls

Filed July 22 1921 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1921

...ise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls, I

Street 9th

County Bonneville

File Number 92981

Registration Dist. No. .....

Sex of Child Female

Date of Birth Nov. 9th 1920

Father Rufus Beach
Full Name

Mother Nellie Whitehead
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Buelah Hortense Beach
Child's Name in Full

Rufus Beach
Signature of Father or Mother

446-222-010-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 92982

No. ..... St.

Primary Registration District No. 2150 Registered No. 174

Hospital .....

FULL NAME OF CHILD Elva Ma Duffin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Nov. 22 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	B. F. Duffin.	FULL MAIDEN NAME	Laura S. Bringhurst.
RESIDENCE	Idaho Falls.	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Arizona.	BIRTHPLACE	Toquerville, Utah.
OCCUPATION	Produce salesman	OCCUPATION	housewife.

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls

Filed Feb 22 1921

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Oct. 12 1921.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls, Idaho. Street 260-11 Street. County Bonneyville.

File Number 92982

Registration Dist. No. .....

Sex of Child Female

Date of Birth Nov. 22 1920

Father Brigham F. Duffin Jr. (Full Name)

Mother Laura S. Bringhurst (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elva Mae Duffin.
Child's Name in Full

Laura S. Duffin.
Signature of Father or Mother

553-108-010-356

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 92983

No. ..... St.

Primary Registration District No. 21V-0 Registered No. 1FV-

Hospital .....

FULL NAME OF CHILD Clyde Nelson, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 8 1920

FATHER		MOTHER	
FULL NAME	Clyde Ell Nelson	FULL MAIDEN NAME	Florence Lewis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Virginia
OCCUPATION	Service Station	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Registrar

Address Idaho Falls

Filed July 22 1921 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
SEP 22 1921
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP 12 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Idaho Falls
Street: 440 C St
County: Bonneville

File Number: 92983

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Dec. 8 1920

Father: Clyde Ell Welson
Full Name

Mother: Florence Lewis
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clyde Welson Junior
Child's Name in Full

Clyde Ell Welson
Signature of Father or Mother

249-220-010-815

Amended 4/20/76

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
AUG 27 1921
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 92984

No. ..... St.

Primary Registration District No. D 1 4 0 Registered No. 186

Hospital .....

FULL NAME OF CHILD Caroline Hancock Smith

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 20 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David Smith	FULL MAIDEN NAME	Emily Hancock
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Filmore, Ut.	BIRTHPLACE	Orderville, Utah
OCCUPATION	Salesman	OCCUPATION	house wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 n M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Hatch M.D.

Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Idaho Falls

Filed July 22 1921

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1966
MAR 30 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 8 11 33 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 92984

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 20, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Caroline Hancock Smith
mother's maiden name	Emily Hannock	Emily Hancock

Subscribed and sworn to before me this 6 day of April, 1976

R E Clements
Notary Public, residing at Idaho Falls, Ida
My commission expires 2-15-77
(Seal)

Signed Ivan K. Burrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 1894 Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of April, 1976

R E Clements
Notary Public, residing at Idaho Falls Ida
My commission expires 2-15-77
(Seal)

Signed Jay M. Palmer
(Signature of Any Credible Person)
616 Sykes Dr. Idaho Falls, Ida
(Street Address, City, State)

FORM DH 60-155

CL 3/29/76

Certif of Baptism and Confirmation from the LDS Church gives name as Caroline Hancock Smith daughter of David Smith and Emily Hancock. born Nov 20, 1920 at Idaho Falls,Idaho. Baptized Dec 9, 1928. viewed by V. S.

APR 2 0 1975

Certif of Birth from the LDS Church gives nameas Caroline Smith born Nov. 20, 1920 at Idaho Fals, Idaho. Father's name as david Smith and mother's name as Emily Hancock. Entered on record Jan 2, 1921. viewed by V. S.

Certif of Membership fromt hte LDS Church gives nameas Caroline Hancock Smith. born N Nov 20, 1920. Blessed Jan 2, 1921. Baptized Dec 9, 19128.father's name as David Smith and mother's name as Emily Hancock. viewed by V. S.

235-105-010-926

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 27 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 92985

No. ..... St.

Primary Registration District No. 21-0 Registered No. 167

Hospital .....

FULL NAME OF CHILD Frank Broadment Steers Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec. 5 1920

FATHER		MOTHER	
FULL NAME	Frank B. Steers	FULL MAIDEN NAME	Phoebe ~~xxxxx~~ Ison
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Morgan, Kentucky
OCCUPATION	Rail Road fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Hatch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls

Filed July 22 1921

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP 12 1921 ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Idaho

Street: 709 J

County: Bonneville

File Number: A 29853

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Dec 5 1920

Father: Frank Bradment Steers (Full Name)

Mother: Phoebe Dixon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Bradment Steers
Child's Name in Full

Mrs. Frank B. Steers
Signature of Father or Mother

JUN 24 1941

JUN 2 1 1956

May 6 1941

466-224-022-367

PLACE OF BIRTH AMENDED JUNE 30, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ____ St.

Registration District No. 99

File No. 93040

Hospital ____

Primary Registration District No. 2171

Registered No. ____

FULL NAME OF CHILD MARJORIE MOON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 24, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	A. H. Moon	FULL MAIDEN NAME	Clysta C. Cox
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Egin, Idaho	BIRTHPLACE	Fairview, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) G. E. Melton, M. D.
(Physician or midwife)

Address St. Anthony, Idaho

Filed Aug. 10 1921 W. R. West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of baptism also submitted on June 30, 1953, confirming name as Marjorie Moon
Baptized on August 4, 1929.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Camas, }

Certificate No. 93040

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Margarett Moon (Name on Original Certificate) who born (Was Born or Died) on Dec. 24, 1920 (Date of Event)
in Elgin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church records (Bible Record, Insurance Policy, Etc.) prepared on January of 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Margarett Moon	Marjorie Moon
Father's age.	24	20

Subscribed and sworn to before me this 2nd. day of June, 1953

Notary Public, residing at Fairfield, Idaho.
My commission expires 9/4/56
(Seal)

Signed Clysta Cloe (Cox) Moon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fairfield, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Camas, }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd. day of June, 1953

Notary Public, residing at Fairfield, Idaho
My commission expires 9/4/56.
(Seal)

Signed Gloria Harris Moore
(Signature of Any Credible Person)

Fairfield, Idaho.
(Street Address, City, State)

DPH 52.J.55

1 c. pd.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

RECEIVED SEP 6 - 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

93040

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD Margarett Moon

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A. H. Moon	FULL MAIDEN NAME	Clysta C. Cox
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Egin Ida	BIRTHPLACE	Fairview U
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hetton

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Anthony

Filed Aug 10 1921

W. B. West
Registrar

JUL 1 - 1953

MAY 5 1953

386-223-022-381

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Fremont

RECEIVED
SEP 6 - 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Parker

Registration District No. 99 File No. 93041

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frankie Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W R Thompson	FULL MAIDEN NAME	Leah Chadwick
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Cooper Co. Mo.	BIRTHPLACE	Caldwell Co. Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida

Filed Aug 11 1921 W. B. Ewart Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-394305

984-123-022-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 6 1921 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Freemont

City of St Anthony

Registration District No. 29 File No. 93048

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Edward Rydalch -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Jan (Month) 23 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Davis Hunter Rydalch	FULL MAIDEN NAME Esther Jane Parkinson
RESIDENCE St Anthony	RESIDENCE St Anthony
COLOR white AGE AT LAST BIRTHDAY 39 (Years)	COLOR white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Grantsville Tooele Co Utah	BIRTHPLACE Grantsville Tooele Co Utah
OCCUPATION Farmer	OCCUPATION Farmer wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 10 1921 W B Wert Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

693-207-022-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
SEP 6 - 1921
BUREAU OF VITAL STATISTICS

County of Fremont

City of Teton

Registration District No. 99 File No. 93052

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis ~~Briggs~~ BETH williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	10 (Month) 7 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Justus williams	FULL MAIDEN NAME	Carrie Briggs
RESIDENCE	St anthony Ida	RESIDENCE	St anthony Ida
COLOR	w	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	utah	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 10 1921

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 93052

Date Filed April 7, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Williams (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 7, 1939 (DATE OF EVENT)
in Teton City, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 10, 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Williams	Frances Beth Williams

Subscribed and sworn to before me this 27th
day of April, 1942

M. Stephens
Notary Public, residing at Rexburg Ida,
My commission expires June 22 - 1943
(SEAL)

Signed Caroline B. Williams
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April, 1942

M. Stephens
Notary Public, residing at Rexburg Ida,
My commission expires June 22 1943
(SEAL)

Signed Justus Williams
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Anthony, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 28 1942 By
(REGISTRAR'S SIGNATURE)

MAR 2 9 19

APR 2 9 1942

235-101-022-533

RECEIVED
SEP 6 - 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

Registration District No. 99 File No. 93054

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Lawrence Steinbergen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		6	yes	9 (Month) 1 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Steinbergen	FULL MAIDEN NAME	Virginia Ellis
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Tenn
OCCUPATION	Carpenter	OCCUPATION	mother

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9/1/20 (Born alive or stillborn), at 11:59 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray Phys

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug 10 1921

W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1942

OCT 17 1950

555-230-003-963

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 3 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R.F.D. St.

Registration District No. 83 File No. 93336

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD VERA INA ENNIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 30 1920

FATHER		MOTHER	
FULL NAME	George V. Ennis	FULL MAIDEN NAME	Maud Rochell
RESIDENCE	Downey	RESIDENCE	Downey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Davenport, Iowa.	BIRTHPLACE	Kaysville, Utah,
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Downey, Idaho

Registrar

Filed June, 15, 1920 H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 93336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vera Ina Ennis (Name on Original Certificate) who Born (Was Born or Died) on May 30th 1920 (Date of Event)
in Downey (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record book (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Vera Ina Ennis

Subscribed and sworn to before me this 14 th
day of March, 1942
Jesse E. Raynor
Notary Public, residing at Los angeles
My commission expires My Commission Expires May 6th, 1942
(Seal)

Signed Maude M Ennis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

638½ So. Kern Ave Los Angeles
(Street Address, City, State)
California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of March, 1942
Jesse E. Raynor
Notary Public, residing at Los Angeles
My commission expires My Commission Expires May 6th, 1942
(Seal)

Signed George E Ennis
(Signature of Any Credible Person Other Than Previous Year)

638½ So. Kern Ave Los Angeles
(Street Address, City, State)
California

APR 26 1942

APR 2 7 [illegible]

JUL 2 1974

391-128-003-966

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 3 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 83 File No. 93337

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Benjamin Owen Cragun

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Calvin Cragun Jr.	FULL MAIDEN NAME	Alice R. Rowe
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	McCammon, Ida
OCCUPATION	Cement Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Oct. 10, 1920. H. J. Hartwigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 4 - 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, October 27, 1921

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: McCammon

Place of Birth — Street:

Place of Birth — County: Bannock

File Number: 93337

Registration Dist. No.:

Sex of Child: Male

Date of Birth: September 28, 1921

Father: Calvin Cragun Jr.
Full Name

Mother: Alice Rebecca (Rowe) Cragun
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Benjamin Owen Cragun
Child's Name in Full

Calvin Cragun Jr.
Signature of Father or Mother

443-218-026-651
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 22 192

CERTIFICATE OF BIRTH

93787

County of Jefferson
City of Perry
No. ..... St.
Hospital .....

BUREAU OF VITAL STATISTICS
Registration No. 98 File No. .....
Primary Registration District No. 216 Registered No. 152

FULL NAME OF CHILD Lulu Louisa Dutson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3-18-20

FATHER

FULL NAME: Joseph W. Dutson
RESIDENCE: Perry
COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lulu Weaverling
RESIDENCE: Same.
COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) C. A. Fillmore
(Physician or midwife)
Address Rigby R3

Filed 9/10 19 21 Ray H. Green Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 19 1942

DELAYED

412-125-026-194 Amended 9/16/77

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED
SEP 22 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

93805

County of Jefferson

City of Ririe

Registration District No. 18 File No.

No. St.

Primary Registration District No. 2176 Registered No. 162

Hospital

FULL NAME OF CHILD Jack Wendell Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9-25-1920

FATHER		MOTHER	
FULL NAME	Joe H. Mason	FULL MAIDEN NAME	Eleanor Armstrong
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or midwife)

Given names added from a supplemental report.

19

Address Ririe

Registrar.

Filed 9/10 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1976

MAR 4 1952

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 16 1 47 PM '77

State of ..... } ss.
County of ..... }

Certificate No. 93805

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jack Wendle Mason (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1921 (Date of Event)

in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Utah	Egin, Idaho
Mother's Birthplace	Utah	Enoch, Utah

Subscribed and sworn to before me this 5th day of July, 1968

M. W. Humphreys

Notary Public, residing at Idaho Falls Idaho

My commission expires August 15, 1969

(Seal)

Signed Eleanor A. Mason

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

280-2 W Smith st Ririe Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1968

M. W. Humphreys

Notary Public, residing at Idaho Falls Idaho

My commission expires August 15, 1969

(Seal)

Signed Beneriece Young

(Signature of Any Credible Person)

Rt 3 Box 143 17, Ida Falls, Ida

(Street Address, City, State)

FORM DH 60-155 CL 6-11-68.

(2)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 16 1 47 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 93805

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jack Wendle Mason (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1921 (Date of Event)

in Ririe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jack Wendle Mason	Jack Wendell Mason
Child's Date of Birth	August 25, 1921	September 25, 1920
Father's Age	36	35

Subscribed and sworn to before me this 5th day of July, 1968

Notary Public, residing at Idaho Falls, Idaho

My commission expires August 15, 1969

(Seal)

Signed Eleanor A Mason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2802 W Sunset Ririe Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1968

Notary Public, residing at Idaho Falls, Idaho

My commission expires August 15, 1969

(Seal)

Signed Bernice Young
(Signature of Any Credible Person)

Rt 3 Box 143 H, Idaho Falls Ida
(Street Address, City, State)

FORM DH 60-155 CL 6-11-68.

(1)

Certif of Ordination to the Holy Priesthood gives name as Jack Wendell Mason born September 25, 1920 baptized July 6, 1929. father's name as Joseph H. Mason and mother's maiden name as Eleanor Armstrong. dated Jan 10, 1938. viewed by V. S.

SEP 1 6 1977

Certif of Baptism and Confirmation from the LDS Church gives nameas Jack Wendell Mason son of Joseph H. Mason and Elnora Armstrong. born Sept. 25, 1920 at Poplar, Idaho. Baptized July 6, 1929. viewed by V. S.

613-116-041-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 15 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77 File No. 94032

No. ..... St.

Primary Registration District No. 2176 Registered No. 29.

Hospital .....

FULL NAME OF CHILD Quinton June Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Watson	FULL MAIDEN NAME	Hartence McCracken
RESIDENCE	Tetonia, Ida	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Diggs Ida

Filed Sept 6 1921 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

799-220-042-689

Amended 12/5/78

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
SEP 15 1921
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave E St.

Hospital

Registration District No. 37 File No. 94086

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Margret Lucille Grinsted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Frank Grinsted	FULL MAIDEN NAME	Gladys May Whitney
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	American	COLOR	American
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sherman Texas	BIRTHPLACE	Altamont Kansas
OCCUPATION	Painting	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Ernst

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida.

Filed Sept 3 1921 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 21 12 34 PM '78

State of ..... } ss.
County of .....

Certificate No. 94086

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Grinsted (Name on Original Certificate) who was born (Was Born or Died) on Aug 30, 1920 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy, Baptism Record (Bible Record, Insurance Policy, Etc.) prepared on 1941, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margret Lucile Grinsted
date of birth	Aug 30, 1920	Aug. 20, 1921
sex of child	male	female

Subscribed and sworn to before me this 17th day of March, 1978

[signature]

Notary Public, residing at Twin Falls, Idaho

My commission expires .....

(Seal)

Signed Mrs. Gladys MacGrinsted

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 5 Grandview Dr. Twin Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 1/25/78

Marriage License from Arizona gives nme as Darrell A. Welch, Jr and Margret Lucille Grinsted. dated June 5, 1941. viewed by V. S . DEC 5 1978

Application to the New york Life Ins. Co gives name as Margert Lucille Welch born Aug 3, 1921 in Twin Falls, Idaho. dated Nov 13, 1941. viewed by VS

JAN 24 1979

551-108-019-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 31 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 76 File No. 94561

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Evans. Stanford Robert Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Urban Evans	FULL MAIDEN NAME	Valeria Dickson
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	Wh AGE AT LAST BIRTHDAY 36 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Custer Co, Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Hwifs -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Nicholls M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay Idaho

Filed 10/11 1921 R. Nowacki
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Dec. 8, 1920.

213-122-019-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
OCT 31 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

94566

County of Custer

City of Leslie

Registration District No. 76 File No. 110

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Henry Ballard

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	Nov. 22 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. D. Ballard.	Viona Allen.
RESIDENCE	Leslie Ida.	Leslie Ida.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Home mkr.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farnell M.D.

(Physician or midwife)

Address Macka Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/27 1921 Rose Nowacki

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Custer (b) City Leslie
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Delivery at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Leslie
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
   (f) Mother's mailing address Leslie Ida. Leslie, Idaho

3. **RESIDENCE of FATHER** (city, state) Leslie, Idaho

4. **FULL NAME OF CHILD** Ralph Henry Ballard

5. Date of Birth (Month, day year) Nov. 22, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Day Ballard
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Draper (City or town) Salt Lake Co, Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viona Allen Ballard
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Draper (City or town) Salt Lake Co. Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 3 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry D. Ballard being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph Henry Ballard (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Farrell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry Day Ballard Signature

Draper, Salt Lake Co., Utah P. O. Address

Subscribed and sworn to before me on this 30th day of August, 1941

(SEAL) ..... Notary Public, residing at Draper, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

253-129-
019-234

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Custer

RECEIVED
OCT 31 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

94567

City of Darlington

Registration District No. 76

File No. 109

No. ..... St. .....

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Bell Samuel Kenneth

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Ye.	June 29 1920

	FATHER	MOTHER
FULL NAME	J. C. Bell	Ida Steele.
RESIDENCE	Darlington Ida.	Darlington.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28.
BIRTHPLACE	Iowa.	Idaho
OCCUPATION	Farmer.	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) W. E. Powell M.D.

(Physician or midwife)

Address Malad Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/27 1921 Rose Nowacke

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED DEPARTMENT PUBLIC W
DEC 28 '21
BUREAU OF VITAL STATISTICS

NOV 10 1921

aho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Darlington

Street: .....

County: Butte

File Number: 9456?

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 29 1921.

Father: Samuel C. Bell (Full Name)

Mother: Ida J. Steele (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Kenneth Bell
Child's Name in Full

Mrs S C Bell
Signature of Father or Mother

MAR 1 1942

212-123-026-212

PLACE OF BIRTH

Form V. [illegible] 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED OCT 31 1921 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 94707

Primary Registration District No. 2176 Registered No. 208

Hospital .....

FULL NAME OF CHILD Kowki Sakata

Sex of Child m | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tokei Sakata	FULL MAIDEN NAME	Skizue Sakata
RESIDENCE	Rigby #1	RESIDENCE	Rigby #2
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 10/10 1921 Roy H. Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-19-1940 D.P.

Form 31

MARGIN RESERVED FOR BINDING

READ THE INSTRUCTIONS ON THE BACK OF THIS BLANK

STATE OF CALIFORNIA
County of Alameda } ss.

~~STATE OF CALIFORNIA~~
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

AFFIDAVITS FOR CORRECTION OF A RECORD

State file ~~Local~~ Registered No. 94709

City or Town of Rigby, Idaho.

Tohei Sakata (Name of Affiant) of 1651 Tyler St., Berkeley, (Address) California, being first duly sworn, deposes and says that he/she is the father (If related, specify degree of friend or otherwise, so state) of Kowki Sakata {who was born* / ~~who died~~} in the City of Rigby County of Jefferson, Idaho on the 23 day of February, 1920 incorrectly as stated in a certificate of birth*/~~death~~ filed by O. J. Call (Give name of Physician or Midwife for Birth—Undertaker for Death)* with the Local Registrar for the City of Rigby, County of Jefferson ~~California~~ Idaho on the 10th day of October 1921

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Date of brth Feb 23, 1921

Name of father Tokie Sakata

That affiant upon his/her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Date of brth Feb. 23, 1920

Name of father Tohei Sakata

(Affiant) Tohei Sakata

(Address) 1651 - Tyler st. Berkeley, Calif.

Subscribed and sworn to before me this 29 *day of* April, 1936

Agon

Notary Public in and for the County of Alameda *State of California*

STATE OF CALIFORNIA
County of Alameda } ss.

Shizue Sakata (Name of Affiant) of 1651 Tyler St., Berkeley, (Address) California, being first duly sworn, deposes and says that ~~he~~/she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant) Shizue Sakata

(Address) 1651 - Tyler st, Berkeley, Calif.

Subscribed and sworn to before me this 29 *day of* April, 1936

Agon

Notary Public in and for the County of Alameda *State of California*

*For correction of a marriage certificate, in rare instances where necessary, the words "were married," "marriage," and "minister," "priest," "judge" or "justice," etc., may be inserted specially by way of substitution throughout this blank.

24866 9-35 10M CALIFORNIA STATE PRINTING OFFICE

INSTRUCTIONS

1. ***Two different affiants*** must execute these affidavits. The person signing the principal affidavit in the upper part of the blank can not also sign the supporting affidavit below. Both signatures must be acknowledged before a Notary Public or other person authorized to administer oaths.

2. After a certificate of birth, death or marriage has been accepted for registration, necessary corrections may be made only by executing and filing these affidavits. This form, issued by the California Department of Public Health, Vital Statistics, is prescribed by law and is the only form acceptable.

3. ***Read the printed matter carefully.*** Fill out the blank (except signatures) with typewriter if possible. Otherwise ***write plainly*** with black ink.

4. No change can be made in a certificate unless it is clearly stated in the affidavit. Be careful to state all changes desired. For example, if on a death certificate the *age* is changed, the date of birth must also be changed to agree. Do not make changes that will leave inconsistencies in the certificate.

5. If the original certificate to be corrected is in the hands of the Local Registrar, these affidavits should be filed with him. If the original certificate has been forwarded to the California Department of Public Health, these affidavits should be mailed to the California Department of Public Health, Sacramento. Original certificates are forwarded to the state office by Local Registrars on the fifth of each month.

318-210-026-313

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 31 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 94708

Primary Registration District No. 2176 Registered No. 207

Hospital .....

FULL NAME OF CHILD Yvonne Taylor

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Dec 10 1920

FATHER		MOTHER	
FULL NAME	Lawrence Taylor	FULL MAIDEN NAME	Lucy Call
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Rigby

Filed 10/10 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1964

445-226-039-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

RECEIVED
OCT 31 1
BUREAU OF
STATIS

Registration District No. 25

File No. 94988

Primary Registration District No. 2072

Registered No. 333

FULL NAME OF CHILD Ella Mueller

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gottfried Mueller	FULL MAIDEN NAME	Lydia Stickel
RESIDENCE	Amer. Falls P.O.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls, Ida.

Filed 12-8 1924 R. J. Roth

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

395 728 040-863

ACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

of Shoshone

RECEIVED OCT 31 1921 BUREAU OF VIT STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

95034

ity of Kellogg

Registration District No. 123

File No.

No. St.

Primary Registration District No.

Registered No. 44

Hospital

Full Name of Child Bud O. Lien

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	—	—	Yes.	Nov. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Lien	FULL MAIDEN NAME	Inga Holen
RESIDENCE	Kellogg.	RESIDENCE	Kellogg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrachin

M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Kellogg

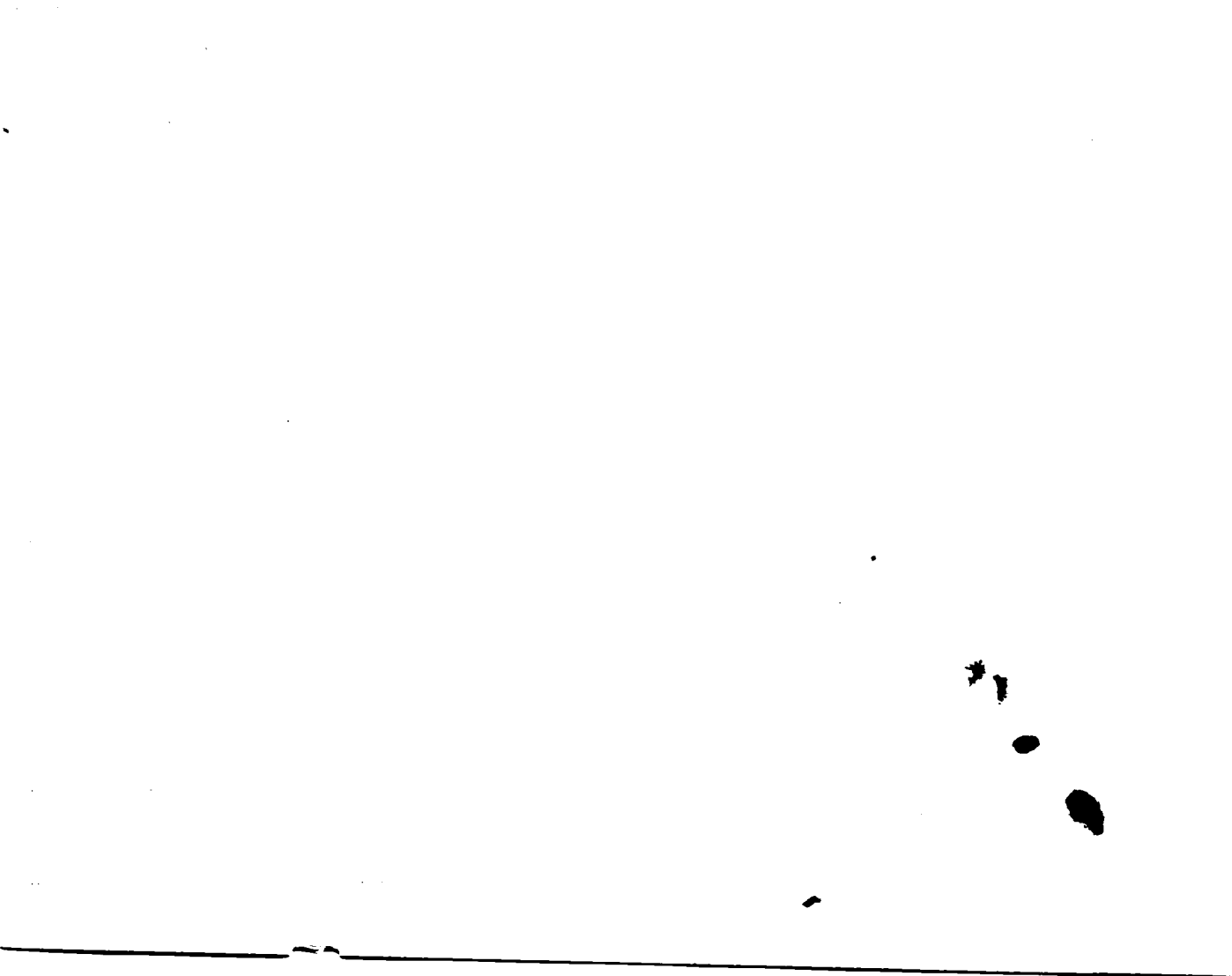
Filed 10/29/1921

E. E. Hardy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for of each, in order of birth stated.



449230 1040 - 319

ACE OF BIRTH

of Shoshone

ty of Wardner

No. ..... St.

Hospital .....

RECEIVED
OCT 31 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 95035

Primary Registration District No. .....

Registered No. 45

Full Name of Child Mary Ellen Murray

SEX OF CHILD	Twin Triplet or other?	Number in order of birth	Legitimate?	DATE OF BIRTH
Female	—	—	Yes	Nov 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Murray	FULL MAIDEN NAME	Lillie Carson
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrachin
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Kellogg

Filed 10/29/1921 E. E. Hardy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

JAN 2 1954

168-217-041-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED OCT 31 19.. BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 95104

No. ..... St.

Primary Registration District No. 2176 Registered No. 38

Hospital .....

FULL NAME OF CHILD ~~Lewis~~ Johnson Lorie Jean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Willard V. Johnson	FULL MAIDEN NAME	Lilla Jenkins
RESIDENCE	Victor Idy	RESIDENCE	Victor Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idy

Filed Oct 8 1921 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 23 1921
BUREAU OF VITAL STATISTICS

Boise, Idaho, NOV 14 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor

Street: .....

County: Teton

File Number: 9514

Registration Dist. No.: Unknown

Date of Birth: Feb. 17 192.1

Sex of Child: Female

Father: Willard Arlo Johnson (Full Name) Mother: Zella Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Louie Jean Johnson
Child's Name in Full

Mrs Willard A Johnson
Signature of Father or Mother

363-228 006689

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED NOV 30 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

95408

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. Route no. 3 St.

Primary Registration District No. 2174 Registered No. 341

Hospital Home

FULL NAME OF CHILD Karma Ethillynn Tolman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth (Month) (Day) (Year)
Fe mal			Aug 28 1920

FATHER		MOTHER	
FULL NAME	Cyrus Carleon Tolman	FULL MAIDEN NAME	Gertrude E. White
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Chesterfield Ida	BIRTHPLACE	Farmington Utah
OCCUPATION	Farmer	OCCUPATION	House Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Logan Ut.

Filed Oct. 15 1921 Mrs Thalia E. Tuber

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 129-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
DEC 10 1921
BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

Registration District No. 3

File No. 95705

No. ..... St.

Primary Registration District No. 2005

Registered No. 248

Hospital .....

FULL NAME OF CHILD Varvel Everett Carter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy					Oct. 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Raymond Carter	FULL MAIDEN NAME	Anna E. Smith
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. R. Carter Mother.
This child was born before a Dr. Could
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida. Be Called.

Filed Dec. 4 1921 John V. Meyer
Registrar

Registrar

Dup of 1920-28/967

BOTH DELAYED

323-2061019-323

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-7-21-19

95867

County of Custer

City of Mackay

No. ..... St.

Hospital .....

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

Registration District No. 16 File No. 115

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Helene Fay Ischanz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Otto Henry Ischanz	FULL MAIDEN NAME	Myra McFarland Ischanz
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Yankton, South Dakota	BIRTHPLACE	Lowell, Oregon
OCCUPATION	merchant.	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 a: M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mackay - Idaho

Filed 12/2 1921 Rose Nowacki

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

168-228-027-285

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23

File No. 96069

No. ..... St.

Primary Registration District No. 1017

Registered No. 2017

Hospital .....

FULL NAME OF CHILD Lucile Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 28 1920

FATHER

FULL NAME Hyrum Johnson

RESIDENCE Hazelton Ida

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rilla Shepard

RESIDENCE Hazelton Ida

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

(Signature) E. L. Berry M D

(Physician or midwife)

Address Hazelton Ida

Filed Nov 14 1921 E. D. Pyle M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

PLAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

CEIVED
JAN 17 1922
OF VITAL
STICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hazelton

Street: .....

County: Jerome

File Number: 96069

Registration Dist. No. .....

Date of Birth: October 28 1920.

Sex of Child: Female

Father: Hyrum Johnson
Full Name

Mother: Rilla Shepherd ~~Johnson~~
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lucile Johnson
Child's Name in Full

Mrs. Hyrum Johnson
Signature of Father or Mother

MAY 11 1942

695-202-027-412

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23 File No. 96070

Primary Registration District No. 1917 Registered No. .....

FULL NAME OF CHILD Marjorie Windle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	Nov. 2 1920

FATHER		MOTHER	
FULL NAME	Gabriel Windle	FULL MAIDEN NAME	Myrtle Makinson
RESIDENCE	Hazelton, Ida	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berg M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed Nov 14 1924 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1942

DELAYED

264-127-027-132

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Erome

City of Hazelton

Registration District No. 23

File No. 96071

No. ..... St.

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD John A Boden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Willard Boden	FULL MAIDEN NAME	Norah Atkinson
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Nov 14 1921 E. D. Pyfer M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

863-116-027-142

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 30 1921
BUREAU OF
STATE

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 96072

No. ..... St.

Primary Registration District No. 1017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Austin R. Holmes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 16 1920

FATHER		MOTHER	
FULL NAME	Robert Axel Holmes	FULL MAIDEN NAME	Blanche Austin
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Hazelton

..... 19....

Filed Nov 14 1921 E. D. Piper M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 5 1942

DECEASED

DELAYED

462-122-041-495

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. _____ St.

Hospital _____

Registration District No. 77 File No. 96560

Primary Registration District No. 2176 Registered No. 67

FULL NAME OF CHILD Wm Moss Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Moss Sr	FULL MAIDEN NAME	Silvia Miner
RESIDENCE	Felt Idaho.	RESIDENCE	Felt, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Grizzly, Ida.

Filed Dec 2 1921 Martha Marker Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-118-
003-413

PLACE OF BIRTH

County of Bannock

City of Grace B[redacted]7

No. ——— St.

~~Hospital~~ Home Primary Registration District No. ——— Registered No. ———

FULL NAME OF CHILD Dean Campion Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	1st (To be answered only in event of plural births)	Yes	Mar. 18th 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm C. Brown	FULL MAIDEN NAME	Fennie Dalton Brown
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Willard Ut.
OCCUPATION	Shoe-repairer	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mar. 18th, at 4 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm C. Brown
116 So Main St. Brigham Ut.
(Physician or midwife)

Give names added from a supplemental report. Now

Address

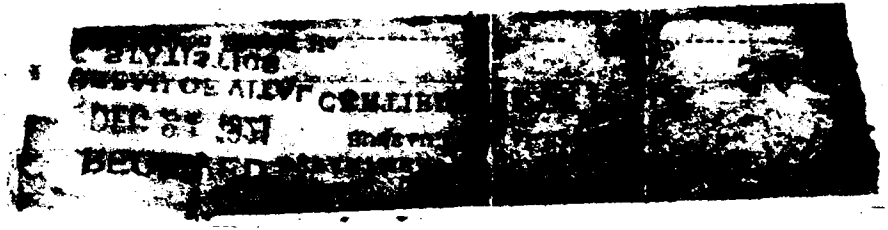
....., 19....

Filed ——— 1923 [signature]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



553-121-034-249

[redacted] 7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 97483

Primary Registration District No. 2015 Registered No. 224

Hospital .....

FULL NAME OF CHILD Robert Melson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1920 (Year)
Male			1	yes	July	21	

FATHER		MOTHER	
FULL NAME	Alfred A. Nelson	FULL MAIDEN NAME	Mable Edna Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Address .....

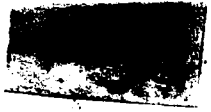
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 12 1921 E. H. Elmore
Registrar



-221-034-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JAN 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 97484

Primary Registration District No. 2015 Registered No. 228

FULL NAME OF CHILD Bavia Nelson

Sex of Child Female | Twin ~~Triplet or other?~~ and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alfred A. Nelson	FULL MAIDEN NAME	Mable Edna Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebr.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-12 1921 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1942

693-107-001-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98041

County of Ada

City of Boise Idaho

No. 112 S 16th St.

Registration District No. 2 File No.

Hospital Residence

Primary Registration District No. 1004 Registered No. 77

FULL NAME OF CHILD Herbert Glenn Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Feb (Day) 7th (Year) 1920
boy		yes	

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Glenn Thomas Williams	FULL MAIDEN NAME	Nellie Mae Crawford
RESIDENCE	Richfield Idaho	RESIDENCE	Richfield Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kankakee Ill.	BIRTHPLACE	Seneca Mo
OCCUPATION	Rancher	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs
M D
(Physician or midwife)

Address 402 Idaho Bldg.

Filed 2-27 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED DUP OF 1920-76451

942-115-002-168

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STICS

County of Adams

City of Mesa

Registration District No. _____ File No. 98101

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Howard Wayne Rush

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 15 1920

FATHER		MOTHER	
FULL NAME	Howard L. Rush	FULL MAIDEN NAME	Bertha Johnson
RESIDENCE	Mesa	RESIDENCE	Mesa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	apiarist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Dec 1 1921 W. M. Brown

Registrar

Registrar

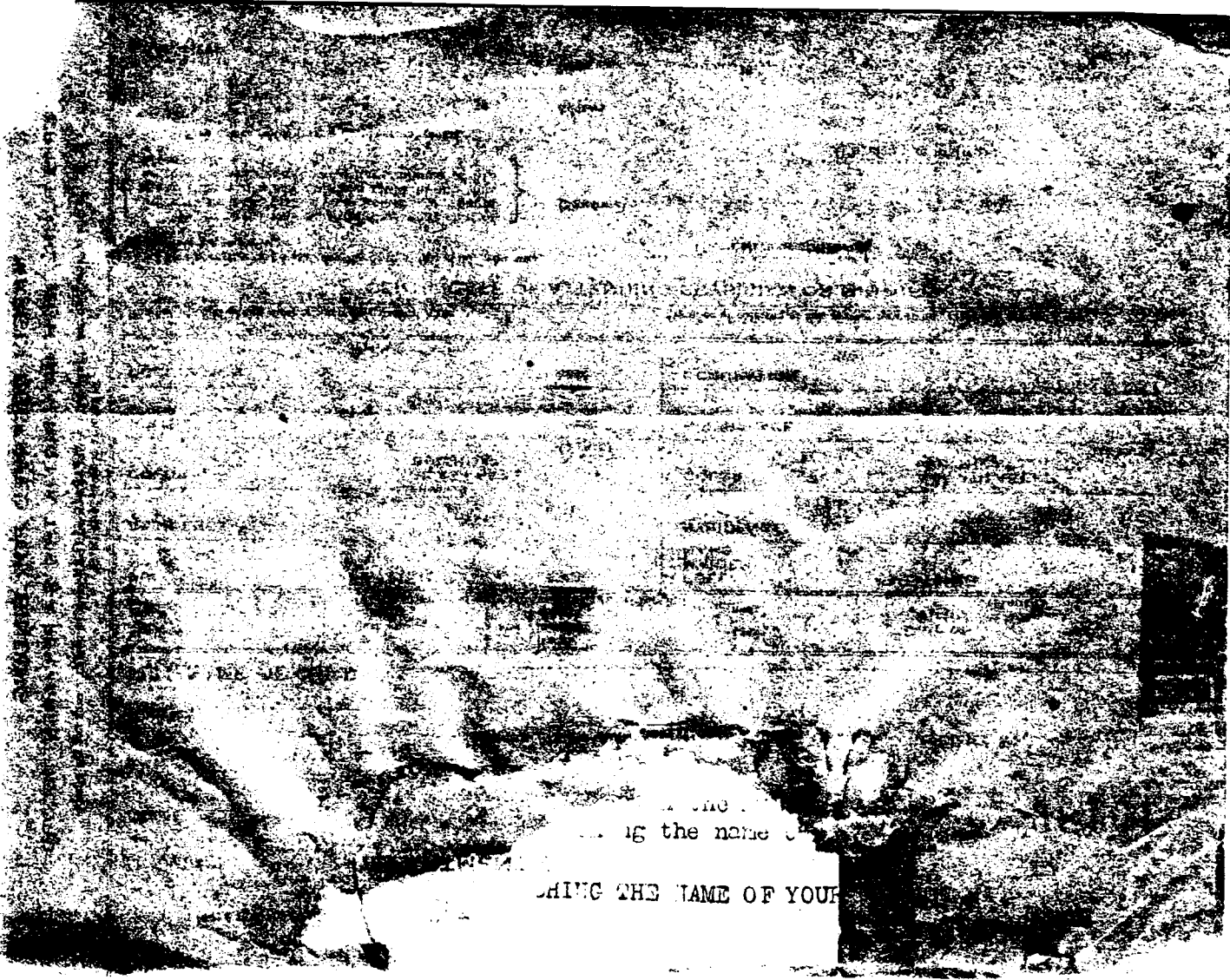
S-Y CO. 24655

Overcoated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mesa

Street: .....

County: Adams

File Number: 98101

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Oct. 1920

Father: Howard Levi Rush (Full Name)

Mother: Bertha Marie Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Wayne Rush

Child's Name in Full

Howard L. Rush

Signature of Father ~~or Mother~~

ER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

799-131-

PLACE OF BIRTH

024-799

County of Gooding

City of Wendell

Registration District No. 22

No. ____ St.

Primary Registration District No. 2018

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

98547

File No. ____

Registered No. ____

Full Name of Child George Wesley Griffith

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		1st	Yes	July 21 1920

FATHER		MOTHER	
FULL NAME	James Wesley Griffith	FULL MAIDEN NAME	Nancy Prince
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ditch rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

....19....

Registrar

Filed Aug. 1 1921

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SFP

753-102-024-369

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 9854

No. ____ St.

Primary Registration District No. 2018

Registered No. ____

Hospital ____

Full Name of Child William Elisha Pettingill

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		5th	Yes	Sept. 2 1920

FATHER		MOTHER	
FULL NAME	George Elihu Pettingill	FULL MAIDEN NAME	Maud Leona Lords
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician (Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

....19....

Registrar

Filed July 29 1921 E L Simonton Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

JUN 6 1968

SEP 2 1965

759-127-024-863

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registration District No. 22

Primary Registration District No. 2018

File No. 98564

Registered No. .....

Full Name of Child Lawrence Geisler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		2nd	Yes	May 27 1920

FATHER		MOTHER	
FULL NAME	Frank Henry Geisler	FULL MAIDEN NAME	Ora Holbrook
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-4 1922 E. D. Simonton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS

see affidavit attached to #65372

c.c. 6/11/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4193-115-026-259

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 98623

Primary Registration District No. 2176 Registered No. 298

Hospital .....

FULL NAME OF CHILD Douglas Ray Miller

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	yes	Aug 15 1920

FATHER		MOTHER	
FULL NAME	Robt. E. Miller	FULL MAIDEN NAME	Hazel Kerr
RESIDENCE	Irwin	RESIDENCE	Irwin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. (Born alive or stillborn) on the date above stated.

(Signature) Sam F. Price

(Physician or midwife)

Address Ririe Idaho

Filed 12-10 1921 Ray K. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MAY 1 1 1942

DELAYED

859-107-028-743

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Worley

Registration District No. 124 File No. 98654

No. ..... St.

Primary Registration District No. 2204 Registered No. 27

Hospital .....

FULL NAME OF CHILD. Fayne Edwin Heisel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	and	yes	6 — 7 — 1920

FATHER		MOTHER	
FULL NAME	Otto H. Heisel	FULL MAIDEN NAME	Hazel B. Pullin
RESIDENCE	Worley Idaho	RESIDENCE	Worley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Portland Ills	BIRTHPLACE	Fairfield Washington
OCCUPATION	well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

(Signature) [redacted]

(Physician or midwife)

Address [redacted]

Filed 2 — 1 19 22 [redacted] Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

USE UNFADING INK—THIS IS A PERMANENT RECORD

6/21/41 Z.J.

556-219-028-355

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98699

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051 Registered No. 1186

Hospital

FULL NAME OF CHILD Elva Mae Newton

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct. 19 1920

FATHER

FULL NAME Fred William Newton

RESIDENCE Coeur d'Alene, Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Coeur d'Alene, Ida

OCCUPATION Mill Hand

MOTHER

FULL MAIDEN NAME Ida Alice Jones

RESIDENCE Coeur d'Alene, Ida

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Endicott, Wn

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 — P. M. on the date above stated. 20

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

(Signature) J. C. Sawyer M.D.
Physician
(Physician or midwife)

Address Coeur d'Alene Ida.

Filed Feb 7 1922 D D Brennan
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25730-022-294

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____ St. ____ Registration District No. 64 File No. 98743

Hospital ____ Primary Registration District No. [redacted] Registered No. ____

FULL NAME OF CHILD Ray Clark Kettleson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 31 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl Kettleson	FULL MAIDEN NAME	Mary Ella Simmons
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. K. Kettleson, M. D.
(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

Feb 4 1922
Lucy M. Pickerd
Registrar.

Filed Feb 4 1922 Lucy M. Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-212-001-643

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

98986

County of Ada

City of Kuna

Registration District No. 124

File No. 4

No. ..... St.

Primary Registration District No. 2202

Registered No. 122

Hospital ..... Louella

FULL NAME OF CHILD Una Forrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard Vernon Forrey	FULL MAIDEN NAME	Florence Gladys Odle
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	76 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Jewell Co Ks	BIRTHPLACE	Jewell Co Ks
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa

Filed 2-27 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 98986

Date Filed Feb 27, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Una Forrey (Name on Original Certificate) who was born (Was Born or Died) on January 12, 1920 (Date of Event)
in Kuna, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of father (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	January 12, 1919	January 12, 1920
Name	Una Forrey	Una Louella Forrey

Subscribed and sworn to before me this 31
day of March, 1947

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Howard V Forrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

905 N 7th Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 3 1 1944

365-212-014-792

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
MAR 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 99263

Registered No. 20

Full Name of Child Zelma Mildred Conner

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
fem.	—		—	—	Feb. 12 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Homer Conner	FULL MAIDEN NAME	Zella Gibson
RESIDENCE	~~Parma~~ Nampa.	RESIDENCE	Nampa.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Homer Conners (father)

Wants above childs birth reported. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 3-1 1922 Lulu Waldrop

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-230-041-918

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Bates

Registration District No. 77

File No. 99570

No. Idaho St.

Primary Registration District No. 2176

Registered No. 70

Hospital

FULL NAME OF CHILD Florence Lidia Herzog

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	July 30 1920

	FATHER	MOTHER
FULL NAME	Joseph Herzog	Rachel Susan Zahner
RESIDENCE	Bates Idaho	Bates Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	28 (Years)
BIRTHPLACE	Providence, Utha	Watwil St. Gelen Cou. Switzerland
OCCUPATION	Farmer	Farmerete

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs Ida

Filed Mar 8 1921

Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1976

SEP 9 1942

415-231042-254

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. 344-4th ave, E St.

Registration District No. 37 1085

File No. 99597

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Darwell Laverd McEachern

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 31 A. 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

FATHER	MOTHER
FULL NAME Clarence A. McEachern.	FULL MAIDEN NAME Bertha Beutler
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Pirth, Kansas.	BIRTHPLACE Idaho
OCCUPATION Waiter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10- B M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M.D.
(Physician or midwife)

Address Twin Falls

Filed March 9 1922 John D. Flanagan
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 [illegible]

DEC 11 195[illegible]

843-230-026-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 100214

Hospital .....

Primary Registration District No. 2176 Registered No. 104

FULL NAME OF CHILD Lola Hulse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	Yes	Sept 30 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sat Sol Ac Boracic

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	E. Leroy Hulse	FULL MAIDEN NAME	Effie Probart
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Ririe Idaho

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston

964-104-021-816

No. ..... St.

Registration District No. 211921 File No. 1

Primary Registration District No. 292119 Registered No. [illegible]

Hospital home

FULL NAME OF CHILD Preston Roderick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David P Roderick	FULL MAIDEN NAME	Elizabeth Hawkins
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report.

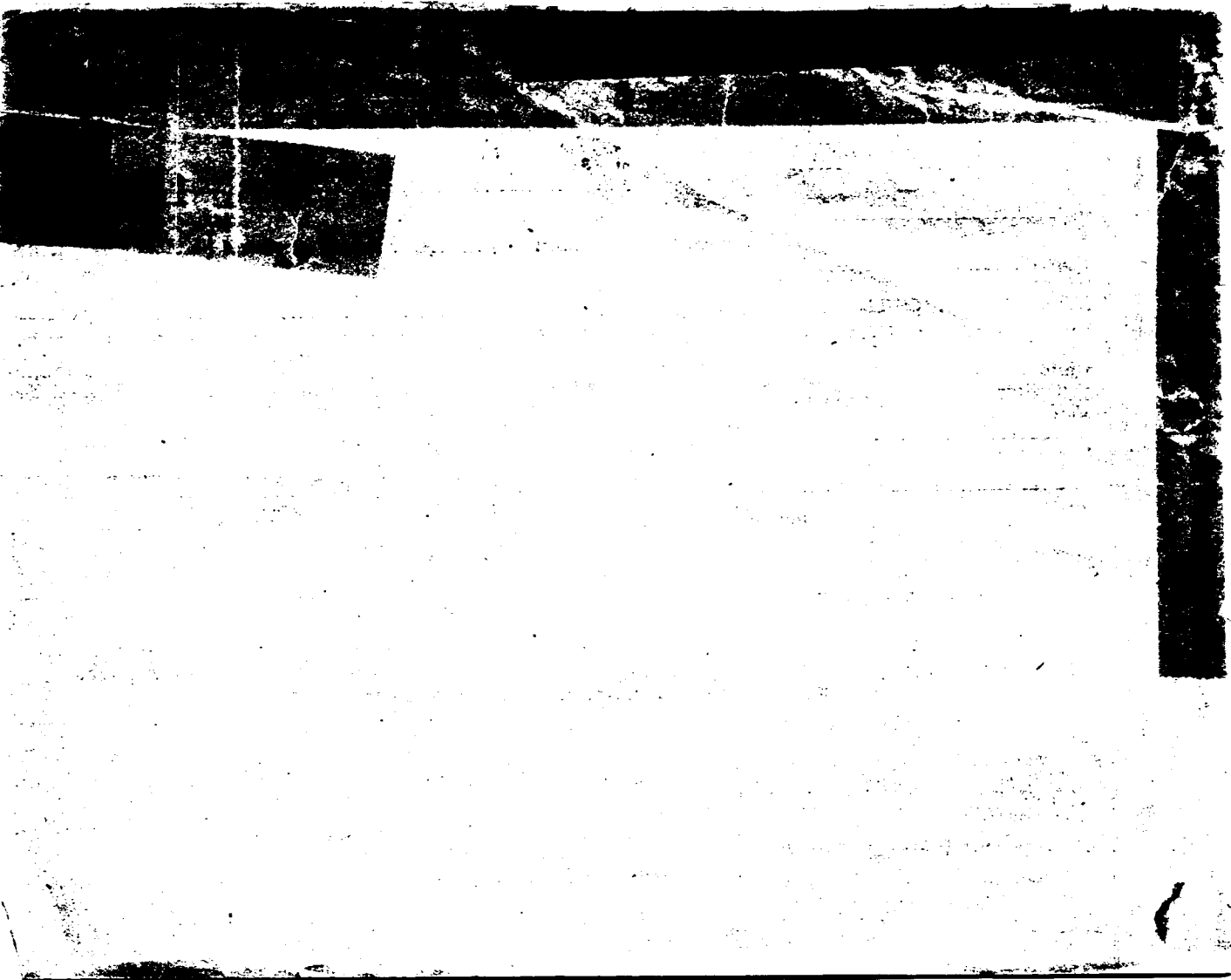
..... 19.....

Address Preston Idaho

Filed June 3 1922 Mrs Ida Tippets
Registrar

Registrar

S-Y CO. 24655



249-119-026-381

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101308

No. ..... St.

Primary Registration District No. 2176 Registered No. 178

Hospital home

FULL NAME OF CHILD Herbert Chandler Burton

Sex of Child m | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard B. Burton	FULL MAIDEN NAME	Cora Chandler
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Willard Utah
OCCUPATION	School Superintendent	OCCUPATION	home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Gall Md

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar.

Filed 5-10 1922 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 101308

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 19th 1920

Father: Willard S. Stewart Burton
Full Name

Mother: Cora Chandler Burton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hubert Chandler Burton
Child's Name in Full

Willard S Burton Jr
Signature of Father or Mother

FEB 28 1952

FEB 21 19[illegible]

OCT - 5 19[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-125-027-243

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101359

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St. 1017

Primary Registration District No. 2017 Registered No.

Hospital

FULL NAME OF CHILD Ward Everett Mitchell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— and —		Yes	Nov 27 1920

FATHER		MOTHER	
FULL NAME	Charles O. Mitchell	FULL MAIDEN NAME	Margaret Marie Buck
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E. E. Piper M. D.

(Physician or midwife)

Address Jerome Ida

Filed 2/18 1921 E. E. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1932

419-124-027-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 101360

No. ____ St.

1017

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Richard Frederick Mare

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	Nov 24 1920

FATHER		MOTHER	
FULL NAME	Sylvester Orson Mare	FULL MAIDEN NAME	Elizabeth Richardson
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Missouri
OCCUPATION	Cook	OCCUPATION	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.
(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Feb 18 1921

E. D. Piper M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-130-010-133

PLACE OF BIRTH [redacted] [redacted]

Form V. S. No. 11—25m-6-15-18

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital Idaho Falls General

Registration District No. 73

Primary Registration District No. 2150

File No. 101776

Registered No. 166

Full Name of Child Dauna Wylie Allen

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Dec. 30 (Month) (Day) 21 (Year)

FATHER	MOTHER
FULL NAME Henry Albert Allen	FULL MAIDEN NAME Olive Ettie Allen
RESIDENCE Rancho Seope, Seope, Ventura Co. California	RESIDENCE Sandpoint, Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Washington, Kansas	BIRTHPLACE Little Falls, Minn.
OCCUPATION Vocational Student	OCCUPATION

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry A. Allen

His Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rancho Seope, Seope, Ventura Co. Calif.

Filed July 1 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1959

455-119-010-353

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 102121

No. ..... St.

Primary Registration District No. 2170 Registered No. 146

Hospital .....

FULL NAME OF CHILD George Tellford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Williams Denning	FULL MAIDEN NAME	Zoie Telford
RESIDENCE	Iona Idaho	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iona Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed 6/15 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 - D67-560

DENNING

695 - 218 - 010 - 396

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73

File No. 102128

No. ..... St.

Primary Registration District No. 210

Registered No. 1V-3

Hospital .....

FULL NAME OF CHILD Lafern Jessie Winder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	12	18	1920

FATHER		MOTHER	
FULL NAME	Franklin D. Winder	FULL MAIDEN NAME	Ella Ester Croft
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 18 A.M. on the date above stated.

(Signature) Mrs R W Denning

[redacted] or midwife)

Address Iona Idaho

Filed 12/1 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

Registrar

MAY 27 1942

APR 20 1955

DECEASED

BOTH DELAYED

Dup of 1920 to 2140

Amended 8-6-59

PLACE OF BIRTH

168-117-010-331

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 370 Cliff St. Registration District No. 73 File No. 102151

Hospital Primary Registration District No. 2150 Registered No. 130

FULL NAME OF CHILD Goldie K. Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 17, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank J. Johnson	FULL MAIDEN NAME	Nettie Clark
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Memphis, Tenn.	BIRTHPLACE	Utah
OCCUPATION	Tailor	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Kinnaird

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

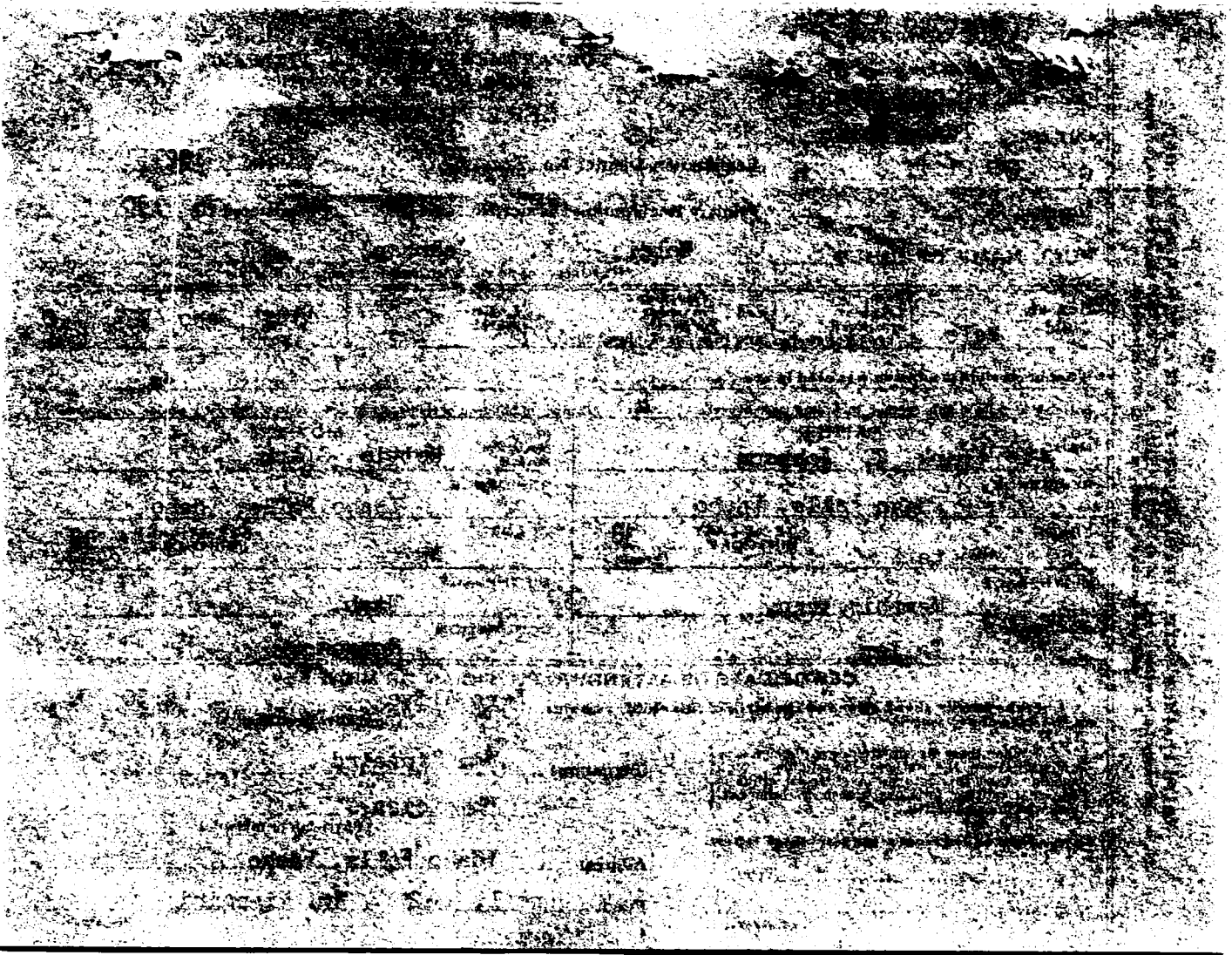
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 1, 1922 Wm. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Application for Insurance (Declaration of Insurability made as a part of my App. for Ins in Lutheran Brotherhood, Minneapolis 2, Minnesota) gives name as Goldie K. Johnson born June 17, 1920 in Idaho Falls, Idaho, STATE BOARD OF HEALTH
June 6, 1947 - viewed by V.S. DIVISION OF VITAL STATISTICS
other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 102151
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who born (Was Born or Died) on May 31, 1921 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by MILITARY + Shcool RECORDS (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	xGOLDIE K. JOHNSON
Birthdate	May 31, 1921	June 17, 1920

Subscribed and sworn to before me this 5th day of July, 1958

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature] Notary Public, residing at 101 W 7th St San Pedro Calif
My commission expires
My Commission Expires March 7, 1961 LA County

921 S. BEACON ST. SAN PEDRO CAL.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 1958

Signed [signature]
(Signature of Any Credible Person)

[signature] Notary Public, residing at 550 Empire St. Oak Tree, Ga
My commission expires My Commission Expires Jan 19, 1960
(Seal)

Gerald F. Johnson
1123 East 33rd. Street.
Oakland 10, California.
(Street Address, City, State)

FORM DPH 55.155

L 10-23-57 1 copy paid

California Drivers License, issued Nov. 7, 1958 gives name as Goldie K. Johnson born June 17, 1920 License No. 26826 DO - viewed by V.S.

Certificate of Death and Disability Benefits - Universal Plan for Members of International Brotherhood of Boilermakers, Iron ship builders, Blacksmiths, Forgers and Helpers - Cert. No. G 6482, Jan. 1, 1954 gives name as Goldie K. Johnson birthdate as June 17, 1920 - viewed by V.S.

386-212-014-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 5 19

BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 3 File No. 102179

No. St.

Primary Registration District No. 2007 Registered No. 48

Hospital

FULL NAME OF CHILD Ethel Marie Thomason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	M. C. Thomason	FULL MAIDEN NAME	Dolly Dahlquist
RESIDENCE	Parma Ida.	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Salt Lake city Utah
OCCUPATION	Contractor	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Numbers

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 7-1 1922 Lulu Naldrop
Registrar

This was over looked by Dr Numbers (Lulu Naldrop

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1975

169-106-018-34

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe - Idaho

Registration District No. 90 File No. 102325

No. ..... St.

Primary Registration District No. 2168 Registered No. 31

Hospital .....

FULL NAME OF CHILD Brannan Guy Jordan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heltzel Jordan	FULL MAIDEN NAME	Icy Cunningham
RESIDENCE	Weippe	RESIDENCE	Weippe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Job. W. Va	BIRTHPLACE	Onego W. Va
OCCUPATION	Forester	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at Weippe on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Amanda Jordan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weippe - Idaho

Filed June 30 1922

J. M. Faine
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1945

APR 1 0 1975

716-119-018-856

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102329

County of Clearwater

City of Wrippe

Registration District No. 90

File No.

No. St.

Primary Registration District No. 268

Registered No. 36

Hospital

FULL NAME OF CHILD John Edwin Gaffney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Oct	19	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Gaffney	Ruth Drugley
RESIDENCE	Wrippe	Wrippe
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Wrippe - Idaho	Madison Wis.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at Wrippe Ida. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. L. Warner

Nurse (Physician or midwife)

Address Wrippe Idaho

Given names added from a supplemental report.

19

Registrar

Filed June 30 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-21-1940

STATE OF IDAHO,)
: ss. AFFIDAVIT. DEC 16 1940
County of Clearwater.)

I, Edward Gaffney of Orofino, Clearwater County, State of Idaho, hereby certify and affirm that I am the father of John Edward Gaffney of the same place, that the said John Edward Gaffney was born on the 19th day of October, 1920, at Weippe, Idaho.

Edward Gaffney

Subscribed and sworn to before me this 13th day of December, 1940.

M. Casady Taylor
Notary Public in and for the State of Idaho; residing at Orofino therein.

(SEAL)

FEB 8 1983

M. CASADY TAYLOR
Attorney-At-Law
Orofino, Idaho

689-228-018-248

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe - Idaho

Registration District No. 90 File No. 102330

No. ____ St.

Primary Registration District No. 268 Registered No. 35

Hospital ____

FULL NAME OF CHILD Edna Jane White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		No.	9 28 1920

FATHER	MOTHER
FULL NAME: Herbert Edgar White	FULL MAIDEN NAME: Laura Susan Snyder
RESIDENCE: Weippe	RESIDENCE: Weippe
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Harmon W Va	BIRTHPLACE: W. Va
OCCUPATION: Forester	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Weippe, on the date above stated.

(Signature) Mrs. Martha Bonner

(Physician or midwife)

Address Weippe Idaho

Filed June 30 1920

J. M. Finley
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1965

DECEASED

July 11, 1922

Mrs. Martha Bonner,
Welppe, Idaho.

Dear Madam:

We are in receipt of the certificate of birth of Edna Jane White, which is signed by you. The certificate is incomplete, inasmuch as the date of the birth is not given.

Please give us the correct date of birth. The child seems to have the same name as the father, but the certificate states that it is illigitimate. Any information you may be able to give will be appreciated. We do not know how to file the certificate as one name is White and the other is Snyder.

Very respectfully,

F.W. Almond, M.D.
Medical Advisor.

MAR 22 1945

D. W. DAVIS, GOVERNOR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

PUBLIC HEALTH SERVICE
FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
BUREAU OF CHILD HYGIENE
VITAL STATISTICS
MEDICAL ADVISOR

July 11, 1922

Mrs. Martha Bonner,
Weippe, Idaho.

Dear Madam:

We are in receipt of the certificate of birth of Edna Jane White, which is signed by you. The certificate is incomplete, inasmuch as the date of the birth is not given.

Please give us the correct date of birth. The child seems to have the same name as the father, but the certificate states that it is illigitimate. Any information you may be able to give will be appreciated. We do not know how to file the certificate as one name is White and the other is Snyder.

Very respectfully,

F.W. Almond

F.W. Almond, M.D.
Medical Advisor.

By AR.

July 21/22

F. W. Almond

Dear Sir

Mrs Martha Bonner gave me your letter to answer as I make out all of the certifiates. This child was born about eight months before its parents were married but there is no doubt of the fathers name and the mother is willing to go before a Justice of the peace and swear to the father with

Herbert White in order to have the child bear the name of its father. The child was born Sept 28th 1920 hoping this will make thing clear to you

Yours Truly
Mrs A. T. Warner
Weippe
Idaho

PLACE OF BIRTH

County of Adams

City of Council

819-114-002 Registration District No.

No. 315 St.

Hospital

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

File No. 103009

Registered No.

Full Name of Child Verna Afton Harrington

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Oct. 14 1920

FATHER

FULL NAME: Verna Robert Harrington

RESIDENCE: Council Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Council Ida

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Clara Teresa Canaan

RESIDENCE: Council Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: White Bird Idaho.

OCCUPATION:

Number of child of this mother, including present birth First. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Brown

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

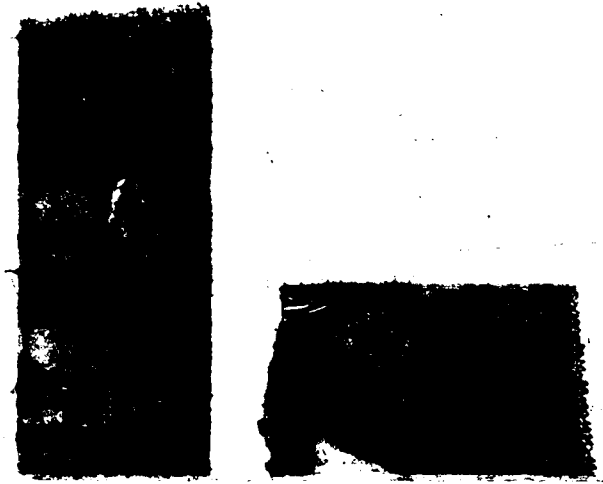
..... Registrar

Address Council, Idaho

Filed June 15 1922 W W Fo Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Verne Hannington:
Will you please
fill out this birth certificate for your
Child. If I got it, I can't find it.
Dr. W. M. Brown



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Adams }

Certificate No. 103009

OCT 27 1941 RECEIVED

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Vernon Afton Harrington (Name on original certificate) who born (Was born or died) on October 14, 1920 (Date of event)
in Council, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on October 14, 1941 (Give date), are

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Vernon Afton Harrington	Verna Afton Harrington

Subscribed and sworn to before me this 22nd
day of October, 19 41

Notary Public, residing at Council, Idaho
My commission expires April 9, 1943
[SEAL]

Signed Clara I Harrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Council Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Adams }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of October, 19 41

Notary Public, residing at Council, Idaho
My commission expires April 9, 1943
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

Council Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

JUL 2 4 1933

465-104-[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner — BUREAU OF VITAL STATISTICS

City of Cocolalla (Rural)

No. _____ St. — Registration District No. 78 — File No. _____

Hospital _____ — Primary Registration District No. 2151 — Registered No. 103055

FULL NAME OF CHILD Edward Moen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 4 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A. M. Moen	FULL MAIDEN NAME	Sigrid Torstad
RESIDENCE	Cocolalla	RESIDENCE	Cocolalla
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Mrs. A. M. Moen
informant (Physician or midwife)

Address _____

Filed July 2 1922 Viola Allen Deputy Registrar.

[redacted]

279-201-04

PLACE OF BI[redacted]

STATE OF IDAHO
[redacted]MENT OF PUBLIC WELFARE
[redacted]REAU OF VITAL STATISTICS

103435

CERTIFICATE OF BIRTH

County of Wash[redacted]

City of Wei[redacted]

No. [redacted]ict No. 86 File No. [redacted]

Hospital ..... Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Virginia Gale Spitzer.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Girl	—		—	yes	July	1st	1928

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Paul O. Spitzer	FULL MAIDEN NAME	Ruth Anne Baney.
RESIDENCE	Cando N.D.	RESIDENCE	Cando N.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Broadway Va	BIRTHPLACE	Cando. N.D.
OCCUPATION	Barber	OCCUPATION	Housekeeper.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Marshall
~~Olive Quincy Jr. nurse~~
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Aug 9 1922 W R Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

493-103-042 356

PLACE OF BIRTH

RECEIVED JUL 31 192. BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105220

County of Twin Falls
City of Kimberly
No. ..... St.
Hospital Home
Registration District No. 36
Primary Registration District No. .....
File No. .....
Registered No. 1 A

FULL NAME OF CHILD Curtis Evans Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 3 1930

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ira Thomas Miller	FULL MAIDEN NAME Mabell Merle Lewis
RESIDENCE Kimberly Idaho	RESIDENCE Kimberly
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Mo.
OCCUPATION Clerk in Gen. Store	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4-30-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis
Physician
(Physician or midwife)
Address Kimberly Idaho
Filed Jan 13 1930 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 - 1953

493-127-024-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105231

County of Washington
City of Weiser
No. ..... St.
Registration District No. 86
File No. .....
Hospital .....
Primary Registration District No. 2112
Registered No. 18

FULL NAME OF CHILD Donald Carlyle Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	— (To be answered only in event of plural births)	—	yes	8 27 1920

What bactericidal solution was used in eyes? No

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Amos R. Mitchell	FULL MAIDEN NAME	Gladys Julia Nicholson
RESIDENCE	Weiser Ida.	RESIDENCE	Nyssa Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Indiana Penn.	BIRTHPLACE	Pueblo Colo.
OCCUPATION	Farming.	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 10 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Mitchell
Father
(Physician or midwife)

Address Weiser Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept 11 1922 W. G. Hamilton
M. L. N. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-203-007-213

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City Hailey

Registration District No. 57 File No. 105286

St.

Primary Registration District No. 2137 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Marie Jones.

Sex	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female		1st	Yes	Oct 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray ~~[illegible]~~ Jones	FULL MAIDEN NAME	Hazel Ballard
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash.	BIRTHPLACE	Neb.
OCCUPATION	Vulcanizer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Dutton
(Physician or midwife)

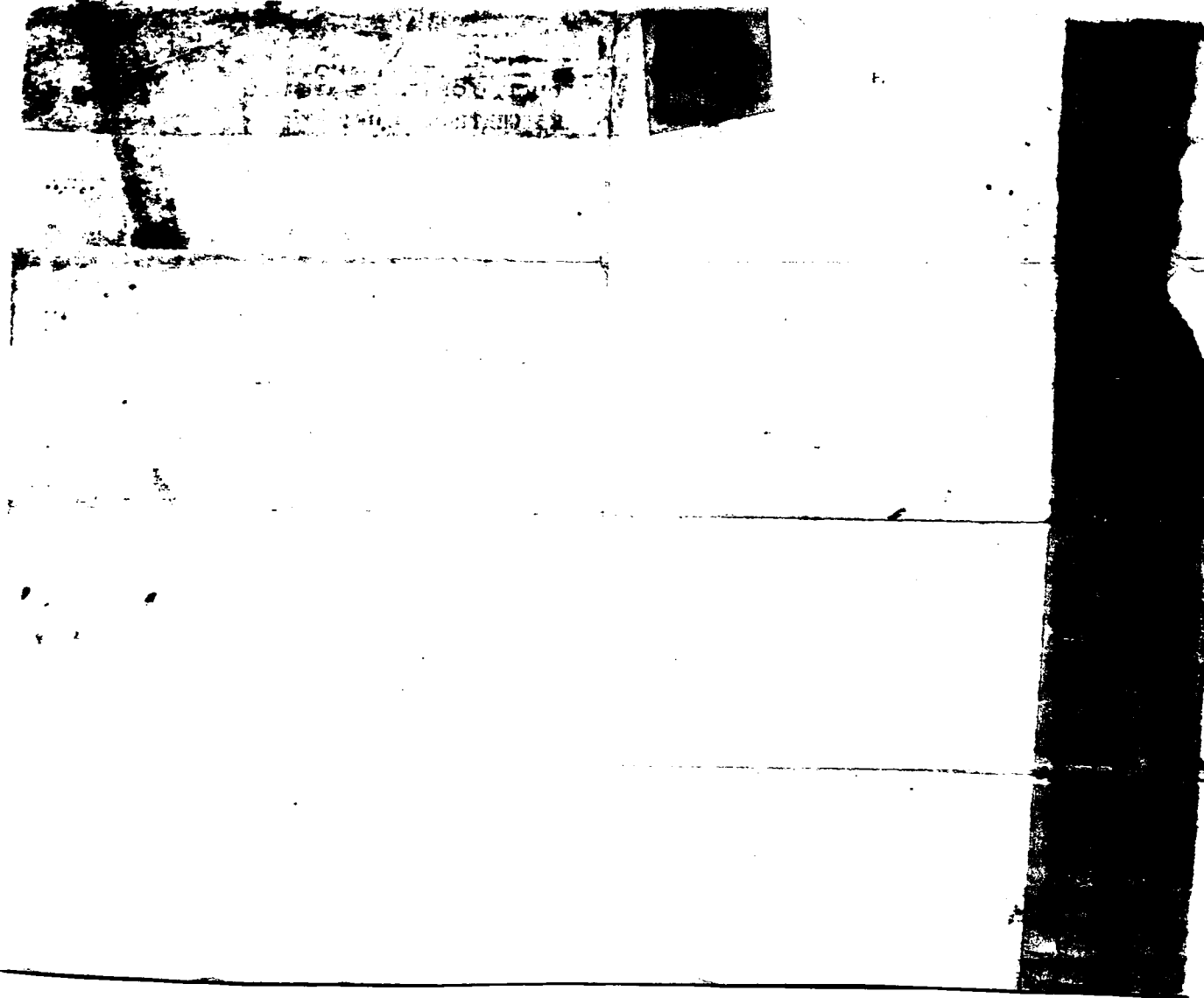
Given names added from a supplemental report.

Address Hailey Ida.

19

Registrar

Filed Oct 20 1922 F. W. Almond M.D.
State Registrar



386-213-003-43 RECEIVED OCT 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

105411

County of Bonneville

City of Irwin

Registration District No. 83

File No.

No. St.

Primary Registration District No. 2160

Registered No.

Hospital

FULL NAME OF CHILD Annie Myrl Mointon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Thornton	FULL MAIDEN NAME	Ethel Sutton
RESIDENCE	Irwin, Ida	RESIDENCE	Irwin,
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Malade Ida	BIRTHPLACE	Grantsville Ind
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. H. J. Hartigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Irwin Idaho

19

Filed July 14, 1920 Mr. H. J. Hartigsen
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, NOV 13 1922 ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Downey; ~~Street~~ Idaho; County Bannock

File Number 105411

Registration Dist. No. .....

Date of Birth July 13 1920.

Sex of Child Female

Father Ephriam Thornton (Full Name)

Mother Cora Ethel Sutton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Annie Myrl Thornton
Child's Name in Full

Cora Ethel Thornton
Signature of Father or Mother

165-113.015-912

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105618

County of Caribou

City of Soda Springs

No. ✓ St.

Registration District No. 82

File No.

Hospital

Primary Registration District No. 2159

Registered No. 58

FULL NAME OF CHILD Warren Franklin Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 13 1920

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry R. Jones	FULL MAIDEN NAME	Bertha Last
RESIDENCE	Sodasprings	RESIDENCE	Sodasprings
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Russia
OCCUPATION	Telegrapher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive, **at** 1:30 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert

Physician

(Physician or midwife)

Address Sodasprings

Give names added from a supplemental report.

....., 19.....

Ellis Kanely

Registrar.

Filed Oct 31 1922 Ellis Kanely

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Two certified copies issued 1-10-1941. D.P.

JAN 2 0 1941
JUN 30 1942

993-201-015-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 105620

County of Canyon

City of Caldwell

No. 6 St. Registration District No. 82 File No.

Hospital 6 Primary Registration District No. 2159 Registered No. 60

FULL NAME OF CHILD Geraldine Richards
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	yes	Dec. 1 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lionel A. Richards	FULL MAIDEN NAME	Mayme E. Lane
RESIDENCE	Caldwell, Ida.	RESIDENCE	Caldwell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Edith Carey
Registrar.

(Signature) Russell Tigert
M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Oct 31 1922 Edith Carey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 19

313-109-215-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3 1922
BUREAU

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. ✓ St. [illegible] Registrar No. [illegible] File No. 105621

Hospital ✓ Primary Registration District No. 2159 Registered No. 61

FULL NAME OF CHILD Ellis Calkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	yes	Nov. 4 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. O. Calkins	FULL MAIDEN NAME	Mabel L. Horsley
RESIDENCE	Sodo Spgs.	RESIDENCE	Sodo Spgs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	R.R. Tect. Hand	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Sodo Spgs., Idaho

Filed Oct 31 1922 Ellis Kanly
Registrar.

Give names added from a supplemental report.

....., 19....

Ellis Kanly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715-220-015-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105622

County of Caribou

City of ✓

No. ✓ St.

Registration District No. 82

File No.

Hospital ✓

Primary Registration District No. 2159

Registered No. 62

FULL NAME OF CHILD GWENDOLYN PANTING
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes	Oct. 20 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Russell M. Panting	FULL MAIDEN NAME	Lettie Thirkill
RESIDENCE	Soda Spgs.	RESIDENCE	Soda Spgs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs

Filed Oct 31 1922 Ellis Kackley
Registrar.

Give names added from a supplemental report.

....., 19...

Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Caribou } ss.

Certificate No. 105622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for (unnamed) Panting (Name on Original Certificate) who was born (Was Born or Died) on October 20, 1920 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on October 20, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gwendolyn Panting

Subscribed and sworn to before me this 17th day of June, 1942

C. S. Andrews
Notary Public, residing at SODA SPRINGS, IDAHO

My commission expires Aug. 7, 1944
(Seal)

Signed Russell Milton Panting
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SODA SPRINGS, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1942

C. S. Andrews
Notary Public, residing at SODA SPRINGS, IDAHO

My commission expires Aug. 7, 1944
(Seal)

Signed Cru Baker
(Signature of Any Credible Person Other Than Previous Year)

SODA SPRINGS, IDAHO
(Street Address, City, State)

JUN 18 1942

JUN 2 3 1942

818-115-040-863

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

[redacted] DEPARTMENT OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

105995

Registration District No. 123 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 74

FULL NAME OF CHILD Theodore Royal Hayes

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 15 1920

What bactericidal solution was used in eyes? (?)

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Theodore C. Hayes	FULL MAIDEN NAME Lillian Josephine Holt
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas	BIRTHPLACE So. Dakota
OCCUPATION Miner	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M.D.

Per D. E. Hayes Reg.

(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11/30/1920 D. E. Hayes

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.W.

Duplicate

[redacted]

554202-022-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

106549

County of Fremont

City of Ashton

No. St.

Hospital

RECEIVED DEC 1922 BUREAU OF VITAL STATISTICS

Registration District No. 7 File No.

Primary Registration District No. 7 Registered No.

FULL NAME OF CHILD Sarah Caroline Nedrow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb. 2 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Simon Albert Nedrow	FULL MAIDEN NAME	Mamie Ethelyn McBee
RESIDENCE	Ora, Idaho	RESIDENCE	Ora Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Abilene, Kansas	BIRTHPLACE	Webb City Missouri
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis
(Physician or midwife)

Address Ashton, Idaho

Filed DEC 7 1922 192 F. W. Almond State Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

693-207-933-859

PLACE OF BIRTH

RECEIVED
DEC 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St.

Registration District No. 12

File No. 106832

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Doris Wilcox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 7 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Floyd Wilcox	FULL MAIDEN NAME	Annie Griselda Heileson
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cedar Fort Utah	BIRTHPLACE	Glenwood Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Sunnydell Ida M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lucy Burr
Nurse
(Physician or midwife)

Address Sunnydell Ida

Filed Dec. 6 1922

Registrar.

Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1972

[redacted] OF BIRTH
229-220-004-764

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Montpelier

No. ..... St.

Registration District No. .....

File No. 107349

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Beulah Elizabeth Skiff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 20 1920

What bactericidal solution was used in eyes? 5% [illegible]

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	P. B. Edson Skiff	FULL MAIDEN NAME	Helen Margaret Gould
RESIDENCE	Kemmerer, Wyo	RESIDENCE	Kemmerer, Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Holy Cross, Colorado	BIRTHPLACE	Denver, Colorado
OCCUPATION	Civil Engineer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Give names added from a supplemental report.

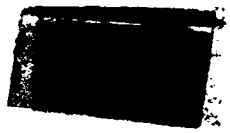
....., 19....

..... Registrar.

Address .....

Filed Dec 15 1922 F. W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 1 2 1942

941-109.022-315

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

RECEIVED JAN 2 1923 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 107759

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Shiro Imamura
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Mar (Day) 1 (Year) 1920
Male		yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Imamura	FULL MAIDEN NAME	Kaney Tanaka
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midwife
I hereby certify that to the best of my knowledge this is correct
(Physician or midwife)

Give names added from a supplemental report

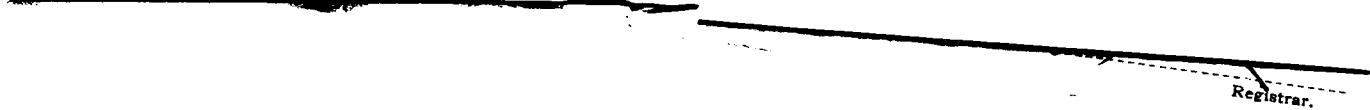
Address .....

....., 19.....

Filed May 1 1922 [illegible]

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 107764

Primary Registration District No. 2177 Registered No. 43

FULL NAME OF CHILD Helen Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 18 1920

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Lorin Thomas	FULL MAIDEN NAME	Rose Davis
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Frank Watkins MD
St Anthony Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Jan 4th 1923 W. M. Hansen
Registrar.

NOV 1 3 1957

062-115-022-264

PLACE OF BIRTH

RECEIVED
1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ____ St.

Hospital

Registration District No. 99 File No. 107765

Primary Registration District No. 2177 Registered No. 42

FULL NAME OF CHILD William Eugene Hobbs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 15 1920

What bacterioidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ben G. Hobbs.	FULL MAIDEN NAME	Mary Southworth
RESIDENCE	St anthony Ida.	RESIDENCE	St anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Dickens M.D.
(Physician or midwife)

Address St Anthony Idaho

Filed Jan 4th 1923 W. M. Hansen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

92-7-113-614-573

County of Canyon

City of Nampa

No. Holly St.

Hospital ✓

FEB 8 1923

BUREAU OF VITAL STATISTICS

Registration District No. 7

Primary Registration District No. 1006

Form V. S. No. 11—25m-6-15-19

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No. 108540

Registered No.

Full Name of Child ELMER WESLEY ISGRIGG

SEX OF CHILD	Twin, Triplet or other?	Number in order of birth	Legitimate?	DATE OF BIRTH
Male	Single (To be answered only in event of plural births)	and	Yes	March 13 (Month) (Day) 19 20 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Thomas Isgrigg	FULL MAIDEN NAME	Bernice Vallow
RESIDENCE	Nampa, Route #4	RESIDENCE	Nampa, Ida. Route #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Chicago, Ill
OCCUPATION	Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Dangerfield M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 8 1923 F. W. Almond M.D.

State Registrar

JAN 16 1942

[redacted]

414-229-040-365

Amended 9-19-62

(Be sure the information is complete and accurate)

State File No. 108790

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg, Ida.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alice
b. (Middle): Norma
c. (Last): Maddox

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 29, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): Henry
c. (Last): Maddox

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Roscoe, Mo.

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lydia
b. (Middle):
c. (Last): Yonke

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Odessa, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Alex. D. McCrackin, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Kellogg, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 19, 1923

20. REGISTRAR'S SIGNATURE: F. W. Almond, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

SEP 7 1962

Bureau of Vital Statistics

State of Idaho
County of Shoshone } ss.

Certificate No. 108790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alice Norma Mattox (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1920 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Mattox	Alice Norma Maddox
Father's Last Name	Mattox	Charles Henry Maddox
Mother's Maiden Name	Yonke	Lydia Janke

Subscribed and sworn to before me this 17th day of July 19 62

Notary Public, residing at Kellogg, Idaho
My commission expires November 14, 1962
(Seal)

Signed Mrs. Lydia Maddox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

200 W. Mullan, Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 62

Notary Public, residing at Kellogg, Idaho
My commission expires November 14, 1962
(Seal)

Signed Mark F. Stevenson
(Signature of Any Credible Person)

120 W. Mullan, Kellogg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-12-62. one copy pd. rec. #12611.

Own Child's Birth Cert. on file: (Idaho Birth) #392677 gives full maiden name of mother as Alice Norma Maddox, age 23, born in Kellogg, Idaho - viewed by V.S.

The Butler School of Hairdressing, Spokane, Washington, State of Washington, Diploma, dated Oct. 31, 1939 gives full name as Alyce Norma Maddox - viewed by V.S.

Social Security Card, #518-36-7342 gives full name as Charles H. Maddox - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #100533 gives full name of father as Chas Henry Maddox - viewed by V.S.

mother's name is to be left as it is -

215-125-016-464

PLACE OF BIRTH

STATE OF [redacted]
DEPARTMENT OF [redacted]ARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

108965

County of Cassia

City of Idahome

No. ..... St. R[redacted] State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lee Martin Alma Sanders
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept (Day) 25th, 1920 (Year)
Boy			

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER	MOTHER
FULL NAME Lee W. Sanders	FULL MAIDEN NAME Zeth Fern Mortensen
RESIDENCE North west of Idahome 3½ miles	RESIDENCE North west of Idahome
COLOR white AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Douglas Arizona	BIRTHPLACE Trasas Chih. Old Mexico.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at eight twenty a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs. E. E. Sanders
Grandmother of Child.
(Physician or midwife)

Address 228 N. Elba ave Burley Ida.

Filed Mar. 6 1923 F. W. Almond, M.D.
State Registrar.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 4/28/41. w.h.

753-211-010-594

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 109559

No. _____ St.

Primary Registration District No. 2170

Registered No. 131

Hospital _____

FULL NAME OF CHILD Lorraine V. Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) — 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Vier P. Peterson	FULL MAIDEN NAME	Marie Vidaillet
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Logan Utah	BIRTHPLACE	Tehachapi Calif.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

(Signature) R. Hollister

(Physician or midwife) M. D.

Address Idaho Falls, Ida

Filed 2/20 1923 W. Fernand

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295 213 026 795

PLACE OF BIRTH

RECEIVED APR 9 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby No 1

Registration District No. ..... File No. 109991

No. ..... St.

Hospital home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elsie Reva Kingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Nov 13 1920

FATHER		MOTHER	
FULL NAME	Frank Kingham	FULL MAIDEN NAME	Elsie Green
RESIDENCE	Rigby No 1	RESIDENCE	Rigby No 1
COLOR	White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Lewisville Ida	BIRTHPLACE	Plain City Ut.
OCCUPATION	Farmer	OCCUPATION	home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Apr. 9 1923 F. W. Almond State Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1968

918-212
039-386

PLACE OF BIRTH

RECEIVED
MAR 8 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

110290

County of Power

City of

Registration District No. 25 File No. 10

No. St.

Primary Registration District No. 2072 Registered No. 494

Hospital

FULL NAME OF CHILD Alma Elizabeth Jahl

Sex of Child Female | Twin Triplet or other? and Number in order of birth One (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Carl Jahl	FULL MAIDEN NAME	Margarett Thompson
RESIDENCE	Rockland Ida.	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rockland American Falls

Registrar

Filed 3-7 1923 Genevieve Nolte
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

DEC 1 1941

Certificate No. 110290

Date Filed

State of Idaho, } ss.
County of Power,

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for (Alma Elizabeth) Zohl (Name on original certificate) who was born (Was born or died) on November 12, 1920 (Date of event) in Rockland Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on December 1, 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Zohl	Zahl

Subscribed and sworn to before me this 29th day of November, 1941.

Signed William C Zahl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at American Falls Idaho,

AMERICAN FALLS, IDAHO.
(Street Address, City, State)

My commission expires Oct. 22, 1943.
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

State of Idaho, } ss.
County of Power,

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 1941.

Signed V G Logan M D
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at American Falls Idaho.

AMERICAN FALLS, IDAHO.
(Street Address, City, State)

My commission expires October 22, 1943.
[SEAL]

Received for filing on ..... By .....
(Registrar's signature)

318 1/4 040-639

PLACE OF BIRTH

RECEIVED
APR 5 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 110308

No. ____ St.

Primary Registration District No. ____

Registered No. 22

Hospital ____

FULL NAME OF CHILD Richard Farris Taylor.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		3	Yes	March 14 1923

FATHER	MOTHER
FULL NAME James Douglas Taylor	FULL MAIDEN NAME Augusta Abren
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Virg	BIRTHPLACE Austria
OCCUPATION Mill Foreman	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.0 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Filed 4/3/ 19 23 E. E. Hand Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/13/41 L. B.

345-20-3-613

PLACE OF BIRTH

RECEIVED MAY 15 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

111058

County of Bannock

City of Pocatello

Registration District No. ..... File No. 11165

No. 348 W Clark St.

Hospital Lynn Bros.

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mae DENISE Huntley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	6	10th	1920

FATHER		MOTHER	
FULL NAME	Floyd Huntley	FULL MAIDEN NAME	Luciann Wahono
RESIDENCE	Unknown	RESIDENCE	Pocatello Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	California	BIRTHPLACE	France
OCCUPATION	Soldier	OCCUPATION	Domestic

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

Registrar

(Signature) J. H. Lynn

(Physician or midwife)

Address Cor. N. Arthur & W. Fremont Clark

Filed May 15 1923 Pocatello, Ida

F. W. Almon Registrar
State

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Sweetwater

Certificate No. 111059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mae Donness (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 15, 1920 (DATE OF EVENT)
in Pocatello (PLACE OF EVENT), Idaho are erroneous ~~as appears on the~~ and that, to the best of his knowledge, the
true facts as shown by Lynn Bros. Hospital Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mae Donness	Mae Denise Huntley
Date	June 15th	June 10, 1920

Subscribed and sworn to before me this 18
day of February, 19 43.
Ellen M. Christensen
Notary Public, residing at Kemmerer, Wyo.
My commission expires April 15, 1946.
(SEAL)

Signed Mrs J. M. Parrish
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 4 1963

FEB 23 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Burke

No. Ida St.

Hospital 415 104 040 962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 111064

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Remo Maneglia
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	One		1st	Yes	Sept	4	1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
John Maneglia		Eva Robena	
RESIDENCE	Burke, Ida	RESIDENCE	Burke, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

_____, 19__

_____
Registrar.

Address Wallace, Idaho

Filed May 25 1923 Dr. Mowery
Registrar.

DELAYED DUP OF 1920-82952

dup of 1920-82952

State of Idaho)
) ss
County of Shoshone)

Dr. H. C. Mowery first being duly sworn deposes and says: That on May 25, 1923 a birth certificate the name of John Maneglia was erroneously spelled John Monagleo and that the true name should be John Maneglia.

Further the deponant sayeth not.

H. C. Mowery M.D.

Suscribed and sworn to before me this 10th day of March A.D. 1924

Geo. W. Naus

Notary Public in and for the state of Idaho residing at Wallace, Idaho. My commission expires June 16, 1927.

[illegible]

[illegible]

[illegible]

395-12 D10-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 7 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

111336

County of Bonneville

City of Idaho Falls Ida

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Raymond Stanley Lindstrom

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6/21 192[illegible]

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harold Alrick Lindstrom	FULL MAIDEN NAME	Laverne Dunmire
RESIDENCE	Swissville, Ida	RESIDENCE	Swissville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Stockholm, Sweden	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) F. C. Hollister

(Physician or midwife)

Address .....

Filed May 10 1923 F. W. A[illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 17 1985

DECEASED

296-113-024-055

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 27 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

111559

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Floyd Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			7	Yes	Jan 19 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Lester Brown	Florence O'Neal
RESIDENCE	Wendell	Wendell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	New York	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Address Wendell Idaho

Filed May 21 1923 E. L. Simonton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1970

312-201-024-413

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 22 File No. 111567

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ VEVA MAURINE Casto

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	✓	2-	yes	July 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ferdinand Casto	FULL MAIDEN NAME	Velva Line Dalton
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salina Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wendell Ida

Filed May 20 1923 E. D. Simonton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Sevier }

Certificate No. 111567

Date Filed FEB 26 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Vera Maurine Casto (NAME ON ORIGINAL CERTIFICATE) who ~~Judy~~ born (WAS BORN OR DIED) on July 1, 1920 (DATE OF EVENT)
in Wendell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ferdinand	Vera ~~Viva~~ Maurine Casto

Subscribed and sworn to before me this 3
day of February, 19 42

Notary Public, residing at Salina Utah

My commission expires Jan. 12 1942
(SEAL)

Signed Velva Dalton Casto
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Salina Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Sevier }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 26 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 28 1945

659- 121-024-749

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registrant No. 22

File No. 11581

No. ..... St.

Primary Registration District No. 218

Hospital ..... Registered No. .....

FULL NAME OF CHILD Warren Evert Weinberg

Sex of Child	Twin, Triplet or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	4th	Yes	July 21 1920

FATHER

FULL NAME Glenn C. Weinberg

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mich.

OCCUPATION Mail carrier

MOTHER

FULL MAIDEN NAME Annah Mary Powers

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ohio

OCCUPATION home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell

Filed May 20 1923 E. L. Simonton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1943

519-216-02X-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 111582

No. ..... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Zelma Varner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7	4	Yes	Jan 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Varner	FULL MAIDEN NAME	Cora Davis
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bomalive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wendell Idaho

Filed May 24 1923 E L Simonton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

219-125-028-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 111583

No. ..... St.

Primary Registration District No. 204

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bruce Winslow Barnum

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2 | Legitimate? Yes | Date of Birth May 25 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Eugene Luthard Barnum

RESIDENCE Wendell

COLOR White | AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa

OCCUPATION Well-driller

MOTHER

FULL MAIDEN NAME Agnes Price Barnum

RESIDENCE Wendell

COLOR White | AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Washington

OCCUPATION Home life

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. (Born alive or stillborn) on the date above stated.

(Signature) E L Dimonton

Physician

(Physician or midwife)

Address Wendell Ida

Filed May 20 1923

E L Dimonton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MAR 2 5 1976

249-116
040-235

PLACE OF BIR[redacted]

County of Shoshone

City of Kellogg

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

111904

No. ..... St. Registration District No. ..... State File No. 111904

Hospital born at home. Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Donald Fern Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes.	Oct. 16, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Fern Cyrus Smith	FULL MAIDEN NAME	Bryan Stewart.
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg Idaho.
COLOR	white. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Greensfork, Indiana.	BIRTHPLACE	Holland, Kentucky,
OCCUPATION	miner.	OCCUPATION	house wife.

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician
(Physician or midwife)

Address Kellogg, Ida.

Filed June 16 1923 T. W. Almond, State Registrar.

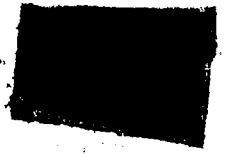
Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BOTH DELAYED

DUP OF 20-352416

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

963-106-03K-235

County of Minidoka

City of Rupert

RECEIVED JUN 2 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

113042

No. ..... Registration District No. 19 ..... State File No. .....

Hospital ..... Primary Registration District No. 2015 Local Registrar's No. 84

FULL NAME OF CHILD John Rollheiser Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 6, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	John Rollheiser	FULL MAIDEN NAME Barbara Steinbaugh
RESIDENCE	Rupert	RESIDENCE Rupert
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 43
BIRTHPLACE	Russia	BIRTHPLACE Russia
OCCUPATION	Farmer	OCCUPATION None

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) E. H. Elmore M. D.
(Physician or midwife)

Address Rupert

Filed June 30 1923 Ed O Elmore Registrar.

DELAYED

469-102-016-893

PLACE OF BIRTH

RECEIVED
JUN 25 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 113666

Registered No. 2599

Full Name of Child Lester LeRoy Morgan

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Sept. 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Charles Morgan	FULL MAIDEN NAME	Dessie Mae Hill
RESIDENCE	Declo Idaho	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Blanchard Iowa	BIRTHPLACE	Oaksdale Washington
OCCUPATION	Farmer & U.S. R.S. Canal rider.	OCCUPATION	Hsfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at ~~[illegible]~~ (Born alive or stillborn), at 1:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ross of Declo was in attendance We can not locate him and some say he is dead he went to California (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Signed by Wilford C. Morgan

Filed July 6 1923 [illegible] Father [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RE[illegible] must be made for each and the number of each, in order of birth

NOV 1

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

453 115 015 132

County of Caribou

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 3 1923 BUREAU OF VITAL STATISTICS

Registration District No. 82 File No. 1/4111

Primary Registration District No. 2159 Registered No. 25

FULL NAME OF CHILD FRANKLIN METSKER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	July 15 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. F. Metsker	FULL MAIDEN NAME	Hannah M Ackerman
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs

Give names added from a supplemental report.

..... 19...

Elvis Kacoey
Registrar.

Aug. [illegible] 1923 [illegible] Kacoey
Registrar.

APR 2 8 1986

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

692 115 015 816

RECEIVED
SEP 3 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. ..... St.

Registration District No. 82 File No. 1 4113

Hospital .....

Primary Registration District No. 2159 Registered No. 27

FULL NAME OF CHILD Joseph Leslie Ozburn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	yes	July 15 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Aaron L. Ozburn	FULL MAIDEN NAME	Hazel Hawks
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Soda Springs
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Ellis Kaycey
Registrar.

Filed Aug. 31 1923 Ellis Kaycey
Registrar.

DELAYED

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho SEP 12 1923 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Ten Mile Pass Village FILE NO. 104113

(ST. Idaho. DATE OF BIRTH July 15, 1920

(COUNTY Lemhi SEX OF CHILD Male

FATHER Aaron L. Ozburn MOTHER Hazel Hawkes. (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Joseph Leslie Ozburn.

Mrs. A. L. Ozburn.

Signature of Father or Mother.

RECEIVED SEP 24 1923 BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 847-112020-646

County of Elmore

City of Pine

No. ..... St.

RECE[illegible] JUN 2 [illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
[illegible]TMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 114368

Registration District No. 34 State File No. .....

Hospital Residence Primary Registration District No. 2026 Local Registrar's No. 28

FULL NAME OF CHILD Lloyd Dwe Hughes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) feb 17 (Day), 1920 (Year)
male			

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Dwe Hughes	FULL MAIDEN NAME	Katherine O Daniel
RESIDENCE	Pine	RESIDENCE	Pine
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary O Daniel

(Physician or midwife)

Address Pine Ida

Filed 6-3 1923 D A Utter
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

[redacted]

SEP 15 1958

DELAYED

469-126
003 253

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 14 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114975

County of Bannock

City of Pocatello

Registration District No. 28 File No.

No. St.

Primary Registration District No. 2161 Registered No. 5098

Hospital St. Anthony's

FULL NAME OF CHILD Frank Conway Morris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	Dec. (Month) 26 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Conway Morris	FULL MAIDEN NAME	Kate Kelley
RESIDENCE	326 West Center	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt City Utah	BIRTHPLACE	Afton Iowa
OCCUPATION	Sale's man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at St. Anthony Hospt 12 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Ida.

Registrar

Filed 9/1 1923

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1971

APR 15 1971

DELAYED

569-125 010-559

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

115189

RECEIVED
SEP 25 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 255 - 13-th St.

Registration District No. 73 File No.

Primary Registration District No. 215 D Registered No. 337

Hospital

FULL NAME OF CHILD Robert Gordon Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	June 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gordon Fletcher Norris	FULL MAIDEN NAME	Maude Mary Verron
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	white AGE AT LAST BIRTHDAY 27 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Pocatello Ida.	BIRTHPLACE	American Fork Utah
OCCUPATION	accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Idaho

Filed Aug 16 1923 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8

168 215024659

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

115403

RECEIVED
OCT 13 192
BUREAU OF VITAL STATISTICS

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registrar's District No. 22

Primary Registration District No. 2018

File No. .....

Registered No. .....

Full Name of Child Carol Adelene Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female		9	yes	Dec 15 (Month) (Day) 19 20 (Year)

	FATHER	MOTHER
FULL NAME	Arno Johnson	FULL MAIDEN NAME Vada Ferrell
RESIDENCE	Wendell Ida	Wendell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	30 (Years)
BIRTHPLACE	Mo	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 1 1923 E. L. Simonton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1966

MAR 10 1970

453-201-640-152

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital

Registration District No. 70

File No. 116476

Primary Registration District No. 1011

Registered No. 94

FULL NAME OF CHILD Delia Marie Decker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	X	X	Yes	Jan 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	~~Earl~~ Whitney Earl Decker	FULL MAIDEN NAME	Marie Fern Jessen
RESIDENCE	Mullan	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas, USA	BIRTHPLACE	Montana
OCCUPATION	Quartz Mining	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralf

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan Ida

Filed 8/1/23 19 F L [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-119.640-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St.

Hospital ____

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 116477

Primary Registration District No. 1011

Registered No. 95

FULL NAME OF CHILD Carl Ford

Sex of Child: boy

Twin, Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: April 19 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Oscar Ford	FULL MAIDEN NAME: Alma Pearson
RESIDENCE: Mullan Ida	RESIDENCE: Mullan Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Shift Boss	OCCUPATION: Home wife

Number of child of this mother, including present birth ____

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive above (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralph MD
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 8/1/23 19____ F L Jones Registrar

S-Y CO. 24696

5/29/41 L. B.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____

Idaho

(If born in hospital or institution give name.)

RECEIVED MAY 21 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Carl Oscar Ford

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
boy					yes	yes	April 19, 1920

FATHER	MOTHER
9. Full name: Oscar Joel Ford	18. Full maiden name: Alma Pearson
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan
11. Color or race: W | 12. Age at last birthday: (years)	20. Color or race: W | 21. Age at last birthday: (years)
13. Birthplace (city or place) (State or Country): Sweden	22. Birthplace (city or place) (State or Country): Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: April 19, 1920	25. Date (month and year) last engaged in this work: April, 1920
17. Total time (years) spent in this work: abt 6 yr	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoscholder, etc., shbuld make this return.

(Signed) F W Rolfs, M. D.

or _____, Midwife

Address Mullan Ida

Give name added from a supplemental report _____ (Date of)

MAY 21 1941

Filed _____, 193__

Registrar.

Registrar.

813-206-040-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 70

File No. 116478

No. ..... St.

Primary Registration District No. 1011

Registered No. 96

Hospital .....

FULL NAME OF CHILD Estella May Hall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
G	X		X	Yes	Sept 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Berglund	FULL MAIDEN NAME	Bertha Jane Hall
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Oka
OCCUPATION	Quartz Mill man	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F U Ralfo MD

(Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address .....

Filed 8/1/23 19 F L [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(2) added Last name to child

BOTH
DELAYED

231-107-040-236

Form V. S. No. [illegible]

PLACE OF BIRTH

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 116479

No. ..... St.

Primary Registration District No. 1011

Registered No. 97

Hospital Providence

FULL NAME OF CHILD Ernest Elsworth Standow

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	yes	Sept 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Standow	FULL MAIDEN NAME	Nellie Maud Scott
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wallace Gem Idaho	BIRTHPLACE	Salem Ill
OCCUPATION	Photographer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan Ida

Filed 8/1/23 19 F L [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OF BIRTH

County of Shoshone

Mullan

RECEIVED
OCT 26 19
BUREAU OF VITAL
STATISTICS

5/14/41 L. P.

662-127040-318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED OCT 26 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Mullan

Registration District No. 70

File No. 116480

No. St.

Primary Registration District No. 1011

Registered No. 98

Hospital

FULL NAME OF CHILD James Harry Foster.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	Yes	Dec 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jim Foster	FULL MAIDEN NAME	Lucie Taylor
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Yard Man	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:54 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address F W Rolfs

Filed 8/1/23 19

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c c 6/9/41 w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 201-040-396

PLACE OF BIRTH

RECEIVED OCT 26 192 BUREAU OF VITAL STA

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 70

File No. 116481

No. ..... St.

Primary Registration District No. 1011

Registered No. 99

Hospital .....

FULL NAME OF CHILD Delphine Elizabeth Parlan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)		X	Yes	Dec 4 1920

FATHER

FULL NAME James Wesley Parlan

RESIDENCE Burke Ida

COLOR W

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Missouri

OCCUPATION Quartz Mill Man

MOTHER

FULL MAIDEN NAME Mary Ward Delphine Crowley

RESIDENCE Burke Ida

COLOR W

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Missouri

OCCUPATION Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 born alive (Born alive or stillborn) at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A W Ralph MD

(Physician or midwife)

Address Mullan Ida

Filed 8/1/23 19..... F L Jones Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

215-123-022-612

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117955

Registration District No. 99 File No. 117955

Primary Registration District No. 2177 Registered No. 172

FULL NAME OF CHILD Henry Yashio Kaneko
(Certificate of no value without full name of child.) Oct 23, 20

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	4 (To be answered only in event of plural births)	Yes	Aug. 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Roy Kaneko	FULL MAIDEN NAME	Tomi Watanabe
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Certified copy 3-29-38

I hereby certify that I attended the birth of this child, who was born alive, at 9 30 A. M. on the date above stated.
(Born alive or stillborn)

1 Certified copy 5/4/40

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West W. B. West

(Physician or midwife)

1 Certified copy 5/28/40

Give names added from a supplemental report.

1 Photostat copy 1/19/42, 19....

Address .....

Registrar.

Filed 12/23 1923 W. W. Hansen
Registrar.

1st certified copy issued 3-29-38 #6118

Second certificate issued 5/4/40 #11907 By L. B.

Third copy issued 5/28/40 By L.B.
(3 copies) on 5/28/40

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 24 1940

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

AFFIDAVITS FOR CORRECTION
OF A RECORD

S. Kaneko of Pocatello, Idaho

Being first duly sworn, deposes and says that he is the Father
(if related, specify degree,
of Henry Yoshio Kaneko
if friend or otherwise, so state)

who was born in the city of Parker, County of Fremont
(was born, died)

on the 16th day of August, 1920, as stated in a certificate of birth
birth or
death filed by W. B. West
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Parker, County of Fremont
Idaho, on the 23rd day of December 19 23

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of Birth -- August 16, 1920.

That affiant upon His own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows:

Date of Birth should be October 23, 1920.

(Seal)

Affiant S Kaneko

Address

Subscribed and sworn to before me this 23 day of May 1940

G W Nelson
Notary Public

APR 2 1959
JAN 7 1988
DEC 13 2002

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

S. Kaneko of Pocatello, Idaho

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant S Kaneko

Address

Subscribed and sworn to before me this 23 day of May 1940

(Seal)

G W Nelson
Notary Public

VS 44

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED JAN 8 1924 BUREAU OF VITAL STATISTICS

118345

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee
Township of 493-220-037-693
or
Village of Riddle
or
City of Stat Idaho (No. ____, ____ St.; ____ Ward)

Registered No. 1920 Jan Sup. 4

FULL NAME OF CHILD Carrie Dick {If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F			Yes	Jan (Month), 20 (Day), 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Ross Dick	FULL MAIDEN NAME	Amy Williams
RESIDENCE	Near Riddle Ida	RESIDENCE	Near Riddle Ida
COLOR	Indian 4/4	COLOR	Indian 4/4
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children born to this mother, including present birth 5

Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I did not attend the birth of this child, who was alive (Born alive or Stillborn) at ____ M., on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(Signature) D A Richardson M D

(Physician or Midwife)

Given name added from a supplemental report 1-20, 1920

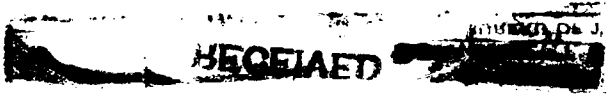
Address Owyhee Nevada

Filed 1-20, 1920 W. H. Becker

REGISTRAR

11—385 H

REGISTRAR



118342

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 11 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 471-119-033-129 St. Registration District No. 100 State File No. 118943

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 666

FULL NAME OF CHILD ~~[illegible]~~ Yoshihisa Ugaki

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			1		3/19/1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	G. Ugaki	FULL MAIDEN NAME	H. Akiyama
RESIDENCE	Rexburg	RESIDENCE	
COLOR		COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	[illegible]	BIRTHPLACE	
OCCUPATION	[illegible]	OCCUPATION	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amanda [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Three Certified Copies Issued.
Registrar.

Address .....

Filed 1/31 1924 J. Rexburg
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Yoshihisa Ugaki (Birth or death)
of (Name on original certificate) who was born on March 19, 1920 (Was born or died) (Date of event)
in Rexburg Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Japanese Registration (Bible record, insurance policy, etc.) prepared on March 19 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth date	Feb. 28, 1922	March 19, 1920
Sex	Female	Male
no. of Children	Two	One

Subscribed and sworn to before me this 9th
day of July, 1941

T. W. Smith
Notary Public, residing at Rexburg Idaho
My commission expires 1/22/42
[SEAL]

Signed Amanda Freeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Route #1 Rexburg Idaho,
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of July, 1941

T. W. Smith
Notary Public, residing at Rexburg Idaho
My commission expires 1/22/42
[SEAL]

Signed Stanley L Anderson
(Signature of any credible person other than the previous affiant)
Rexburg, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

2 copies 7-17-41

259-231003-244

PLACE OF BIRTH

U. S. No. 11-C--25m-7-21-19

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. ..... File No. 119268

No. 231 No. 3rd Ave.

Hospital Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ikuko Sugihara

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec 31 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tokuzo Sugihara	Kohano Sumida
RESIDENCE	231 No. 3rd Ave.	231 No. 3rd Ave.
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY (Years)	40	20
BIRTHPLACE	Japan	Japan
OCCUPATION	Cook	Housekeeping

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Mrs. Ann M. Bird

Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Filed Feb 19. 1924 F. W. Almon C.M.D. State Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1947

APR 23 1971

First copy issued April 13, 1940

PLACE OF BIRTH

632-118-026-314

County of Jefferson

City of Rigby

No. ..... St.

Hospital Dabell's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 121309

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Richard James Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan. 18th, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 4th

FATHER	MOTHER
FULL NAME: Carl Oscar Olson	FULL MAIDEN NAME: Janie Campbell
RESIDENCE: Rigby, Ida.	RESIDENCE: Rigby, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Centerville, Idaho.
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11 o-clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) O. L. Call M.D.

(Physician or midwife)

Address Rigby Idaho

Filed Apr. 22 1920 F. W. Almond, M. D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

MAY 25 1955

APR 12 1960

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
691-113-839-249
County of Bonners
City of Crystal

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 121565

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Milburn Martin Franklin
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male			Yes	June	13	1920

What bactericidal solution was used in eyes? Boric Acid.

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Harrison Grant Franklin	FULL MAIDEN NAME	Mary Glee Smith
RESIDENCE	Crystal Idaho	RESIDENCE	Crystal Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pottawattamie Co. Iowa	BIRTHPLACE	Pottawattamie Co. Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at Seven P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs. D. B. Martin
(By Mrs. H. G. Franklin)
(Physician or midwife)

Address Crystal Idaho.

Filed May 12 1924 F. W. Alvord M.D.
Registrar.

APR 2 6

NOV

631-217-022-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 19 1924
BUREAU OF VITAL STATISTICS

121622

CERTIFICATE OF BIRTH

County of Fremont

City of Chester

No. ..... Registration District No. 99 State File No. 121622

Hospital ..... Primary Registration District No. 2177 Local Registrar's No. 232

FULL NAME OF CHILD Rosa Haruye Ota

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Famele			7/17, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	K. Ota	FULL MAIDEN NAME	Juneyo Hadano
RESIDENCE	Chester	RESIDENCE	
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	R. R. Foreman	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr. W. B. West

(Physician ~~or midwife~~)

Address .....

..... , 192...

Registrar.

Filed 5/17 1924 W. W. Hansen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1954

c.c. 5/27/41. W.H.

BOTH DELAYED

Dup of 1920-11

259-205-210-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

Registration District No. 73 File No. 121890

Primary Registration District No. 210 Registered No. 163

FULL NAME OF CHILD Phyllis Afton Knight
(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 5 1920

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Myron Reed Knight	FULL MAIDEN NAME	Mattie Colegrove
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pueblo, Colo.	BIRTHPLACE	Hillsville, Penn.
OCCUPATION	Railway mail Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7-15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. L. Willcox M.D.

M D
(Physician or midwife)

Address Idaho Falls Idaho

Filed May 6 1920 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

466-120 091-291

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 122393

No. R 4 St.

Hospital St Lukes

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Keith Moore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		—	yes	10 - 20 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. S Moore	FULL MAIDEN NAME	Alice Brassfield
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Hw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Calloway Japlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed JUN 2 3 1924 19.....

F. W. Almond, M. D.
State Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-21 019 413

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

RECEIVED
SEP 6 1924
BUREAU OF VITAL STATISTICS

Registration No. 108

File No. 124470

Primary Registration District No. 2186

Registered No. 22

FULL NAME OF CHILD Charlotte Mary Kirtley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	9-11-1920

FATHER

FULL NAME C. L. Kirtley

RESIDENCE Challis Ida

COLOR WH AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ida

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Josephine W. Malm

RESIDENCE Challis Ida

COLOR WH AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ida

OCCUPATION Dentist

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Kirtley MD

..... (Physician or midwife)

Address Challis Ida

Filed 8/16/1924 Hazel Jones Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

783 128 027 136

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017

File No. 124545

Registered No. .....

FULL NAME OF CHILD Carol Lee Pinkerton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	t	2	yes	Feb 28 1926

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Adolph Pinkerton	FULL MAIDEN NAME	Jennie A Gear
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Filed Apr 29 1926 C. D. Piper M.D.

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-210-225-755

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 25 1924
BUREAU OF VITAL STATISTICS

126382

CERTIFICATE OF BIRTH

126382

County of Idaho
City of Cottonwood
No. ..... St.
Hospital .....
Registration District No. ..... State File No. 126382
Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Irene Schroeder
(Certificate of no value without full name of child)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 10 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ag. NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Bert Schroeder
RESIDENCE Cottonwood
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Cottonwood Idaho
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Henley
RESIDENCE Cottonwood Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE North Carolina
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7.13 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) J. D. Shinn M.D.
(Physician or midwife)
Address Cottonwood Idaho

Filed NOV 24 1924 F. W. Almond M.D.
State Registrar.

JUN 20

117-2-36-010,-866

PLACE OF BIRTH

County of Bonneville

City of Shelton

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 126637

No..... St. Registration District No..... State File No.....

Hospital ..... Primary Registration District No..... Local Registrar's No.....

FULL NAME OF CHILD Lora Page

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 31 (Year) 1920
Female				

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Clemence A. Page	FULL MAIDEN NAME Sarah Alice Howard
RESIDENCE Shelton	RESIDENCE Shelton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Bountiful Utah	BIRTHPLACE Shelton
OCCUPATION Laborer	OCCUPATION

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Mrs. John S. Howard

(Physician or midwife)

Address Ririe #2, Ida.

Filed Nov. 19 1920 F W Almond M. D.
State Registrar.

314-216-003-499

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 721 N. 6th ave St.

~~Hospital~~ Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

127254

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 127254

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carolina Campanella

(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Dec. 16th 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Carmine Campanella	FULL MAIDEN NAME	Emilia Di Iuliis
RESIDENCE	721 N. 6th ave Pocatello Idaho	RESIDENCE	721 N. 6th ave. Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Boiano Italy	BIRTHPLACE	Carapelli Calvisio Italy
OCCUPATION	Labor	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Emilia Di Iuliis Campanella Mother

..... (Physician or midwife)

Address .....

Filed DEC 2 1924 192...

F. W. Almond, M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

128643

County of Twin Falls
City of Twin Falls
No 431 209 042 154 St. Registration District No. State File No. 128643
Hospital County Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Regina Louise McGinnis
(Certificate of no value without full name of child)

Sex of Child: Female
Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: Feb. 9, 1920.
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth: 1
Number of child of this mother now living, including present birth: 1

FATHER

FULL NAME: George Washington McGinnis
RESIDENCE: Castleford Idaho.
COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Marysville Missouri
OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Marguerite Esther Andersn
RESIDENCE: Castleford, Idaho.
COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Illinois
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) Marguerite E. McGinnis
Mother
(Physician or midwife)
Address Boise, Idaho

Filed Feb. 5 1925 F. W. Almond M.D.
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

APR 23 1952

[redacted]

713-265-023-713

PLACE OF BIRTH

RECEIVED
MAY 9 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

131505

County of Gem

City of Emmett

No. ..... St. Registration District No. ..... State File No. 131505

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margaret Patten

(Certificate of no value without full name of child)

Sex of Child girl | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes

Date of birth Sept. 5th 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ag no3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Patten	FULL MAIDEN NAME	Eva J Jensen Patten
RESIDENCE	Pearl Idaho	RESIDENCE	Pearl Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Moroni Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) B O Clark

(Physician or midwife)

Address .....

Filed 5-6-1925 J. H. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR[redacted]

County of Ada

City of Boise

CERTIFICATE OF BIRTH

No. 211 Ash St. Registration District No. 2 State File No. 132019

Hospital [redacted] Primary Registration District No. 1005 Local Registrar's No. 223

FULL NAME OF CHILD Arlee Willis Walton

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Feb 18 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? [redacted]

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Willis Walton	FULL MAIDEN NAME	May Dean
RESIDENCE	511 Ash	RESIDENCE	511 Ash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Albion Idaho	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) W L Frazier

(Physician or midwife)

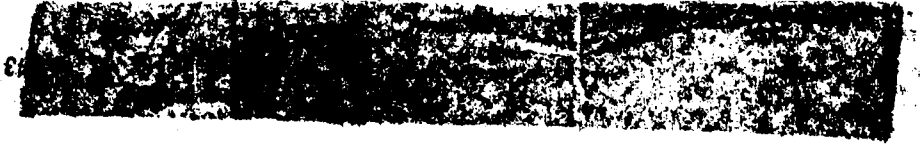
Address [redacted]

....., 192....

Registrar.

Filed 7-2 1920 R. [redacted] Pratt

Registrar.



693-210-001-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

133622

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. ..... File No. 13622

Hospital St. Alphonsus Maternity Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Virginia Jessie Withers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	March 10 1920

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carpenter Otis Withers	FULL MAIDEN NAME	Margaret Graham
RESIDENCE	Eagle Co, Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or Midwife)

Address Overland Bldg. Boise

Filed Aug 28 1925 R. H. Pratt Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

APR 27 1970

FEB 19 1942

366-206-001-695

PLACE OF BIRTH

RECEIVED
OCT 5 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

134306

County of Ada

City of Boise

No. 1503 Broadway Registration District No. 2 State File No.

Hospital St Lukes Primary Registration District No. 1004 Local Registrar's No. 500 (24)

FULL NAME OF CHILD Esther Emily Cooper

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	11 — 6 —, 1924

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry J Cooper	Ada Wiester
RESIDENCE	Boise Idaho	Boise, Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Holland	Montana
OCCUPATION	Shoemaker	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [illegible]} at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) M. Galloway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 9-30 1925 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1942

Dup of 1920-145805

697-122-622-613

PLACE OF BIRTH

RECEIVED
OCT 24 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 135067

County of Fremont Co.

City of Egin Idaho

No. R. F. D. #3 St. Registration District No. State File No. 135067

Hospital —— Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Max Stanley Argill.

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		C	Feb. 22. 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alexander Argill	FULL MAIDEN NAME	Margaret Ellen Walker
RESIDENCE	St. Anthony Idaho.	RESIDENCE	"
COLOR	White.	COLOR	white.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Egin Idaho	BIRTHPLACE	Egin.
OCCUPATION	Farmer.	OCCUPATION	Farmer.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 — P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Alexander Argill
Father

(~~Physician or midwife~~)

Address

....., 192...

Registrar.

Filed OCT 24 1925 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

DEC 1 1920 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 137474

No. 693 129 010 954 St. Registration District No. 73 State File No.

Hospital General - Primary Registration District No. 2150 Local Registrar's No. 404

FULL NAME OF CHILD George Franklin Wilson Jr.
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 29 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Franklin Wilson	FULL MAIDEN NAME	Rose Hannah Redford
RESIDENCE	Idaho Falls.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Vernal. Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Dec. 11 1920 - [signature]
Registrar.

DELAYED

C. M. CLINE, M. D., F. A. C. S.
IDAHO FALLS, IDAHO

To whom it may Concern:—
The Correct date of the birth
of George Franklin Wilson is June 29-1920

C. M. Cline

793 119 00 666

PLACE OF BIRTH

RECEIVED FEB 2 1926 OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138078

County of Bonneville

City of Idaho Falls

No. Boulevard St. Registration District No. ..... State File No. .....

Hospital Spencer Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ralph Everett Gilbert
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	December 19 1920.

What bactericidal solution was used in eyes? Argorol

Number of child of this mother, including present birth Second Number of child of this mother now living, including present birth Second

FATHER		MOTHER	
FULL NAME	John Rule Gilbert	FULL MAIDEN NAME	Mary Evelyn Woon,
RESIDENCE	Milner Apartments	RESIDENCE	Milner Apartments
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Aspen, Colorado	BIRTHPLACE	Aspen, Colorado
OCCUPATION	Office Manager	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at One P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Evelyn Gilbert (mother)
For Dr. H. D. Spencer
(Physician or midwife)

Address Dr. Idaho Falls, Idaho

Filed Feb 1 1926. David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Cedarhill

No 113-123 036-599 St.

RECEIVED JAN 27 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138401

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Fad Arthur Jacobson
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth March 23 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid -

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Alma Gustave Jacobson	FULL MAIDEN NAME	Alice Valborg Erickson
RESIDENCE	Cedarhill	RESIDENCE	Cedarhill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Sweden
OCCUPATION	Farmer -	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 Oclock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) [signature]

(Physician or midwife)

Address Malad

Filed JAN 27 1926 192 David Burrell State Registrar.

AUG 7 1973

OF LAYER

449-216-039-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 8
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 139187

County of Power

City of Roy P.O.

No. 449-216-039-365 St. Registration District No. 25 State File No.

Hospital Primary Registration District No. 2072 Local Registrar's No. 864

FULL NAME OF CHILD Mildred Betty Murphy
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	3 (To be answered only in event of plural births)	Yes	2 - 16 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Murphy	FULL MAIDEN NAME	Geneva Conrad
RESIDENCE	~~510 Jefferson Ave St Louis Mo~~ Roy Idaho	RESIDENCE	~~510 Jefferson Ave St Louis Mo~~ Roy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Carmi Illinois	BIRTHPLACE	Carmi Illinois
OCCUPATION	Millwright	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) V G Logan
Physician
(Physician or midwife)

Address American Falls

Filed 2 - 2 1926 Genevieve Roth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 9 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

139289

County of Bear Lake

City of Paris

No. 155-208004-285 St. Registration District No. ..... State File No. 139289

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lola Jensen
(Certificate of no value without full name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug 8 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Irwin Jensen	FULL MAIDEN NAME	May Elizabeth Shepherd ~~Jensen~~
RESIDENCE	Paris Idaho ~~Pleasant Grove Ut~~	RESIDENCE	Paris Idaho ~~Pleasant Grove Ut~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~34~~ 29 (Years)	AGE AT LAST BIRTHDAY	~~31~~ 26 (Years)
BIRTHPLACE	Ferron, Utah	BIRTHPLACE	Paris, Idaho
OCCUPATION	Teacher Public School music	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Comoore M D

(Physician or midwife)

Address Paris Idaho

Filed Feb 19 1926 David Burrell State Registrar.

AUG 19 1942

SEP 30 1953

DELAYED

Dup of 1920-82304

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
943709 014577
County of Canyon
City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

139649

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Richard Darrel Rutledge
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of birth Nov. 9th 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Richard Percy Rutledge	FULL MAIDEN NAME	Bertha Esther Egger
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ ~~Stillborn~~ at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) O. C. Hale M.D.

..... (Physician or midwife)

Address Star Idaho

Filed 3/12 1926 David Burrell State Registrar.

865-117-006 -213

PLACE OF BIRTH

RECEIVED JUN 4 - 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

140940

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St. Registration District No. ..... State File No. 140940

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD MASAYUKI HONDA
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	First	Yes	April 17 1920

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth Second — Number of child of this mother now living, including present birth Second

FATHER	MOTHER
FULL NAME: MASAKI HONDA	FULL MAIDEN NAME: KAZUE SATO
RESIDENCE: Shelley, Idaho.	RESIDENCE: Shelley, Idaho.
COLOR: Japanese	COLOR: Japanese
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kumamoto Ken, Japan	BIRTHPLACE: Kumamoto Ken, Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 3/20/42

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

Dr. Cutler — Registrar.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley Idaho

Filed 6/4 1946 — Mary Burrell — Registrar.
State

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 22 1953

865-117-006-213

PLACE OF BIRTH

RECEIVED JUN 7 - 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

140941

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St. Registration District No. ..... State File No. 140941

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD KAZUO HONDA
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	Second	Yes	April 17, 1920

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth Third Number of child of this mother now living, including present birth Third

FATHER		MOTHER	
FULL NAME	MASAKI HONDA	FULL MAIDEN NAME	KAZUE SATO
RESIDENCE	Shelley, Idaho.	RESIDENCE	Shelley, Idaho.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kumamoto Ken, Japan	BIRTHPLACE	Kumamoto Ken, Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 3/20/42

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9:30 A. M. on the date above stated.

9:30 a.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley Idaho

Filed 6/4 1926

Dr. Cutler
Registrar.

Lynn Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 1 2 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

142302

County of Custer

City of Challis

No. 865 220 09 755 St. Registration District No. 108 State File No.

Hospital Primary Registration District No. 186 Local Registrar's No. 79

FULL NAME OF CHILD Julia Custer Hovey
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 20 1920

What bactericidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 3.

FATHER		MOTHER	
FULL NAME	Nelson Clyde Hovey	FULL MAIDEN NAME	Emma Leona Penney
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) C. L. Kelley M.D.
(Physician or midwife)

Address .....

Filed June 30 1926 Elsa McKenney
Registrar.

MAY 28 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 7 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. 432-220019'165 St. Registration District No. 108 State File No. 143182

Hospital Primary Registration District No. 2186 Local Registrar's No. 82

FULL NAME OF CHILD June Lottie McKenney.
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth April 20 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Stethem McKenney	FULL MAIDEN NAME	Edna Bradbury Jones
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 7:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Give names added from a supplemental report.

, 192

Registrar.

Address Challis Idaho.

Filed July 29 1926 Edna McKenney Registrar.

JUN 8 1942

JUN 30 1948

758-113-044-296 SEP 24 1926

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Intermountain Institute St. Registration District No. 87 State File No. 144447

Hospital Primary Registration District No. 2112 Local Registrar's No. 11

FULL NAME OF CHILD Frederick Gehlmann

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 13th 1926

What bactericidal solution was used in eyes? Ag NO_3 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Gehlmann	FULL MAIDEN NAME	Mildred Brockman
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Nebraska
OCCUPATION	School Principal	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton MD

(Physician or midwife)

Give names added from a supplemental report.

, 192

Registrar.

Address

Filed Sept 22nd 1926 W. R. Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must be ma[illegible] each, and the number of each, in order of birth stated.

JUL 17 1942

DELAYED

Dup of 1920 79401

419-205-
003-696

PLACE OF BIRTH — RECEIVED SEP 7 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 144455

County of Bannock

City of Lava Hot Springs

No. ..... St. Registration District No. ..... State File No. 14445

Hospital home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Phyllis Ruth Marley
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female			yes	7	5	1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: John Eli Marley
RESIDENCE: Lava Hot Springs
COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Robin, Idaho.
OCCUPATION: auto mechanic

MOTHER

FULL MAIDEN NAME: Olive LaVerne Fife
RESIDENCE: Lava Hot Springs, Ida.
COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Providence, Utah
OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Dr. Madill of McCammon
By LaVerne Marley mother
(Physician or midwife)

Address McCammon, Idaho

Filed 10/13 1926 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RELAYED

259-212-001-853

PLACE OF BIRTH

RECEIVED
OCT 15 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD 1 St. Registration District No. 8 State File No. 144545

Hospital ..... Primary Registration District No. 2008 Local Registrar's No. 66

FULL NAME OF CHILD Virginia Bernasconi
(Certificate of no value without full name of child)

Sex of Child F | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4 (Month) 12 (Day) 1920 (Year)

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Victor Bernasconi	FULL MAIDEN NAME	Florence Helvern
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Callaway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 11 1926 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

895-122-001-243

PLACE OF BIRTH

RECEIVED
NOV 3 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R 2 St.

Registration District No. 8 State File No. 145787

Hospital

Primary Registration District No. 2008 Local Registrar's No. 102

FULL NAME OF CHILD George William Hiner
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	3 - 22 1926

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Roy Hiner	FULL MAIDEN NAME	Susie Buller
RESIDENCE	Boise R 2	RESIDENCE	Boise R 2
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) McCallaway Japlin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 30 1926 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

689-230-039-615

PLACE OF BIRTH

RECEIVED OCT 25 1926

RECEIVED NOV 8 - 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

146552

County of Power

City of Crystal

No. ..... St. Registration District No. ..... State File No. .....

Hospital no Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Veronica Pearl Whiting
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			4		Oct 30 1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lorenzo Snow Whiting	FULL MAIDEN NAME	Pearlina Fannin Whiting
RESIDENCE	Crystal Idaho	RESIDENCE	Crystal Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mapleton Utah	BIRTHPLACE	Laurence Co Ky.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at Born alive 2 o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Pearlina Whiting
Mother
~~(Physician or midwife)~~

Address Crystal, Idaho

Filed Oct 1926 Dan Burrell
Hall Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33 1129 001819

E OF BIRTH

RECEIVED NOV 22 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Ada

llister, Near Boise

CERTIFICATE OF BIRTH

146776

No. th St. Registration District No. State File No. 146776

Hospital Residence Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Harold David Clark
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 29, 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Albert David Clark	FULL MAIDEN NAME Ida May Harmison
RESIDENCE Collister, Boise Idaho.	RESIDENCE Collister, Near Boise, Idaho.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Logan, Utah.	BIRTHPLACE Menan, Idaho.
OCCUPATION Telephone Co. Wire Chief.	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Geo Collister

(Physician or midwife)

Address Boise Idaho

Filed 11/22 1926 David Burrell State Registrar.

7/18/41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 29 1926

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. 419-26-001 819 St. Registration District No. 9+10 State File No. 146870

Hospital ..... Primary Registration District No. 9+10 Local Registrar's No. 1

FULL NAME OF CHILD Wm Harold Marshall
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	3 26 1920

What bactericidal solution was used in eyes? 20 ofs Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lorenzo Marshall	FULL MAIDEN NAME	Nettie L. Harris
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Callaway - Sophie
Physician
(Physician or midwife)

Address Boise Idaho

Filed Nov 10 1926 Louis Jackson
Eagle Idaho Registrar.

JUN 9 1970

DELAYED

Dup of 1920-86588

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 26
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 755 121 001 635

County of Ada

City of Boise

No. RD 5 St. Registration District No. 2 State File No. 146907

Hospital St Lukes Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Leonard Vance Penrod

(Certificate of no value without full name of child)

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 6 (Month) 21 (Day) 1920 (Year)

What bactericidal solution was used in eyes? 20% Argyral

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd E. Penrod	FULL MAIDEN NAME	Gladys Fletcher
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Callaway Jr. Physician

(Physician or midwife)

Address Boise Idaho

Filed 11-12 1926 R. H. Pratt

Registrar.

ec 11-14-40-mp.

FEB 7 1945

DELAYED

255-1A-017-912

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Clark

City of Kilgore

Registration District No. 125

File No. 148523

No. ..... St.

Hospital Residence

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD Kenneth Bennett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Parley A Bennett	FULL MAIDEN NAME	Elizabeth Rasmussen
RESIDENCE	Kilgore Idaho	RESIDENCE	Kilgore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) P. W. Tuckey

Midwife

(Physician or midwife)

Address Twin Falls Idaho

Filed Feb 10 1927 C E Jones M.D.

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

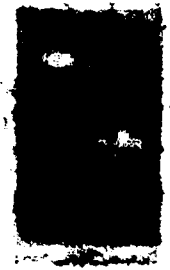
Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 23 1951

891-105-044-523

PLACE OF BIRTH

RECEIVED FEB 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. _____ File No. 149156

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Frank Junior Hiatt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb. 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Riley Hiatt	FULL MAIDEN NAME	Ruby Emma Estes
RESIDENCE	Midvale - Idaho	RESIDENCE	Midvale - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge Idaho

_____ 19____

Filed Feb 27 1920 [signature]

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-117-C02-816

PLACE OF BIRTH

Amended 5-7-76

RECEIVED FEB 1 1927

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No.

File No. 149158

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Melvyn Edward Manning

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	2-17-1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R. Manning	FULL MAIDEN NAME	Hildred Haworth
RESIDENCE	Indian Valley-Ida.	RESIDENCE	Indian Valley-Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Address Cambridge, Idaho

Filed 1-22-28 19

[signature]

Registrar

Registrar

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1973

4/21/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 7 3 02 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 149158

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Melvin Edward Manning (Name on Original Certificate) who was born (Was Born or Died) on February 17, 1920 (Date of Event)

in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Melvin Edward Manning	Melvyn Edward Manning
birth place	Cambridge	Indian Valley
County of birth	Washington	~~Adams~~ Adams

Subscribed and sworn to before me this 7th day of May, 1976

Betty Lippold

Notary Public, residing at Boise, Idaho

My commission expires 4-19-78

(Seal)

Signed Jennie J. Godlove
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3208 Paloma Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1976

Betty Lippold

Notary Public, residing at Boise, Idaho

My commission expires 4-19-78

(Seal)

Signed Ralph T. Godlove
(Signature of Any Credible Person)

3208 Paloma Boise Idaho
(Street Address, City, State)

FORM DH 80-155

Own child's birth certificate issued by State of Idaho File #345146
gives ~~father's name~~ Father's birth place as Indian Valley, Idaho.
viewed by V.S.

· Honorable Discharge issued by the United States Marine Corps gives name as
Melvyn E. Manning born Feb. 17 1920 in Ida Indian Valley, Idaho.
Discharge issued Manuary 22, 1946.
Viewed by V.S.
Marriage license issued by Valley County, Idaho gives name of groom as
Melvyn E. Manning age 31, and born in Indian Valley, Idaho. Married
Feb 17, 1951.
Viewed by V.S

819 PLAC [redacted] 201-029-255

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 149861

County of [redacted]
City of [redacted]
No. ..... St. Registration District No. ..... State File No. 149861
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helena Lucille Hare
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 1, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Luther Fletcher Hare
RESIDENCE Kendrick, Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Baltimore Maryland
OCCUPATION Telegraph operator

MOTHER

FULL MAIDEN NAME Nellie Sarah Benjamin
RESIDENCE Kendrick Idaho
COLOR White AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Moscow, Idaho
OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs Nellie B Hare
Mother
(Physician or midwife)
Address Kellogg Idaho
Filed Mar 21 192[illegible] J David Burrell
State Registrar.

SEP 28 1942

493-218-006-291

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St. Registration District No. [redacted] State File No. 149866

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ora Marie Miller

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F			Yes	July	18	1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Earnest Miller	FULL MAIDEN NAME	Erva Mayberry Braley
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Sumner Missouri	BIRTHPLACE	Whitney Idaho
OCCUPATION	Billiard Hall Manager	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs J. E. Miller

(Mother)

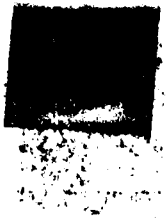
(Physician or midwife)

Address Stockton, California

Filed March 19 1927 David Burnell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 2 4 1975

291-108-019-355

PLACE OF BIRTH

RECEIVED APR 8 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Clayton

No. ..... St. Registration District No. 108 State File No. 150244

Hospital ..... Primary Registration District No. 2186 Local Registrar's No. 121

FULL NAME OF CHILD Leonard Bradshaw
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 8 1920

What bactericidal solution was used in eyes? Boric Acid Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy A Bradshaw	FULL MAIDEN NAME	Carrie Lenzinger
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs. F Lenzinger
Midwife
(Physician or midwife)

Address Clayton, Idaho

..... , 192..

Registrar.

Filed Mar 29 1927 Edna McKenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
499-10600 425
County of Ada
City of Boise
No. ..... St.
Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 15138

Registration District No. ..... State File No. 15138
Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jose Francisco Urresti
(Certificate of no value without full name of child)

Sex of Child: male
Twin Triplet or other? and Number in order of birth: 3
(To be answered only in event of plural births)
Legitimate? yes
Date of birth: Aug. 6th (Month) (Day) 1920 (Year)

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Hilario Urresti	FULL MAIDEN NAME: Petra Uberuaga
RESIDENCE: Boise Stone Quarry	RESIDENCE: Boise Stone Quarry
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Lequeitio Vizcaya Spain	BIRTHPLACE: Lequeitio Vizcaya Spain
OCCUPATION: Stone mason Boise Stone Co	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 12.30 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) born. without aid of Dr.
Mrs. Hilario Urresti
(Physician or midwife) mother
Address Boise Stone Quarry

Filed May , 1927

..... Registrar.

AUG 8 1942

153-209 006-243

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]
CERTIFICATE [redacted]

152480

County of Bingham

City of Goshen Registration District No. File No.

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Eliza Elna Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	9 — 9 — 1920

	FULL NAME	RESIDENCE	COLOR	AGE AT LAST BIRTHDAY	BIRTHPLACE	OCCUPATION
FATHER	Peter N. Peterson	Goshen Idaho	White.	29 (Years)	Denmark	Farmer
MOTHER	FULL MAIDEN NAME Hazel Butler	RESIDENCE Goshen, Ida.	COLOR White	AGE AT LAST BIRTH[redacted] (Years)	BIRTHPLACE Idah[redacted]	OCCUPATION Home keep[redacted]

Number of child of this mother, including present birth Number of children of this mother now living, including [redacted] birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 [redacted] M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Carter M.D.
(Physician or midwife)

Given names added from a supplemental report.
Eliza Elna 19

Address Shelley Idaho.

Filed 9/9 — 1920 Edwin Carter
Registrar Registrar

AUG 18 1942

625-12-023 625

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

153295

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Raymond Oberst.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 12 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 6 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Edward C. Oberst	FULL MAIDEN NAME	Delilah Oberst
Residence (Usual place of abode)	Emmett	Residence (Usual place of abode)	Emmett
If nonresident, give place and State	Idaho.	If nonresident, give place and State	Idaho
Color or race	White	Age at last Birthday (Years)	43
Birthplace (City and State or Country)	Jasper Ind.	Color or race	White
Occupation	Farming	Age at last Birthday (Years)	36
		Birthplace (City and State or Country)	Illinois
		Occupation	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Delilah Oberst

Emmett Idaho

Physician or midwife

Address E. C. Oberst deceased

Filed July 11 1927 Dave Farrell

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 7 1941

275-202-006-849

PLACE OF BIRTH

RECEIVED JUL 22 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 153316

County of Bingham

City of Woodville

No. ..... St. Registration District No. ..... State File No. 153316

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruby Alice Speas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9-2-, 1920

What bactericidal solution was used in eyes? Argyol 10%

Number of child of this mother, including present birth 2d Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Victor Speas	FULL MAIDEN NAME	Ethel Hurst
RESIDENCE	Woodville R-3 Shelley	RESIDENCE	Woodville R-3 Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Virginia	BIRTHPLACE	Mate
OCCUPATION	Farmer	OCCUPATION	Hank Keeper

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Arthur M.D.

(Physician or midwife)

Address Shelley

Filed JUL 22 1927 192 David Burrell
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1944

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FLAT[illegible] 5 36-[illegible] 383-[illegible]

BUR[illegible]

CERTIFI[illegible]

RECEIVED JUL 23 1927

County of Bannock

City of Pocatello

Registration District No. 28

File No. [illegible]

No. ..... St.

Primary Registration District No. 2161

Registered No. 8241

Hospital General

FULL NAME OF CHILD Frederic Robert Clothier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clothier	FULL MAIDEN NAME	Velma Claire Clothier
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Phila. Penna.	BIRTHPLACE	New York
OCCUPATION	Physician	OCCUPATION	Hosp.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Ida

Registrar

Filed 7/1 1927

J. R. Young

Registrar

[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Fremont
City of Ashton

No. 284-203-022-769 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

154918
154918

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Eleanor A. Smith
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female
Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth: 1
Legitimate? Yes
Date of birth: August 8 (Month) (Day) 1926 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living Yes
Born alive but now dead None, Stillborn

FATHER	MOTHER
FULL NAME Isaac A. Smith Jr.	FULL MAIDEN NAME Alice Parquette
Residence (Usual place of abode) Ashton Idaho	Residence (Usual place of abode) Ashton Idaho
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 25 (Years)	Color or race White Age at last Birthday 19 (Years)
Birthplace Penn (City and State or Country)	Birthplace Idaho (City and State or Country)
Occupation Garage Owner	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8 a. M. on the date above stated.

(Signature) O. L. Stanger
(Physician or midwife)

Address Ashton Idaho

Filed Oct 1 1927 Daniel Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

AUG 2 1974

268-228-026867

PLACE OF BIRTH

STATE OF I[redacted]
DEPARTMENT OF PUB[redacted]RE
BUREAU OF VITAL [redacted]

CERTIFICATE O[redacted]

155881

County of Jefferson

City of Lewisville

No. Rigby, Route 7 St. Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Alyce Ruth Boyce
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Oct. 28 (Month) (Day) 1920 (Year)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth fourth | Number of child of this mother now living, including present birth fourth

FATHER		MOTHER	
FULL NAME	William Boyce	FULL MAIDEN NAME	Jessie Hogaan
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Lewisville, Ida.	BIRTHPLACE	Manti, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at about 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) [signature]
(Physician or midwife)

Address Idaho Falls

Filed Oct 22 1927 Dave Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
STATISTICS

FEB 7 1975

1945

Amended 7/28/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 155682
Local Reg. No.
Reg. Dist. No.

596 118 040 · 769

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wardner

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Missouri b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kansas City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): CHARLES b. (Middle): LAVERN c. (Last): ERWIN

4. SEX: Boy

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 18, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): David c. (Last): Erwin

8. AGE (At time of this birth): 48 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Cato, Kansas

10. USUAL OCCUPATION: Engineer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Anna b. (Middle): Laura c. (Last): Portwood

13. AGE (At time of this birth): 43 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Garland, Kans.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 24, 1927

22. REGISTRAR'S SIGNATURE: David Burrell

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 155682

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lavern Erwin (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1920 (Date of Event) in Wardner, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Franklin Life Insurance Co. Policy No. 813238 (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1949 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lavern Erwin	Charles LaVern Erwin
Child's Date of Birth	May 18, 1920	May 18, 1920

Subscribed and sworn to before me this 31st day of March, 1969

Notary Public, residing at Austin, Travis County, Tex.

My commission expires June 1, 1969

(Seal)

Signed Mrs. Charles L. Erwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs. Charles 1303 Harnet St. Austin Tex

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas
County of Travis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of March, 1969

Carl W. Graves

Notary Public, residing at Austin, Texas

My commission expires June 1, 1969

(Seal)

Signed Mrs. A. C. Reed

(Signature of Any Credible Person)

4512 So. 2nd, Austin, Texas

(Street Address, City, State)

FORM DH 60-155

CL 12-13-65. one copy pd. rec. #3681.

Order to Report for Induction gives name as Charles LaVern Erwin. Dated October 25, 1941. Order no. S-3047. Signed by Glynn D. Evans. Viewed by V. S.

Honorable Discharge Papers give namea as Charles L. Erwon. Discharges from the Army Nov. 21, 1945. Signed by John Hayes, Major AUS. Viewed by V. S.

RECEIVED OCT 24 1927

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone Co

City of Wardner

No. — St. Registration District No. State File No. 155682

Hospital Ho — Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Laverne Erwin

(Certificate of no value without full name of child)

Sex of Child Boy | Twin ~~Triplet~~ ~~Quadruplet~~? yes and Number in order of birth 10th (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 18, 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Arg Yrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	William David Erwin	FULL MAIDEN NAME	Anna Laura Portwood
RESIDENCE	Kellogg	RESIDENCE	Kans City Mo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Cato Kans	BIRTHPLACE	Garland Kans
OCCUPATION	Engineer	OCCUPATION	Homestead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 7 25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Give names added from a supplemental report.

Address

192

Registrar.

Filed OCT 24 1927 192

David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED OCT 24 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 155683

County of Shoshone
City of Wardner
No. 596 218 040 769 St. Registration District No. ..... State File No. 155683
~~Hospital~~ home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lavella Erwin
(Certificate of no value without full name of child)

Sex of Child girl | Twin ~~Triplet or other~~? yes and Number in order of birth 11th (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 18, 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Arg Vol.

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	W D Erwin	FULL MAIDEN NAME	Anna Laura Portwood
RESIDENCE	Kellogg Ida	RESIDENCE	Kans City Mo.
COLOR	White AGE AT LAST BIRTHDAY 48 (Years)	COLOR	White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Cato Kans	BIRTHPLACE	Garland Kans
OCCUPATION	Engineer (Hoisting)	OCCUPATION	Homestead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 7 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Nesson
(Physician or midwife)

Give names added from a supplemental report.

Address .....

192 RECEIVED OCT 24 1927 Filed 192

Registrar. David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 9 1927

County of Caribou

City of Soda Springs

No. ..... St.

666-1120-45-249

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 82 State File No. 156491

Prim. Registration District No. 2159 Local Registrar's No. 46

FULL NAME OF CHILD John Wallace Woodall Jr.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 13 19 20

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 0

FATHER		MOTHER	
FULL NAME	John Wallace Woodall	FULL MAIDEN NAME	Elsie M. Turner
Residence (Usual place of abode)	Soda Springs	Residence (Usual place of abode)	Soda Springs
If nonresident, give place and State	Idaho	If nonresident, give place and State	Ida.
Color or race	White	Color or race	White
Age at last Birthday (Years)	29	Age at last Birthday (Years)	22
Birthplace (City and State or Country)	Soda Springs, Ida.	Birthplace (City and State or Country)	Henry, Idaho
Occupation	Plumbers helper	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3:00 A M. on the date above stated.

(Signature) Russell Swan, M.D.

(Physician or midwife)

Address Soda Springs, Idaho

Filed Dec. 7 19 27 Dr. Russell Swan Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 9 1957

FILE OF BIRTH

County of Caribou

City of Soda Springs

Address Soda Springs

Filed Dec. 7 1957

NOV 1 1958

ECORD

United States
Department of Commerce
Bureau of the Census

SEP 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 136491
Local Reg. No. 94
New Reg. Dist. No. 570

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Dem Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Soda Springs, Ida.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Spgs, Ida

4. **FULL NAME OF CHILD** John Wallace Woodall, Jr.

5. **DATE OF BIRTH** (Month, day, year) Oct. 13, 1920

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wallace Woodall

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

~~13. Birthplace~~ Soda Springs, Ida.
(City or Town) (State or foreign country)

14. Exact Occupation Plumber's Asst.

15. Industry Business Plumbing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Turner

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Blackfoot, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Dem Homen

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Loan Aline (born alive, stillborn) at 9:10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Woodall (First name) (Last name), who is related to this child as mother (Mother, etc.)

SEP 26 1941

26. (a) Sept. 17, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. (D.O., Midwife, etc.) and address Soda Springs, Ida Date 9/12/41

27. Given name added on ..... by ..... (Registrar's signature)

JAN 14 1949

JAN 21 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH — RECEIVED JAN 28 1928

County of Jerome

City of Jerome

No. 89-114-027347 St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

158673

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Woodson Wesley Harman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
boy			Yes	Aug	14	1920

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Woodson Otis Harman	FULL MAIDEN NAME	Mabel Ellen Lupton
Residence (Usual place of abode)	Jerome	Residence (Usual place of abode)	Jerome
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	27	Age at last Birthday (Years)	30
Birthplace (City and State or Country)	Beaver City Nebraska	Birthplace (City and State or Country)	Beaver City Nebraska
Occupation	Ranch	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7:30 P. M. on the date above stated.

(Signature) Chas. F. Zeller

M.D.

(Physician or midwife)

Address Jerome, Ida.

Filed Jan 28 1928 David I. Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 29 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 11 1928

STA[redacted]
DEPARTMENT [redacted]ELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

158926

County of Shoshone

City of Kellogg

No. 942 130040 365 St. Registration District No. ..... State File No. 1589

Hospital No Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dominick Rubino

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	1	Yes	Aug. 30 1920

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Vito Nicola Rubino	FULL MAIDEN NAME	Carolina Tonti
RESIDENCE	Kellogg, Ida	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	17 1903 (Years)
BIRTHPLACE	(Erigiano) Italy	BIRTHPLACE	Harrison Idaho
OCCUPATION	Sweetly man	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address .....

Filed Feb 11 1928 David Burrell
State Registrar.

MAR 15 1967

FEB 23 1945

DELAYED

Dup of 1920-849525

Form V[redacted]1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

158928

County of Bingham

City of Shelley

No. 289-118 006 242 St.

Registration District No. ..... File No. 158928

Hospital Packers

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Katumi Shikashio

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) – 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Shikashio	FULL MAIDEN NAME	Miyoshi Kusaba
RESIDENCE	Shelley R I	RESIDENCE	R I Shelley
COLOR	Jap. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	Jap. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 photostatic copy 7-3-42

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

1 certified copy 6-17-41

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed Feb 21 1928

David Burrell
State Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEC 20 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 6 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. 394-102022-319 St. Registration District No. ..... State File No. 159346

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harold Lazier Liddell

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Dec (Day) 2 (Year) 1920
male				

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Willis James Liddell	FULL MAIDEN NAME	Bernice Adelia Lazier
RESIDENCE	St Anthony	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... **Registrar.**

(Signature) .....

.....

(Physician or midwife)

Address .....

Filed Feb 6 1928 David Burrell

Registrar.

369-216-026-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 17 1928

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby, Idaho

No. ..... St. Registration District No. ..... State File No. 160185

Hospital Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Juliette Cordon

(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 16 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth Three Number of child of this mother now living, including present birth Three

FATHER		MOTHER	
FULL NAME	Alfred (Josiah) Call Cordon	FULL MAIDEN NAME	Rose Gilchrist
RESIDENCE	Rigby, Idaho	RESIDENCE	Rigby, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	Born July 1, 1883	AGE AT LAST BIRTHDAY (Years)	Born September 24, 1886
BIRTHPLACE	Willard, Utah	BIRTHPLACE	
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Yes at 12 midnight M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

Physician

(Physician ~~or midwife~~)

Address Pocatello, Idaho

Give names added from a supplemental report.

January 5, 1928

Registrar.

Filed MAR 1 1928 1928

Dood Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1946

DEPARTMENT
BUREAU

MAR 8 1957

155-130-026-816

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of Roberts

No. ..... St.

..... (If born in hospital or institution give name.)

MAY 3 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

160553

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 160553

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leonard Everett Avery
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	January 30 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Charles Everett Avery	FULL MAIDEN NAME	Ethyl May Hawley
Residence (Usual place of abode)	Roberts	Residence (Usual place of abode)	Roberts
If nonresident, give place and State	Idaho	If nonresident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	20
Birthplace (City and State or Country)	Bartlett Nebraska	Birthplace (City and State or Country)	Whitman Nebraska
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Stillborn~~ **Born alive** at Roberts Idaho **on the date above stated.**

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midwife Goldie Spickelmire

Dr. Earl D. Jones
(Physician or ~~midwife~~)

Address Roberts Idaho

Filed MAY 3 1920 19..... David Burrell
Registrar.

259-124001-353

PLACE OF BIRTH

County of Ada

City of Boise

RECEIVED JUNE 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

161408

No. ..... St. Registration District No. ..... State File No. 161408

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jesus Beristain
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth July 24 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jose Beristain	FULL MAIDEN NAME	Angela Telleria
RESIDENCE	607 North 6th St Boise Idaho	RESIDENCE	607 North Sixth Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bilbao Spain	BIRTHPLACE	Yspaster Spain
OCCUPATION	Sheep Herder	OCCUPATION	House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Nine P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Geo Collister
(Physician or midwife)

Address .....

Filed Sept 30 1920 David Burrell State Registrar.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-82156

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
R36 NO-044,632
RECEIVED JUL 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

163205

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. 1001 Liberty St. Registration District No. 86 State File No. 1
Hospital Primary Registration District No. 1010 Local Registrar's No. 1

FULL NAME OF CHILD Jack Bruce Bloomer
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Feb 10 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cheed Bloomer	FULL MAIDEN NAME	Paula Beryle Olson
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	14
BIRTHPLACE	Virginia	BIRTHPLACE	Mill Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or midwife)

Give names added from a supplemental report.

, 192

Registrar.

Address

Filed July 15th 1920 W. R. Hamilton
Registrar.

JUN 8 1965

5 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

199109-001-199

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

164635

Registration District No. 2 State File No. 164635

Prim. Registration District No. 1004 Local Registrar's No. .....

FULL NAME OF CHILD Juan Cruz Bastida Arrizabalaga
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 9. 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes.

Born alive but now dead alive Stillborn .....

FATHER		MOTHER	
FULL NAME	Ramon Bastida	FULL MAIDEN NAME	Petra Arrizabalaga
Residence (Usual place of abode)	Boise.	Residence (Usual place of abode)	Boise.
If nonresident, give place and State		If nonresident, give place and State	
Color or race	Spanish Age at last Birthday 32 (Years)	Color or race	Spanish. Age at last Birthday 26 (Years)
Birthplace	Spain. (City and State or Country)	Birthplace	Spain. (City and State or Country)
Occupation	Farmer.	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) [signature]
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Ida

Filed Sept 27 1928 [signature] Registrar.

JAN 12 1942

AUG 10 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 21 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. 445-118 007 253 St. Registration District No. ..... State File No. 168616

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William James Dunn
(Certificate of no value without full name of child)

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 18 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth Fourth Number of child of this mother now living, including present birth Four

FATHER		MOTHER	
FULL NAME	Archie Dunn.	FULL MAIDEN NAME	Florence Ann Bellinger
RESIDENCE	Hailey. Idaho.	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Boise, Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. Stitt
Bellevue, Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192...

..... Registrar.

Address .....

Filed FEB 21 1929 192... C. K. Macey State Registrar.

MAY 1 1944

FEB 5 1960

515 112-022 693

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED APR 24 1929

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No.

File No. 170152

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Clyde William Vandroy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	Dec 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie Vandroy	FULL MAIDEN NAME	Bertrice Williams
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed APR 24 1929 19 C. K. Macey State Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

315-118-022-213

PLACE OF BIRTH

RECEIVED JUN 19 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ..... St. Registration District No. 100 State File No. 171672

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 135

FULL NAME OF CHILD Rikio Tanagi

(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 8/18 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Kiechi Tanagi	FULL MAIDEN NAME	Miki Sato
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Hanse Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 10 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Kiechi Tanagi

Farmer

~~(Physician or midwife)~~

Address .....

..... , 192...

Registrar.

Filed 6/17 1929

J W Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1965

Deb. Abbotts Farm.

SEP 25 1952

415-213-019 258

PLACE OF BIRTH

RECEIVED JUL 13 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St. Registration District No. 108 State File No. 171698

Hospital ..... Primary Registration District No. 2186 Local Registrar's No. 189

FULL NAME OF CHILD Wilma Velda Mawby
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	and			Sept 13 1929

What bactericidal solution was used in eyes? 2% Protargol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Wallace Mawby	FULL MAIDEN NAME	Mabel Beatrice Keyes
RESIDENCE	Challis Idaho	RESIDENCE	Challis Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bayhorse Ida	BIRTHPLACE	Buena Vista Colo
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) C. L. Kirtley M.D.
(Physician or midwife)

Address Challis Idaho

Filed June 29 1929 Edna McKenney Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

DELAYED

Dup of 1920-173080

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock RECEIVED AUG 14 1929

City of Pocatello

No. 158 So 2nd St.

261-214 003 412

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173498

Registration District No. 28 State File No. 173498

Prim. Registration District No. 1002 Local Registrar's No.

FULL NAME OF CHILD Fujie Sunada
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	April 14 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? Agyrol

Number of child of this mother, including present birth 5 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Taroichi Sunada	FULL MAIDEN NAME Kikuyo Masada
Residence (Usual place of abode)	Residence (Usual place of abode)
If non-resident, give place and State Pocatello Idaho	If non-resident, give place and State Pocatello Idaho
Color or race Japanese Age at last Birthday 43 (Years)	Color or race Japanese Age at last Birthday 31 (Years)
Birthplace Japan (City and State or County)	Birthplace Japan (City and State or County)
Occupation R. R. Gang foreman	Occupation Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Taroichi Sunada (father)
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello Idaho

Filed 8-14- 1929 J. R. Young
Registrar.

YEAR: 1920

FILE # 173523

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-173523B

994122 C01 793

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

Registration District No. ..... State File No. 173523

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Donavan Monroe Redemour.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Nov 22 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Harvey L. Redemour	FULL MAIDEN NAME	Mary Belle Gilliam
Residence (Usual place of abode)	Is Boise	Residence (Usual place of abode)	Is Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	White
Age at last Birthday	20 (Years)	Age at last Birthday	20 (Years)
Birthplace	Clinton Iowa (City and State or County)	Birthplace	Grandview Ark (City and State or County)
Occupation	Labor	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) Mary Redemour

Mother

(Physician or midwife)

Address Boise Ida R R #5

Filed Sept 3 1929 C K Macey Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF [illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] MAY 27 [illegible]

County of _____ Registration District No. _____ File No. _____

City of _____ Prim. Registration District No. _____ Local Registrar's No. _____

No. _____ St. _____

Ward or hospital or institution _____

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Date)	(Year)
	(Unless answered, rule in event of proud birth)						

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth _____ (a) Born alive and now living _____

Born alive but now dead _____ (Others) _____

FIRST NAME	FATHER	FULL NAMED NAME	OTHER
Red-blood (Usual place of abode)		Red-blood (Usual place of abode)	
Foreign residence, give place and state		Foreign residence, give place and state	
Color or race	Age at last Birthday (Years)	Color or race	Age at last Birthday (Years)
Birthplace (City and State or County)		Birthplace (City and State or County)	
Occupation		Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at _____ M. on the date above stated.

(Signature) _____

(Physician or midwife)

Address _____

Filed _____ 19__

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

614-206 ID-819

PLACE OF BIRTH OCT 3 1929

County of Bonneville

City of Idaho Falls

No. R.F.D No 7 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

174441

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Betty Lee Faust

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	June 6 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME: Emile E. Faust	FULL MAIDEN NAME: Pattie Ann Harris
Residence (Usual place of abode): Idaho Falls #7	Residence (Usual place of abode): Idaho Falls #7
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 23 (Years)	Color or race: White Age at last Birthday: 22 (Years)
Birthplace: Oakland Nebraska (City and State or County)	Birthplace: Lawrence Kansas (City and State or County)
Occupation: Farmer	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11.45 A. M. on the date above stated.

(Signature) Mrs Allen S Harris

attendant

(Physician or midwife)

Address 218 East 13th St Idaho Falls, Idaho.

Filed Oct 1st 1929

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

(If born in hospital or institution give name.)

FULL NAME OF CHILD .....

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	Number and in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
	(To be answered only in event of plural births)					

Registration District No. ..... **State File No.** .....

Prim. Registration District No. ..... **Local Registrar's No.** .....

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	FULL	MOTHER
NAME	NAME	
Residence (Usual place of abode)	Residence (Usual place of abode)	
If non-resident, give place and State	If non-resident, give place and State	
Color or race ..... Age at last Birthday ..... (Years)	Color or race ..... Age at last Birthday ..... (Years)	
Birthplace ..... (City and State or County)	Birthplace ..... (City and State or County)	
Occupation	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / **Stillborn** } **at** 11 45 P.M. **on the date above stated.**

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Filed [illegible]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

843-221-001-319

RECEIVED OCT 15 1929

PLACE OF BIRTH

County of Ada

City of Barber, Idaho

No. 39 - 3rd St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

174454

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruth Edna Huckabee

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	May 21 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? (Treated)

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead — Stillborn

FATHER	MOTHER
FULL NAME Raymond Edward Huckabee	FULL MAIDEN NAME Edna Elmira Larsen
Residence (Usual place of abode) Barber, Idaho	Residence (Usual place of abode) Barber, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 31 (Years)	Color or race White Age at last Birthday 30 (Years)
Birthplace Waco, Texas (City and State or County)	Birthplace Bellevue, Idaho (City and State or County)
Occupation Officeman, Timekeeper	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 9:30 P M. on the date above stated.

(Signature) S Woodford Jms

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Overland Bldg Boise Idaho

Filed Oct. 15 1929 C K Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF [illegible]

[illegible] STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

(Name in hospital or institution give name.) Prin. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of birth	Age
	(To be answered only in case of stillbirth)					(Year)

Was prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth ..... (a) Born alive and now living

Born alive but now dead ..... Stillborn .....

FATHER

NAME

Residence (Local place of abode) ..... Residence (Local place of abode) .....

[illegible] ..... If not residence, give place and date .....

Color or race ..... Age at last Birthday ..... Color or race ..... (Years)

Birthplace ..... (City and State or Country) Birthplace ..... (Years)

Occupation ..... (The State or Country) Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

Signature .....

(Physician or midwife)

Address .....

Filed ..... Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor [illegible] evidences of life after birth.

NOV 30 [illegible]

713-016-010-753
PLACE OF BIRTH

RECEIVED JAN 8 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

176684

County of Bonneville
City of Idaho Falls
No. ..... St. Registration District No. ..... State File No. .....
Hospital n/a Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Marion Ellwood Patton
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			n/a	Oct 16 1920

What bactericidal solution was used in eyes? n/a

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ellwood Patton	FULL MAIDEN NAME	Hazel Peterson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Merwin Mo	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** 7 .9 **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... **Registrar.**

(Signature) C E Rogers
Phys
(Physician or midwife)

Address Idaho Falls Ada

Filed Jan 8 1930 Bessie M. Lepper **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1971

JAN 1 5 1943

766-109-005-534

PLACE OF BIRTH RECEIVED JAN 9 1930

County of Lenewah

City of St. Maries, Ida

No. ..... St.

St. Maries Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 176686

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Larry J. Powers

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	\		\	Yes	June (Month) 9 (Day) 1920 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Bill Titus Powers	FULL MAIDEN NAME	Naomi Sally Elder
Residence (Usual place of abode)	St. Maries, Ida	Residence (Usual place of abode)	St. Maries, Ida
If nonresident, give place and State	—	If nonresident, give place and State	—
Color or race	White	Color or race	
Age at last Birthday (Years)	25	Age at last Birthday (Years)	21
Birthplace (City and State or Country)	Michigan	Birthplace (City and State or Country)	Perry, Iowa
Occupation	Mill Laird - Setter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 7 30 A. M. on the date above stated.

Copy of certificate (Signature) D. Cornwall, M.D.

(Physician ~~or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address St. Maries

Filed Jan. 9 1930 Bessie N. Lipper State Registrar. By H.H.

in Hospital File 16/3.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 8 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

176937

PLACE OF BIRTH

County of Blaine

City of Bellevue Amended 3/17/76

No. Idaho St.

24 4 1 6 007 292

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Arthur Marion Hurst

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	single		Saturday Dec 16 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth nine (a) Born alive and now living seven

Born alive but now dead two boys Stillborn .....

FATHER		MOTHER	
FULL NAME	Earl Hurst	FULL MAIDEN NAME	Alice Bivian
Residence (Usual place of abode)	Bellevue Idaho	Residence (Usual place of abode)	Bellevue Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	36 (Years)	Age at last Birthday	41 (Years)
Birthplace	The Dalles Oregon (City and State or County)	Birthplace	Salt Lake City Utah (City and State or County)
Occupation	farmer	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 10 o'clock P M. on the date above stated.

(Signature) Mary Jane Hurst

(Physician or midwife)

Address Bellevue Idaho

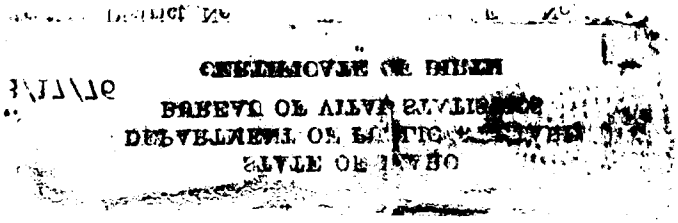
Filed Jan 9 1930 Bessie N. Lepper Registrar.

By HH State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DECLASSIFIED

NOV 3 1944



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 24 10 24 AM '76

State of Idaho
County of Blaine } ss.

Certificate No. 176937

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arthur Morrison Hurst (Name on Original Certificate) who was born (Was Born or Died) on Dec 16, 1921 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by 2. Certificate of Honorable Discharge, U.S. Army Dec. 6, 1945
2. Bible Record (Photo) (Bible Record, Insurance Policy, Etc.) prepared on Dec. 16, 1920 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	December 16,1921	December 16, 1920
Name:	Arthur Morrison Hurst	Arthur Marion Hurst

Subscribed and sworn to before me this 23rd day of February, 19 76

Notary Public, residing at Bellevue, Idaho
My commission expires Mar. 1, 1977
(Seal)

Signed Emily E. Glahn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box No. 33
Bellevue, Idaho 83313
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of February, 19 76

Notary Public, residing at Bellevue, Idaho
My commission expires March 1, 1977
(Seal)

Signed Joseph H Glahn
(Signature of Any Credible Person)

Bellevue, Idaho 83313
(Street Address, City, State)

FORM DH 60-155
CL 2/?/76 nm

Page from a Baby Book gives name as Arthur Marion Hurst born Dec 16, 1920 at Bellevue, Idaho viewed by V. S.

MAR 17 1976

Honorable Discharge from Army gives name as Arthur M. Hurst born Dec 16, 1920. date of Separation Dec 6, 1945. viewed by V. S.

daughter's baby book gives child's name as Carol Lorriane Hurst born Nov 19, 1950 at Hailey, Idao. father's name given as Arthur Marion Hurst and mother's name as Florence Lorraine Logan. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. — St.

213 H 7 0 1 0 6 13

(If born in hospital or institution give name.)

RECEIVED JAN 24 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 177796

Registration District No. ..... State File No. 177796

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harry Earl Bate

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	and	Yes	Nov 17 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Earl P. Bate	FULL MAIDEN NAME	Ethel Walker
Residence (Usual place of abode)	Idaho Falls	Residence (Usual place of abode)	Idaho Falls
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	White	Age at last Birthday (Years)	26
Birthplace (City and State or County)	Charleston Utah		
Occupation	Farmer		
Color or race	White	Age at last Birthday (Years)	19
Birthplace (City and State or County)	Livingston Montana		
Occupation	House Wife		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3.30 P.M. on the date above stated.

(Signature) Father Earl P. Bate

(Physician or midwife)

Address P.O. Box 293 Coeur d'Alene Idaho

Filed Jan 24 1930 Bernice Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 5 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. [illegible] St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 177796

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Harvey Dale

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11-17-1920

What bactericidal solution was used in eyes? Sol argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl P. Dale	FULL MAIDEN NAME	Ethel Walker
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho Falls, Ida	BIRTHPLACE	Livingston, Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive* (Born alive or stillborn) **at** 3 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

Idaho Falls, Ida.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Filed 192

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar City

No. 512 N 4 033874 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 3 1930

CERTIFICATE OF BIRTH 177804

Registration District No. 100 State File No.

Primary Registration District No. 2178 Local Registrar's No. 3

FULL NAME OF CHILD George Chozo Nakamoto

(Certificate of no value without full name of child)

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of birth: 7/14 1929 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Hozo Nakamoto

RESIDENCE: Sugar City

COLOR: Japanese AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE: Japan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Tona Yamasuye

RESIDENCE: Sugar City

COLOR: Japanese AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE: Japan

OCCUPATION: Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) Hozo Nakamoto

(Physician or midwife)

Address Sugar City Idaho

Filed Jan 31 1930

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 19 1930

County of Bonneville

City of East Poplar

No. ..... St.

289 117 46-249

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178510

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Keith Paul Byington
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	✓		✓	yes	July 17 1926 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silvol

Number of child of this mother, including present birth 8 (a) Born alive and now living 8

Born alive but now dead ..... Stillborn none

FATHER	MOTHER
FULL NAME John Parley Byington	FULL MAIDEN NAME Maggie Brennetta Smith
Residence (Usual place of abode) East Poplar	Residence (Usual place of abode) East Poplar
If non-resident, give place and State	If non-resident, give place and State
Color or race English White Age at last Birthday 40 (Years)	Color or race American White Age at last Birthday 30 (Years)
Birthplace Marsh Valley Idaho (City and State of County)	Birthplace Nephi Utah (City and State or County)
Occupation Gen. farming	Occupation farmers Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Jay T Price
Physician
(Physician or midwife)

Address Jerome Ida

Filed Feb. 19 1930 Bessie N Lypper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

RECEIVED MAR 1 1930

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. ..... St.

553 204 010 259

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 State File No. 178520

Prim. Registration District No. 2150 Local Registrar's No. 42

FULL NAME OF CHILD LaVerne Valalia Nelson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes.	Feb. 4th 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol.

Number of child of this mother, including present birth 1 (a) Born alive and now living One

Born alive but now dead ✓ Stillborn ✓

FATHER		MOTHER	
FULL NAME	Rudolph Nelson	FULL MAIDEN NAME	Hedvig Bergdahl
Residence (Usual place of abode)	~~Ida~~ Shelley Ida.	Residence (Usual place of abode)	Shelley Idaho
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	white Age at last Birthday 22 (Years)	Color or race	white Age at last Birthday 20 (Years)
Birthplace	Idaho Falls Ida (~~City~~ and State or County)	Birthplace	Drummond Wis. (~~City~~ and State or County)
Occupation	Farming	Occupation	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 30 A. M. on the date above stated.

(Signature) A. R. Sodergrist M.D.

Physician
(Physician or midwife)

Address Idaho Falls Ida.

Filed Feb 27 1930 [signature]
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

K

AUG 21 [redacted]

DELAYED

RECEIVED MAR 10 1930

512116-010-298

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

178540

178540

County of Bonneville

City of Iona Registration District No. File No.

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Ichiro Nakao

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5	Yes	Jan 16 1920

	FATHER	MOTHER
FULL NAME	Yonejiro Nakao	FULL MAIDEN NAME Kiyono
RESIDENCE	Iona	Iona
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY	43 (Years)	28 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at M. on the date above stated.

(Signature) Idaho Japanese Assoc.

(Physician or midwife)

Address Idaho Falls, Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed March 10 1930 Bessie N Lepper State Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-83405

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED APR 28 1930

County of Camas

City of Hill City

No. 253-129-013 St. 45

at Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180046

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Earl Leon Sellers

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				January 29 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth four (a) Born alive and now living four

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	James W. Sellers	FULL MAIDEN NAME	Nettie Barnes
Residence (Usual place of abode)	Hill City	Residence (Usual place of abode)	Hill City
If non-resident, give place and state		If non-resident, give place and state	
Color or race	White	Color or race	White
Age at last Birthday	41 (Years)	Age at last Birthday	31 (Years)
Birthplace	Fayfield Texas (City and State or County)	Birthplace	San Bernardino Calif (City and State or County)
Occupation	Stock Rancher	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1.30 p.m. M. on the date above stated.

(Signature) Mrs. L. Laurencen

(Physician or midwife)

Address Hill City Idaho

Filed April 28 1930 Bessie M. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2/20/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE RECEIVED JUL 14 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

181755

County of Fremont
City of Parker
No. ..... St.
631 169 022 145
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Shigeru Ota
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male
Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes
Date of birth: January 9 (Month) (Day) 1920 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME: Sukeyoshi Ota	FULL MAIDEN NAME: Kisa Amemiya
Residence (Usual place of abode): Parker, Ida.	Residence (Usual place of abode): Parker, Ida.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race: Jap. Age at last Birthday: 39 (Years)	Color or race ..... Age at last Birthday: 30 (Years)
Birthplace: Japan (City and State or County)	Birthplace: Japan (City and State or County)
Occupation: Farmer	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Certified copy 12/16/40

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated. 1 Photostat copy 2/17/42

1 Photostat copy 3/12/42

(Signature) Kimeno Yokogama X
midwife
(~~Physician~~ or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed July 14 1930 Bessie N Lepper
State Registrar.

Certified Copy issued Dec. 16, 1940.

FEB 18 1942

399-120-014-613

PLACE RECEIVED AUG 15 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 183451

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Maynard Crist
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male				X	Sept. 20 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living X

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Bypam Emmett Crist	FULL MAIDEN NAME	Lena Hall
Residence (Usual place of abode)	Middleton	Residence (Usual place of abode)	Middleton
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	37 (Years)	Age at last Birthday	29 (Years)
Birthplace (City and State or County)	Nishna Botna, Missouri	Birthplace (City and State or County)	Burlesville, Illinois
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Middleton M. on the date above stated.

(Signature) .....

midwife – Mrs. William Cody
(Physician or midwife)

Address Middleton, Idaho.

Filed Aug. 19 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1960

Witnesses

Mrs. W. W. Crist - Richfield, Idaho

Mrs. J. L. McElroy, Oregon City, Oregon

Mrs. Geo. Winkley - Bellingham, Wash.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AUG 22 1930

County of Bannock

City of Pocatello

No. 618 W. Hayden St.

313-105-003-693 (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 18345

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Donald Colonel Tallmadge
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	September 5 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol

Number of child of this mother, including present birth First (a) Born alive and now living 1 2

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Norman C. Tallmadge	FULL MAIDEN NAME Nina Estelle Williams
Residence (Usual place of abode) 618 W. Hayden Pocatello, Ida.	Residence (Usual place of abode) 618 W. Hayden Pocatello, Ida.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 24 (Years)	Color or race White Age at last Birthday 20 (Years)
Birthplace Duluth, Minnesota (City and State or County)	Birthplace Pocatello, Idaho (City and State or County)
Occupation Automotive Electrician	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / [illegible] } at 5:30 P. M. on the date above stated.

(Signature) William J. Howard M.D.
(Physician or midwife)

Address Pocatello Idaho.

Filed Aug. 22 1930 Bessie M. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 1 8 1969

JAN 2 0 1953

MAR 2 9 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Gooding
City of Wendell
No. ..... St.
443-205-024262
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 30 1930

183461

Registration District No. 22 State File No. 183461

Prim. Registration District No. 2018 Local Registrar's No. .....

FULL NAME OF CHILD Alvina Muller
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? no and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Oct (Month) 5" (Day) 1930 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME J. P. Muller	FULL MAIDEN NAME Mary Bossor
Residence (Usual place of abode) Wendell	Residence (Usual place of abode) Wendell
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 42 (Years)	Color or race White Age at last Birthday 30 (Years)
Birthplace Russia (City and State or Country)	Birthplace Russia (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 A— M. on the date above stated.

(Signature) E. L. Simonton
physician
(Physician or midwife)

Address Wendell Ida

Filed Aug 29 1930 E L Simonton
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Dup of 1920-88499

RECEIVED SEP 27 1930 Copy

PLACE OF BIRTH

County of Nez Perce

City of Lapwai, Idaho,

No. 286-224-035-762 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184397

Registration District No. ..... State File No. 184397

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wilma Marie Shore
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				January 24 1930

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Irvie H. Shore	FULL MAIDEN NAME	Cressie Goble
Residence (Usual place of abode)	Lewiston Idaho	Residence (Usual place of abode)	Lewiston, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White Age at last Birthday 33 (Years)	Color or race	White Age at last Birthday 31 (Years)
Birthplace	Wallowa Oregon (City and State or County)	Birthplace	Wallowa, Oregon (City and State or County)
Occupation	Electrician	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6:A. M. on the date above stated.

(Signature) William S.H. Hale M.D.
(Physician or midwife)

Address Lewiston - Idaho.

Filed Sept. 27 1930 Bessie M. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1961

FEB 8 1952

DELAYED

Dup. of 1920-76,199

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED OCT 14 1930

County of Bannock

City of Pocatello

No. 503 N 04 St.

433-227003-613

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184565

Registration District No. 28 State File No.

Prim. Registration District No. 2161 Local Registrar's No. 10,018

FULL NAME OF CHILD Sherlia Ellen McCarthy
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 27 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3 2%

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Dale Helms McCarthy	FULL MAIDEN NAME	Georgia Mabel Wallace
Residence (Usual place of abode)	Pocatello	Residence (Usual place of abode)	Pocatello
If non-resident, give place and State	above	If non-resident, give place and State	above
Color or race	white Age at last Birthday 32 (Years)	Color or race	white Age at last Birthday 25 (Years)
Birthplace	Avonsville Wisconsin (City and State or County)	Birthplace	Oberlin Kansas (City and State or County)
Occupation	R. Roadman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 5 A M. on the date above stated.

(Signature) J. H. Lynn

phy

(Physician or midwife)

Address Pocatello, Idaho

Filed 10/1 1930 J. C. Young
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

914 715 016 695

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 186650

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rulon F. Ramsey
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 15 1920

What bacteriecidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Benjiman Ramsey	FULL MAIDEN NAME: Lucina S. Freestone
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Fairberry, Illinois	BIRTHPLACE: Bountiful, Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs. Lucina Ramsey

..... (Physician or midwife)

Address Oakley, Idaho

Filed Dec. 17 1930 Bessie N. Lepper State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gem

City of Emmett

No. 213 203-223 St. 418

Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

187292

REGISTERED JAN 10 1931

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margaret Salstrom

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	Feb 3 – 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John Salstrom	FULL MAIDEN NAME Grace Day
Residence (Usual place of abode) Emmett	Residence (Usual place of abode) Emmett
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 49 (Years)	Color or race White Age at last Birthday 39 (Years)
Birthplace Denmark (City and State or County)	Birthplace Ohio (City and State or County)
Occupation Laborer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2 a – M. on the date above stated.

(Signature) A M Cummings

(Physician or midwife)

Address Emmett

Filed Jan 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Primary Registration District No. ..... Local Registrar's No. .....

(If Registered)

(If Not Registered)

(Address)

(Signature of Informant)

(Address)

(Date Received by Local Registrar)

(Date Received by State Registrar)

FETAL MEDICAL CARD

Name of Child .....

Date of Birth ..... 19..

(Month) (Day) (Year)

Sex of Child .....

Twin, Triplet or Quad? .....

Number of Live Births .....

Legitimate? .....

Date of Birth .....

Weight at Birth .....

Weight at Death .....

Age at Death .....

Cause of Death .....

Was prophylactic used to prevent Ophthalmia Neonatorum? .....

Mother's Name .....

Maiden Name .....

Age .....

Color .....

Residence .....

Occupation .....

Number of previous pregnancies .....

Number of previous births .....

Number of previous miscarriages .....

Number of previous stillbirths .....

Date of last previous pregnancy .....

Duration of previous pregnancies .....

Date of last menstrual period .....

Duration of present pregnancy .....

Blood test for Syphilis .....

Result of test .....

Where test was made .....

Date of test .....

Was mother given any medical care during present pregnancy? .....

Number of prenatal visits .....

Date of first visit

318-210-00-693 DELAYED 187693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 116 N. 17 St.

St. Alphonsus

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 187673

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

FULL NAME OF CHILD Ruth-Ann Cahoon

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child: Female | Twin, Triplet or other? | and | Number in order of birth

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

Legitimate? Yes

Date of birth: May 10 (MONTH) (DAY) 1920 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? Nose Yes

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn _____

FATHER	MOTHER
Full Name: Carl Wright Cahoon	Full Maiden Name: Ida Laurie Wilson
Residence (Usual place of abode): 116 N. 17	Residence (Usual place of abode): 116 N. 17 Ada
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 42 (YEARS)	Color or race: White Age at last Birthday: 44 (YEARS)
Birthplace: Potsdam New York (CITY AND STATE OR COUNTY)	Birthplace: Smith Center Kansas (CITY AND STATE OR COUNTY)
Occupation: Dept Clerk Co. Records Office	Occupation: Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at _____ M. on the date above stated.

(Signature) Ida Laurie Cahoon Munro

Mother

(PHYSICIAN OR MIDWIFE)

Address 1509 State St.

Filed Jan. 1931 Boise Ida.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE DOC 04/06/2018 AJT

MAY 10 1948

APR 06 2018

DELAYED

633-108-04-466

187695

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

187695

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Willard Elmer Ott

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	April 8 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John Ott	FULL MAIDEN NAME Mamie Moore
Residence (Usual place of abode) Caldwell, Idaho	Residence (Usual place of abode) Caldwell, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 31 (Years)	Color or race White Age at last Birthday 17 (Years)
Birthplace Horton, Mo. (City and State or County)	Birthplace Idaho Falls, Idaho (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended the birth of this child, who was~~ ~~Born alive~~ / ~~Stillborn~~ ~~at ..... M.~~ ~~on the date above stated.~~

(Signature) Mamie Ott

John Ott
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

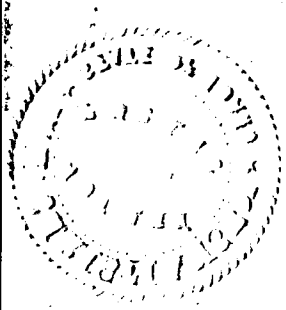
Subscribed and sworn to before me this 12 day of February 1931.

Address

Filed ..... 19..

[illegible] Notary Public
Residing at Coeur [illegible]
Com. Expires Aug 1, 1932

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DELAYED

251 110 014 613

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190824

190821

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* Herbert Alonzo Seaman

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth 7-10-1920 193___ (MONTH, DAY, YEAR)

FATHER

9. Full name: Daniel Alonzo Seaman

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W | 12. Age at last birthday 54 (years)

13. Birthplace (city or place) (State or country) Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Doshie Mae Williams

19. Residence (usual place of abode) (If non-resident, give place and State) _____

20. Color or race W. | 21. Age at last birthday 44 (years)

22. Birthplace (city or place) (State or country) _____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated. July 10, 1920

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Doshie Mae Wheeler, M. D.

or _____, Midwife

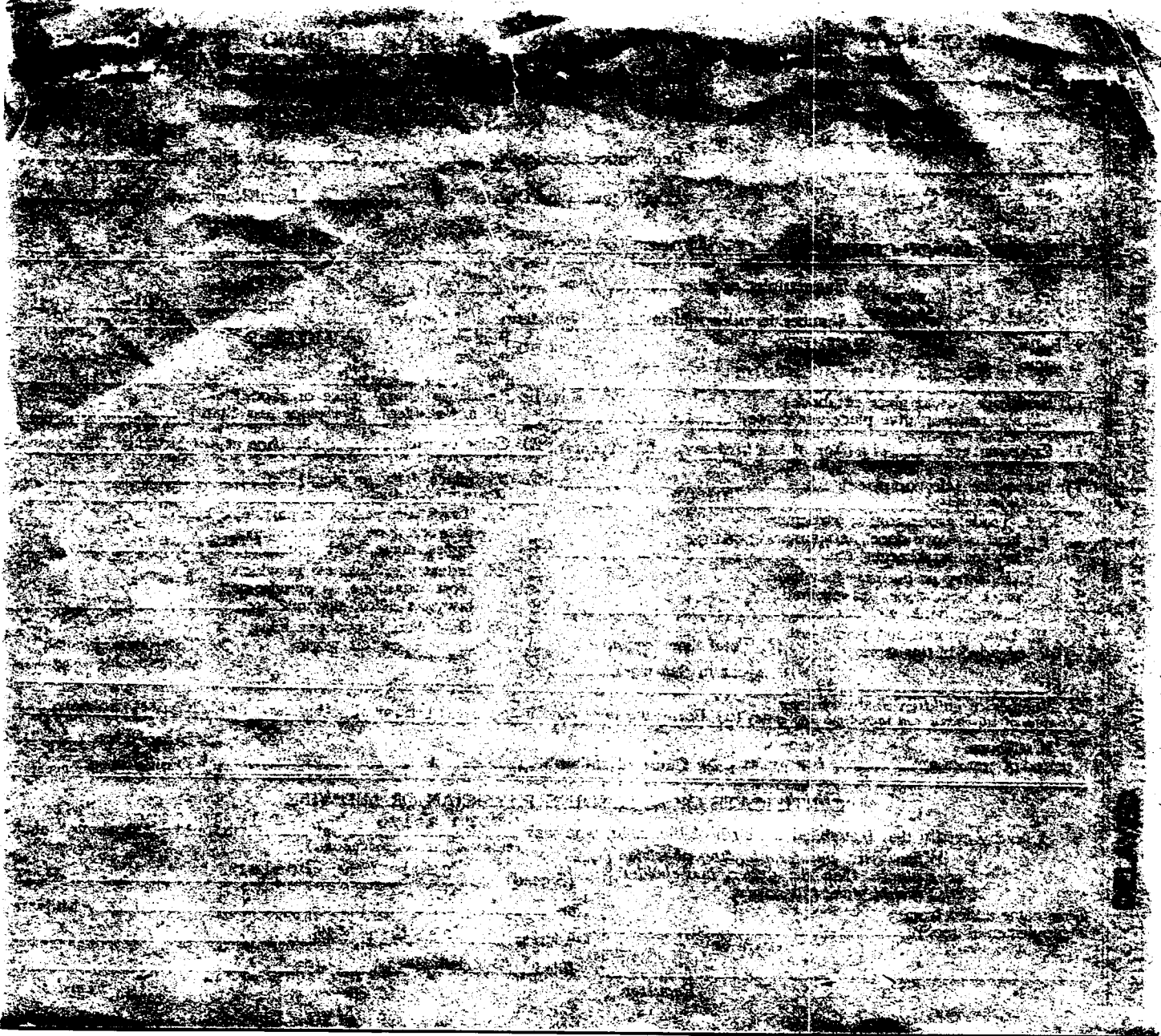
Address Caldwell, Idaho

Give name added from a supplemental report _____ (DATE OF)

Filed May, 193 1

_____ *Registrar.*

_____ *Registrar.*



632.218026 613

191728

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville Jefferson

City of Ririe Idaho

No. _____ St. Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 191738

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Laura Elda Olsen

3. Sex F

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Sept 18, 1920 (MONTH, DAY, YEAR)

FATHER

9. Full name Wm. Alma Olsen

10. Residence (usual place of abode) (If non-resident, give place and State) Iona, Ida.

11. Color or race W 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Menan, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Hortense Walker

19. Residence (usual place of abode) (If non-resident, give place and State) Iona, Ida.

20. Color or race W 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or country) Iona Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) (Dr. Fisher - Dead), M. D.

or William Alma Olsen, Father

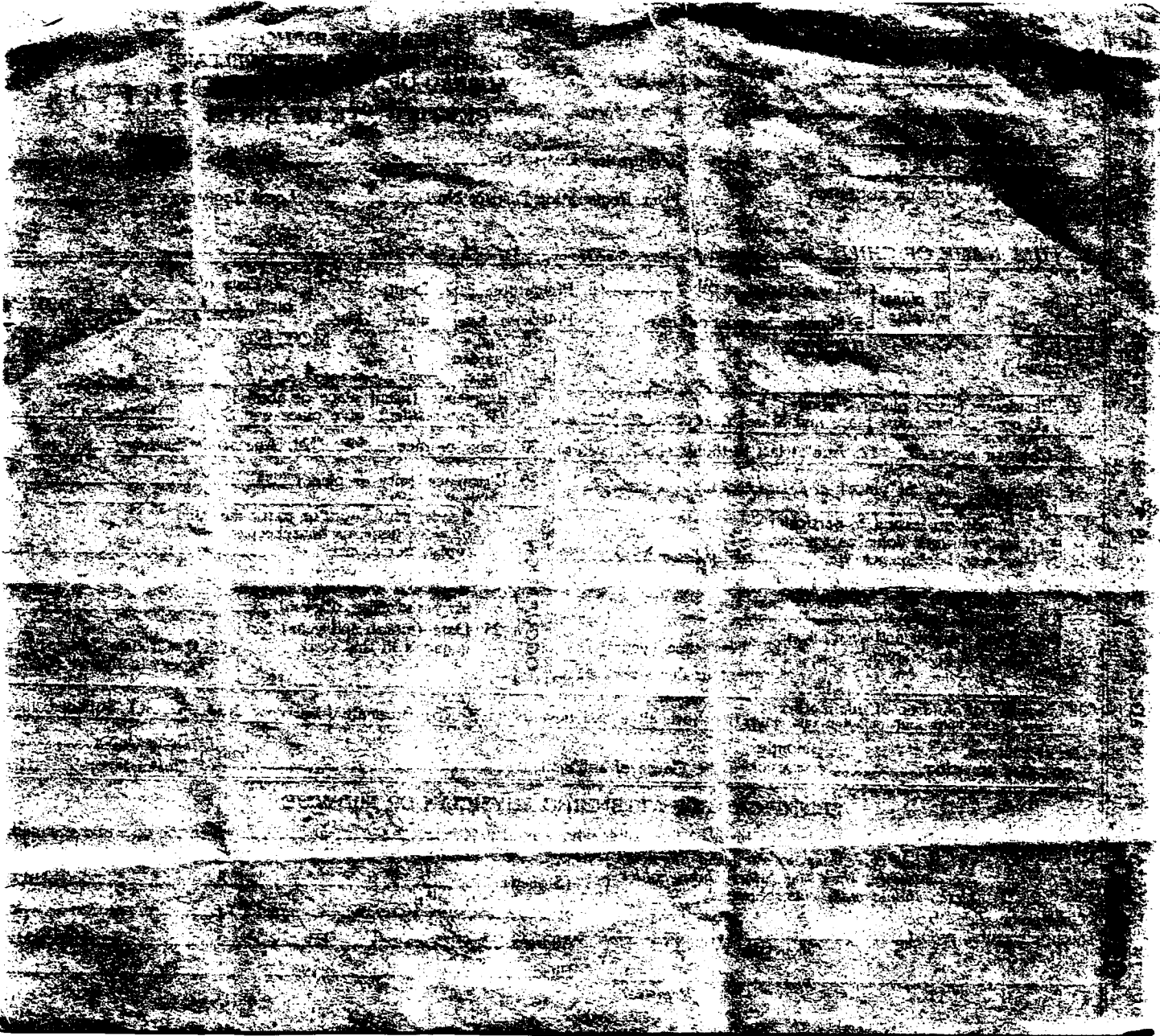
Address Iona, Idaho

Give name added from a supplemental report _____ (DATE OF)

Filed JULY, 1931

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of Mc Cammon, Idaho
No. ..... St.
814 111 003-814
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED JUL 17 1931
CERTIFICATE OF BIRTH 191765

Registration District No. ..... State File No. 191765
Palm Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frank Teruo Yamamoto
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	11 – 11 – 1920

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 1 (a) Born alive and now living 1
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME T Yamamoto	FULL MAIDEN NAME H Ikeda Yamamoto
Residence (Usual place of abode) Mc Cammon Idaho	Residence (Usual place of abode) Mc Cammon Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race Japanese Age at last Birthday 31 (Years)	Color or race Japanese Age at last Birthday 19 (Years)
Birthplace Japan (City and State or County)	Birthplace Japan (City and State or County)
Occupation Farmer	Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Certified copy 2/25/41
1 Certified copy 4/14/41
1 Photostat copy 1/2/42

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } on the date above stated. at ..... M.

(Signature) T Yamamoto
(Physician or Midwife) Father

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....
Filed 7/17/31 19..... Pearl Dillingham
Registrar.

Certified Copy issued Feb. 25, 1941. E.W.
2nd Certified Copy Issued April 14, 1941 W.H.

DELAYED

MAY 5 1955

DEC 6 1965

294-216-206-294

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 24 19[illegible]

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 193478

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Barbara Annette Kimball

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	October 16 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 1%

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	J. L. Kimball Jr.	FULL MAIDEN NAME	Afton Clyde Kimball
Residence (Usual place of abode)	Shelley	Residence (Usual place of abode)	Shelley
If nonresident, give place and State		If nonresident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	28	Age at last Birthday (Years)	25
Birthplace (City and State or Country)	Utah	Birthplace (City and State or Country)	Utah
Occupation	Trucker	Occupation	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} **at** 8 o'clock P. M. **on the date above stated.**

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Box 86 Shelley Ida

Filed ..... 19..... .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

231-204 00-993

PLACE OF BIRTH

RECEIVED NOV 2[illegible] 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

195941

CERTIFICATE OF BIRTH

195941

County of Bonneville

City of Idaho Falls

No. ..... St. Registration District No. 73 State File No. .....

Hospital Spencer Primary Registration District No. 2140 Local Registrar's No. 478

FULL NAME OF CHILD Dena Louise Blackburn

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	aug - 4 - 1920

What bactericidal solution was used in eyes? 15% sol argyrol

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Thomas Amos Blackburn	FULL MAIDEN NAME	Geneva Ritchey
RESIDENCE	Swan Valley Idaho	RESIDENCE	Swan Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) H. D. Spencer MD

(Physician ~~or midwife~~)

Address Idaho Falls Ida

Filed Nov. 21 1931 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

242-216-033-312

2

198736

1. PLACE OF BIRTH

County of Madison

City of Sugar City

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198736

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Kusaka

3. Sex F

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth June 16, 1920 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Genga Bero Kusaka	18. Full maiden name Machi Hakazawa
10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race Jap 12. Age at last birthday 50 (years)	20. Color or race Jap 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Japan	22. Birthplace (city or place) (State or country) Japan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr Evans of Sugar City, M. D.

or moved to Seattle Wash Midwife

Address _____

Filed Jan, 1932

Registrar.

Give name added from a supplemental report Father (DATE OF)

Genyabero Kusaka Registrar.

Second copy issued.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DEC 29 1980

4-2-41

DELAYED

Dup of 1920-80983

113-207-040-769

RECEIVED MAR 1932

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Wardner Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200063

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 15

2. FULL NAME OF CHILD Anna Jacksich

3. Sex Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth May 7, 1920 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Robert Jacksich	18. Full maiden name Josephine Pozega
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg	19. Residence (usual place of abode) (If non-resident, give place and state) Kellogg
11. Color or race White 12. Age at last birthday 34 (years)	20. Color or race White 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or country) Jugo Slavia	22. Birthplace (city or place) (State or country) Anaconda Mont.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. miner 16. Date (month and year) last engaged in this work July 5, 1928 17. Total time (years) spent in this work 17	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7:15 p.m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) Geo H Kennett, M. D.

or _____, Midwife

Address Kellogg, Idaho

Filed Mar. 1, 1932 Mrs. Helen McBride Registrar.

K

JAN 2 3 1945

713-2 11002-238

1. PLACE OF BIRTH

County of Adams

City of Goodrich

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

200229

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bessie Marie Gallant

3. Sex femal | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Jan. 11th, 1920 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Earl Hayden Gallant	18. Full maiden name Frieda Anna Schmid
10. Residence (usual place of abode) (If non-resident, give place and State) Goodrich	19. Residence (usual place of abode) (If non-resident, give place and State) Goodrich
11. Color or race white 12. Age at last birthday 32 (years)	20. Color or race white 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Weldona Colo	22. Birthplace (city or place) (State or country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work 15½ yrs	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work 6½ yr.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:15 a m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Sarah Lane, Midwife

Address Goodrich Idaho

Filed APR 11 1932 193__ Dr. Alvin S. Thurston Council, Idaho. Registrar.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth s

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power

City, of American Falls,

No. Yale Route St.

635 165 039 689

(If born in hospital or institution give name.)

STATE OF IDAHO JUL 5 1932

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS 202587

CERTIFICATE OF BIRTH 202587

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Daniel Edward Olney.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 15 1920, 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead ..... Stillborn .....

	FATHER	MOTHER
FULL NAME	Daniel Conrad Olney	FULL MAIDEN NAME Annie Whittington
Residence (Usual place of abode)	American Falls,	Residence (Usual place of abode) American Falls
If non-resident, give place and State	S. Dakota	If non-resident, give place and State Idaho,
Color or race	White Age at last Birthday 37 (Years)	Color or race ..... Age at last Birthday 30 (Years)
Birthplace	Pocatello, Idaho (City and State or County)	Birthplace Westville Okla. (City and State or County)
Occupation	Farmer	Occupation Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Annie Olney

(Physician or midwife) Mother

Address Leach Okla.

Filed July 2, 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 712 E. Jefferson St.

454 226 W 336

(If born in hospital or institution give name.)

RECEIVED DEC 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 208247

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Olive Yvonne Underwood

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Aug 26 1920 19

What prophylactic was used to prevent Ophthalmia Neonatorum? usual

Number of child of this mother, including present birth 7 (a) Born alive and now living 7

Born alive but now dead none Stillborn none

FATHER

FULL NAME Clemson Underwood

Residence (Usual place of abode) 712 E. Jefferson

If non-resident, give place and State .....

Color or race white Age at last birthday 47 (Years)

Birthplace Iowa (City and State or County)

Occupation steamfitter

MOTHER

FULL MAIDEN NAME Nettie M. Lloyd

Residence (Usual place of abode) 712 E. Jefferson

If non-resident, give place and State .....

Color or race white Age at last birthday 41 (Years)

Birthplace Silver Reef, Utah (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at between 5 and 7 A. M. on the date above stated. Dec. 16, 1932.

(Signature) Nettie M Underwood

the natural mother.
(Physician or midwife)

Address 1721 Cotner Ave., West Los Angeles, California.

Filed Dec 19 22

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 2 7 1974

Other who KNOW of the birth and facts stated herein:

Mrs. Otis Roberts,
c/o 1st Baptist Church
Boise Idaho

Miss Minnie Jellison
Probation Officer
Boise Idaho

Mrs. Viola Hutchison
625 Emerson St
Portland Oregon

Lloyd Underwood
1237 E 10th St North
Portland, Oregon.

RECEIVED JAN 30 1933

PLACE OF BIRTH

689 102 206 759

County of Bingham

City of Shelley

No. ____ St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209084

Registration District No. ____ File No. 209084

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lowell Percival Whitmill

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-2 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth Three Number of child of this mother now living, including present birth Three

FATHER		MOTHER	
FULL NAME	Henry Roland Whitmill	FULL MAIDEN NAME	Isabella Mabel Percival
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	66 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Conegos, Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] (Born alive or stillborn) **at** ____ **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Beck M.D.

(Physician or midwife)

Address Shelley Idaho

Give names added from a supplemental report.

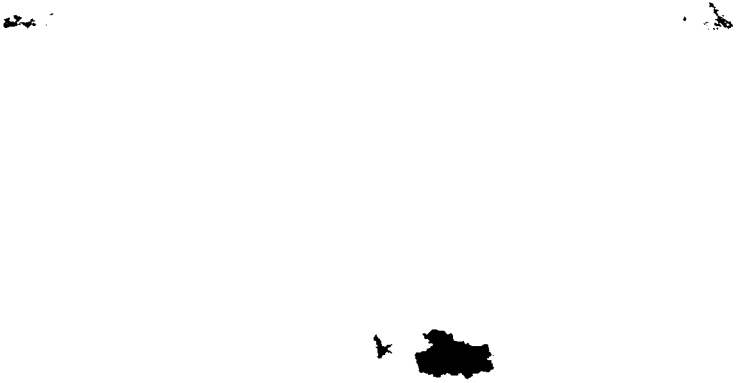
....., 19.....

..... Registrar.

Filed ____ 192__ ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St. 992-107 022-296

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209760

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Kap. Hargis Rising

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	Oct. (Month) 7th. (Day), 1920 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Third (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Fred Wellington Rising

Residence (Usual place of abode) Ashton - Ida.

If non-resident, give place and State .....

Color or race white Age at last birthday 54 (Years)

Birthplace Gainsville - Texas (City and State or County)

Occupation Veterinarian

MOTHER

FULL MAIDEN NAME Lois Elizabeth Broadhurst

Residence (Usual place of abode) Ashton - Ida.

If non-resident, give place and State .....

Color or race white Age at last birthday 23 (Years)

Birthplace St. Anthony - Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 : a. M. on the date above stated.

(Signature) Lois E. Rising - Mother
(Dr. Hargis of Ashton was the Doctor)
(Physician or midwife)

Address Trinity Center - Calif.

Filed Feb. 4, 1923 Pearl Dillingham Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Over)

Dr. Hargis
Ashton - Idaho.
Mr. P. L. Broadhurst
St. Anthony - Idaho.
Mrs. Edna Broadhurst
St. Anthony - Idaho.
Mrs. Tilda Winters
Chester - Idaho.

APR 20 1942

5/2/41 L. B.

RECEIVED MAR 7 1933

STATE OF IDAHO 20 7 7 6

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209766

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Fruitvale

No. 735 101 002 243 St.

Idaho

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Franklin Glenn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male

Twin / Triplet / or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Dec. 1, 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 12 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Joel Price Glenn

Residence (Usual place of abode) Fruitvale, Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 58 (Years)

Birthplace Boone Co. Ark. (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Cora Belle Sult

Residence (Usual place of abode) Fruitvale Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 39 (Years)

Birthplace Wilson Co. Kansas (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:00 A. M. on the date above stated.

(Signature) Mrs. Cora Belle Glenn

..... (Physician or ~~midwife~~) mother

Address 4620 NE 72nd Ave

Filed Mar 13 1933 Portland Oregon Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valley

City of Cabarton,

No. ..... St.

863 166 143 238

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210398

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Johnnie Albert Holcomb

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 6, 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Albert Holcomb

Residence (Usual place of abode) Cabarton, Ida.

If non-resident, give place and State .....

Color or race White Age at last birthday 45 (Years)

Birthplace Boise, Ida. (City and State or County)

Occupation Logging

MOTHER

FULL MAIDEN NAME Myrtle Schoonover

Residence (Usual place of abode) Cabarton, Ida.

If non-resident, give place and State .....

Color or race White Age at last birthday 28 (Years)

Birthplace Boise Ida. (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 A. M. on the date above stated.

(Signature) Mrs Albert Holcomb

Mother
(Physician or ~~midwife~~)

Address Cabarton, Ida.

Filed MARCH 19 33

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 3 - 1933

PLACE OF BIRTH

County of Washington

City of Weiser

No. 501 State St.

517 118 044 296

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210409

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harlan Napier Jr
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	Oct (Month) 18 (Day), 1920 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living yes

Born alive but now dead ..... Stillborn Blanche Brown

FATHER		MOTHER	
FULL NAME	Harlan Napier	FULL MAIDEN NAME	Blanche Napier
Residence (Usual place of abode)	501 W State St	Residence (Usual place of abode)	501 W State St
If non-resident, give place and State	Weiser Ida	If non-resident, give place and State	Weiser Ida
Color or race	white	Color or race	white
Age at last birthday	26 (Years)	Age at last birthday	18 (Years)
Birthplace	Breathitt Co Ky (City and State or County)	Birthplace	Harrison Ark (City and State or County)
Occupation	Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7:30 P. M. on the date above stated.

(Signature) Harlan Napier

Father
(Physician or midwife)

Address 122 W Cypress Cal. Glendale

Filed Apr 6 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Supplement.

Dr Marshal Weiser attending

Persons present

Mr Sid Brown Weiser Ida

Mrs Sid Brown " "

Mrs Grace M Taylor

Now at Eugene Ore

DELAYED

SEP 10 1964

APR 4 1969

JUN 26 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannerville

City of Iona

No. ..... St.

319 202 010 113

(If born in hospital or institution give name.)

RECEIVED APRIL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2/1415

CERTIFICATE OF BIRTH 210415

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Elisabet Larsen
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl				yes	December 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 8 (a) Born alive and now living 8

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	Charles Wilford Larsen	FULL MAIDEN NAME	Marie Jacobsen
Residence (Usual place of abode)	Iona	Residence (Usual place of abode)	Iona
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	Hvite	Color or race	Hvite
Age at last birthday	41 (Years)	Age at last birthday	41 (Years)
Birthplace	Hyrum Utah (City and State or County)	Birthplace	Arendal Norway (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7 am M. on the date above stated.

(Signature) Mrs C W Larsen

~~(Physician or midwife)~~ Mother

Address 1612 Woodlawn

Filed Boise 1920 Dec

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

213247

1. PLACE OF BIRTH
County of Gooding
City of Hagerman
No. _____ St.
255-216-0 24-383
(If born in hospital or institution give name.)

Registration District No. 21 State File No. _____
Prim. Registration District No. 21 Local Registrar's No. 21

2. FULL NAME OF CHILD Mary Louise Bennett

3. Sex Female | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 16 — 1920 (MONTH, DAY, YEAR)

FATHER

9. Full name Vern A Bennett
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
11. Color or race White 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19___ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Mildred Lytle
19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
20. Color or race White 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or country) Colo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19___ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation _____ { months or weeks | 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) R H Greene, M. D.
or _____, Midwife
Address Hagerman
Filed Apr 27, 1933 R H Greene Registrar.

_____ Registrar.

They have never received Certificate of this child

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

493 227 066 - 253

(If born in hospital or institution give name.)

RECEIVED SEPT 1933

B 214

Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

214542

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD Helen Mabel Mitchell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	7 - 27, 1920

What prophylactic was used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead none Stillborn none

FATHER

FULL NAME Wm. Wesley Mitchell

Residence (Usual place of abode) Shelley

If non-resident, give place and State ____

Color or race White Age at last birthday 24 (Years)

Birthplace Shelley Ida (City and State or County)

Occupation Beet Reaper

MOTHER

FULL MAIDEN NAME Alice M. Betty

Residence (Usual place of abode) Shelley

If non-resident, give place and State ____

Color or race White Age at last birthday 17 (Years)

Birthplace Oklahoma (City and State or County)

Occupation Home Helper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 30 a. M. on the date above stated.

(Signature) Edwin Potter M D

(Physician or midwife)

Address Box 56 - Shelley

Filed Aug 1920

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

216520

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

369-12-1044-593

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Herbert Connett

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male					March 21, 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Three (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John Henry Connett	FULL MAIDEN NAME	Laura Angeline Nicholson
Residence (Usual place of abode)	Midvale Idaho	Residence (Usual place of abode)	Midvale Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	37 (Years)	Age at last birthday	34 (Years)
Birthplace	Nemascus Ks (City and State or County)	Birthplace	Taylor Nevada (City and State or County)
Occupation		Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Laura A. Connett

Mother

(Physician or midwife)

Address Emmett, Ida. Route 3

Filed Nov 10 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 1 0

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Clearwater
City of Weippe
No. St.
258 130 018-355
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 216553

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Louis Everett Snyder
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes.	June 30 (Month) (Day), 1920 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

Number of child of this mother, including present birth Fifth (a) Born alive and now living Five
Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Lenver Lee Snyder	FULL MAIDEN NAME Sylvia Teed
Residence (Usual place of abode) Weippe, Ida.	Residence (Usual place of abode) Weippe, Ida.
If non-resident, give place and State Tucker Co., West Va.	If non-resident, give place and State Weippe, Idaho
Color or race White Age at last birthday 32 (Years)	Color or race White Age at last birthday 22 (Years)
Birthplace Tucker Co., West Va. (City and State or County)	Birthplace Weippe, Ida. (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at about 10 A.M. on the date above stated.

(Signature) Lillian Leech
(Physician or midwife)
Address Weippe Idaho
Filed 12-4 1933
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. J W Jacobson

Mrs. Hannah Larson

Mrs. Charles Long

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-203
001-469

PLACE OF BIRTH

County of Ada

City of Boise

No. 610 15th St.

St. Lukes

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 219798

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 21979

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Rose Mary Cabbott

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 3, (Year) 1920
F				Yes	

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Carl A. Cabbott	FULL MAIDEN NAME	Gertrude L. Morse
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	W	Color or race	W
Age at last birthday	29 (Years)	Age at last birthday	22 (Years)
Birthplace	Idaho (City and State or County)	Birthplace	Neb (City and State or County)
Occupation	Sheep Owner	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11, 30 P. M. on the date above stated.

(Signature) Gertrude L. Cabbott

Mother

(Physician or midwife)

Address .....

Filed Mar. 21 1934 Pearl Dillingham

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 11 1943

MAY 22 1953

DELAYED

NK—THIS IS A PERMANENT RECORD. N. B.—In case of more than
ust be made for each, and the number of each, in order of birth stated.

MAINLY WITH UNFAL
One child at birth a Separate Rec

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219799

1. PLACE OF BIRTH
County of Bannock 768-227
City of Pocatello 003-433
No. St. Anthony St.
Mercy Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Herberta Poynter

3. Sex: Female
If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... Full term.....
7. Legitimate yes.
8. Date of birth 9/27/20 1920 (Month, Day, Year)

FATHER

9. Full name: L H Poynter
10. Residence (usual place of abode) (If non-resident, give place and State) 526 E Benton
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Louisville Kentucky

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Contractor and Builder
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Foreman
16. Date (month and year) last engaged in this work Present, 1920
17. Total time (years) spent in this work 9 yrs

MOTHER

18. Full maiden name: Martha Laura McLean
19. Residence (usual place of abode) (If non-resident, give place and State) 526 E Bento
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Bellview Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present, 1920
26. Total time (years) spent in this work 9 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate Sol
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation..... months or weeks
30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8:[illegible] P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A M Newton, M. D.
or ....., Midwife
Address Pocatello Ida

Filed Mar. 24, 1934 Pearl Dillingham Registrar.

Give name added from a supplemental report..... (Date of)
..... Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

695 227 001 652

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 20 1934

CERTIFICATE OF BIRTH

219807

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Annarose Irene Winter
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				X	April (Month) 27 (Day), 1920 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead None Stillborn .....

FATHER	MOTHER
FULL NAME Ognia Forest Winter	FULL MAIDEN NAME Margaret Elizabeth Fessenden
Residence (Usual place of abode) Boise, Idaho.	Residence (Usual place of abode) Boise, Idaho.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 20 (Years)	Color or race White Age at last birthday 20 (Years)
Birthplace Mankato, Minn (City and State or County)	Birthplace Long Beach, Calif. (City and State or County)
Occupation	Occupation House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 5:10 A.M. on the date above stated.

(Signature) Margaret Winter.

Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 650 Quebec St. Clearwater, Calif.

Filed 3-30 1934 .....
Registrar.

NOV

JUL 2 8 1943

DELAYED

Dup of 1920-79438

316-112070-789

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 222342

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
Ida
(If born in hospital or institution give name.) no

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Lawrence

3. Sex boy | If plural births no | 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 12 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Furnace Colmore Lawrence	18. Full maiden name Mettie Geneva Phillips
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 38 (years)	20. Color or race white 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Cass Co. Iowa	22. Birthplace (city or place) (State or country) Ammon Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) eight (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Furnace Colmore Lawrence parent ~~M. D.~~

or ....., Midwife

Address Idaho Falls Ida R.3.

Give name added from a supplemental report ..... (Date of)

Filed August 1934, 193.. .....
Registrar.

Registrar.

9.10.40
CC

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-106-863-962

PLACE OF BIRTH

County of Bannock

City of Grace

No. no St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO 222346
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 222346

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Claude R Erickson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	Single		Single	yes	April 6, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? argarol

Number of child of this mother, including present birth 5 (a) Born alive and now living yes

Born alive but now dead alive Stillborn no

FATHER		MOTHER	
FULL NAME	William M Erickson	FULL MAIDEN NAME	Isabelle Rose
Residence (Usual place of abode)	Grace Idaho	Residence (Usual place of abode)	Grace Idaho
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last birthday	~~26~~ (Years)	Age at last birthday	~~26~~ (Years)
Birthplace	Logan Idaho (City and State or County)	Birthplace	Weston Idaho (City and State or County)
Occupation	Flour miller	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Isabelle Erickson
Mother
(Physician or midwife)

Portland Oregon

Address 3756 S.E. Hawthorne

Filed 7-6 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Dup of 1920-3F6186

John Raugharr
Grace Idaho

Earl Woodruff
Grace Idaho

Mick Sant
Grace Idaho

BOTH
DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
VITAL STATISTICS

State of Oregon)
County of Multnomah) ss

Affidavits for Correction of a Record

Mrs Belle Erickson, of Portland Oregon,

being first duly sworn, deposes and says that She is the mother (if related, specify degree-if friend or otherwise, so state) of Rae Erickson who Claude R Erickson Born Born (was born or died) in the city of ~~Grace~~ Grace, County of Bannock Bannock on the 15 day of June 1918 6 day of April 1920

as stated in a certificate of Birth (birth or death) filed by Dr Hubbard (Name of physician or ~~mid-wife, undertaker for death~~)

with the Local Registrar for the city of Grace, County of Bannock, Idaho, on the ____ day of ____.

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Rae Erickson Born June 15-1920

Claude Erickson Born Apr 6-1920

That affiant upon her (his, Her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Rae Erickson Born June 15-1918

Claude R Erickson Born Apr 6-1920

Affiant Mrs Belle Erickson

(SEAL)

Subscribed and sworn to before me this 27th day of February 19 20

Leland B Shaw
Notary Public
My Comm. Exp. January 2, 1923

State of Oregon)
County of Multnomah) ss.

Just Hartman of Portland Ore

being first duly sworn, deposes and says that he as knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Just Hartman
206 S.E. Elder.

Subscribed and sworn to before me this 28th day of February 19 20.

Leland B Shaw
Notary Public
My Comm Exp. Jan. 2, 1923

962-223.001-319

RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Canyon Ada

City of Kuna

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 224031

CERTIFICATE OF BIRTH

Registration District No. 124 State File No. _____

Prim. Registration District No. 2202 Local Registrar's No. _____

2. FULL NAME OF CHILD Mervil Lorene Robison

3. Sex Female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth June 23, 1920 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Calvin Robison	18. Full maiden name Vida Robison (Carpenter)
10. Residence (usual place of abode) (If non-resident, give place and State) Kuna Id	19. Residence (usual place of abode) (If non-resident, give place and State) Kuna Id.
11. Color or race White Age at last birthday 37 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) Iowa	22. Birthplace (city or place) (State or country) Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation — months or weeks | 29. Cause of stillbirth — Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) F J Coleman, M. D.

or _____, Midwife

Address Kuna Idaho

Filed June 23, 1920 Geo H Whitehouse *Registrar.*

APR 2 3 1943

DELAYED

669-21-030-923

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis RECEIVED OCT 15 [redacted]

City of Salmon

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 225364
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Russell Isley Forester

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term X	7. Legitimate?	8. Date of birth
M.				Yes	May 21, 1920 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Forester Alvin Russell Forester	18. Full maiden name: Mary E. Isley
10. Residence (usual place of abode) (If non-resident, give place and State): Salmon	19. Residence (usual place of abode) (If non-resident, give place and State): Salmon
11. Color or race: W. 12. Age at last birthday: 24 (years)	20. Color or race: W. 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or country): Lewiston Mont.	22. Birthplace (city or place) (State or country): Gallatin Town.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child): (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas F Hammer, M. D.

or _____, Midwife

Address Salmon

Give name added from a supplemental report _____ (DATE OF)

Filed Oct 15, 1934

_____ Registrar.

_____ Registrar.

FEB 9 1968

854-203 006-719

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

225713

NOV 14 1931

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Zelda Elizabeth Hennefer

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 3 Aug. 1930 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lorenzo James Hennefer	18. Full maiden name Ruby Katherine Parish
10. Residence (usual place of abode) Blackfoot Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Blackfoot Idaho (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) Fort Wells (State or country) Utah	22. Birthplace (city or place) Knox (State or country) Knox Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Nov 8, 1934 | 17. Total time (years) spent in this work Most of the time.	25. Date (month and year) last engaged in this work Nov. 8, 1937 | 26. Total time (years) spent in this work All the time.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was aug 3 at 1 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Howard Simmons now away, M. D.
or Mildred Hennefer, Midwife
Address Blackfoot Idaho
Filed Aug 3, 1930

Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case One child at birth a Separate Return must be made for each, and the number of each, in order o

MAY 5 1942

NOV 9 1973

DELAYED

Dup of 1920-82357

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228523

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Eldeene Vernell Malone
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Girl	one and	2	Yes	Dec. (Month) 31 (Day), 1921 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Lawrence Malone

Residence (Usual place of abode) Montpelier, Idaho.

If non-resident, give place and State .....

Color or race Am. Age at last birthday 27 (Years)

Birthplace Montpelier, Idaho (City and State or County)

Occupation O.S.L.

MOTHER

FULL MAIDEN NAME Vernell Elnore

Residence (Usual place of abode) Montpelier, Idaho.

If non-resident, give place and State .....

Color or race Am. Age at last birthday 21 (Years)

Birthplace Montpelier, Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Montpelier

Filed Jan 19 35 [signature]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP 8 1972

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228552

1. PLACE OF BIRTH
County of Power
City of American Falls
No. 493-122-038-St 38
Idaho
(If born in hospital or institution give name.) home

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Otto John Miller

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term? Yes | 7. Legitimate? Yes | 8. Date of birth March 22 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Miller (deceased)	18. Full maiden name Carolina Schweigert
10. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race White 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) South Russia	22. Birthplace (city or place) (State or country) South Russia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 18	26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) seven (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was female (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) Mrs. Carolina Miller, M. D.
or (Mother), Midwife
Address 539 E. Oak St. Ford California
Filed 2-7, 1935 Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Mr. David Miller
American Falls.
Rt. 1. Idaho

Mr. David Gabert.
Aberdeen
R. F. D. Box. 64 Idaho.

Mr. Jacob Miller.
Rt. 1. Box. 154 Lodi
California

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH. RECEIVED MAR 9 1935

County of Lemhi

City of Ola

No. 759-108'023-79 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 229406

Prim. Registration District No. ..... Local Registrar's No. ....

FULL NAME OF CHILD Lawarence Dale Perkins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	April 8, 1920 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 6 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Burdett Benjamine Perkins	FULL MAIDEN NAME	Effie L Griffith
Residence (Usual place of abode)	Ola	Residence (Usual place of abode)	Ola
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	43 (Years)	Age at last birthday	35 (Years)
Birthplace	Waterville Kansas (City and State or County)	Birthplace	Albany Missouri (City and State or County)
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 12.30 A. M. on the date above stated.

(Signature) Effie L Perkins
Mother
(Physician or midwife)

Address .....

Filed Mar 9 1935 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

K

MAY 1 1 1967

DELAYED

Mrs Lennie Holbrook
Ola Idaho

Mrs Ethel Griffith
Ola Idaho

Mrs Harriet McKellar
Ola Idaho

343-1206821-P415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

230183

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Doran D Cutler

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 4-20, 1920 (Month, Day, Year)

FATHER

9. Full name Samuel P Cutler
10. Residence (usual place of abode) (If non-resident, give place and State) Preston Ida.
11. Color or race white 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer city water Dept.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 6 years

MOTHER

18. Full maiden name Mable M Davis
19. Residence (usual place of abode) (If non-resident, give place and State) Preston Ida.
20. Color or race white 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Preston Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 5 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) A. R. Cutler Jr, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....

(Date of) 5-1-20
A. R. Cutler
Registrar.

Filed 5-25, 1935 A. R. Cutler
Registrar.

253-128-037-299

230 x 3

1. PLACE OF BIRTH
County of Owyhee
City of Oreana
No. 3116 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 230203

RECEIVED APR 8

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Harold Selfridge

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 5 | 6. Premature ✓ Full term ✓ | 7. Legitimate? yes | 8. Date of birth April 28, 1920 (Month, Day, Year)

FATHER

9. Full name Horatio Selfridge
10. Residence (usual place of abode) (If non-resident, give place and State) Oreana
11. Color or race White | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or country) Brownsville, Minn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm Implement
16. Date (month and year) last engaged in this work 4/8, 1935 | 17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Henrietta Krick
19. Residence (usual place of abode) (If non-resident, give place and State) Oreana
20. Color or race White | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Grand Island Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 4/8, 1935 | 26. Total time (years) spent in this work 27

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) five (a) Born alive and now living 5 (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ✓ | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive ~~or Stillborn~~) at 5 A.m. on the date above stated.

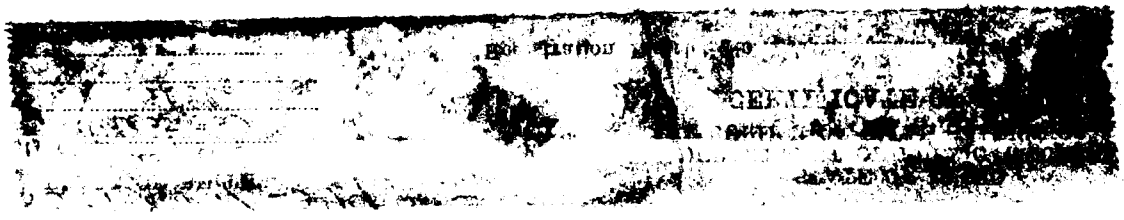
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)
Registrar.

(Signed) ..... M. D.
or Horatio Selfridge Father Midwife
Address 1018 W. Nora Ave Spokane, Wn.
Filed 4-8, 1935
Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

NOV 2 1 1944



763-111-010-251

RECEIVED APR 14 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

230537

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St. ..... Spencer Hospital
(If born in hospital or institution give name.)

Registration District No. 73 State File No. .....
Prim. Registration District No. 2150 Local Registrar's No. 122

2. FULL NAME OF CHILD Paul Robert Gotberg, Jr.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	Yes	Sept. 11, 1929

FATHER	MOTHER
9. Full name: Paul Robert Gotberg	18. Full maiden name: Fern Lydia Peachy
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida.
11. Color or race: White; 12. Age at last birthday: 41 (years)	20. Color or race: W; 21. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or country): Minneapolis, Minn.	22. Birthplace (city or place) (State or country): Carleton, Neb.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Merchant - Chiropodist	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher - Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Idaho Falls, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed Mar 11, 193[illegible] [signature]
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 103 003-519

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 440 No. 3rd. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 231024

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Manuel Martinez.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male.			Yes.	June 5. (Month) (Day) 1920 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 2%.

Number of child of this mother, including present birth 1st (a) Born alive and now living One.

Born alive but now dead None. Stillborn None.

FATHER

FULL NAME Refujo Martinez.

Residence (Usual place of abode) Laborer. Pocatello

If nonresident, give place and State Resident.

Color or race Mexican. Age at last Birthday 32 (Years)

Birthplace Mexico (City and State or Country)

Occupation Laborer.

MOTHER

FULL MAIDEN NAME Esperanza Vargas,

Residence (Usual place of abode) ~~440 No. 3rd.~~ Pocatello

If nonresident, give place and State Resident.

Color or race Mexican. Age at last Birthday 17 (Years)

Birthplace Mexico. (City and State or Country)

Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 P. M. M. on the date above stated.

(Signature) J. N. Flynn

Phy. (Physician or midwife)

Address Pocatello, Idaho.

Filed Apr. 23 1935 Pearl Dillingham Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

P.L. 6-20-41

MAY 25 1955

DEC 30 1952

DELAYED

FROM

DEPARTMENT OF PUBLIC
WELFARE

BOISE, IDAHO

Box 2149

IDAHO

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 29 1935 249-219 035-652

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231938

1. PLACE OF BIRTH
County of Nezperce
City of Leland
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eileen Elizabeth Smith

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 7-19, 1928 (Month, Day, Year)

FATHER	MOTHER
9. Full name Russell Marshall Smith	18. Full maiden name Viola Dorez Smith
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 39 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 14	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ~~Dr. Stoneburner deceased~~ M.D.
or Viola Smith Moth, Midwife
Address Leland Ida
Filed May, 1935 ..... Registrar.

Mrs. R. T. Taylor Lewiston Orchards Lewiston Ida

Mrs. J. W. Stoneburner Cameron Ida

MAR 1945

DELAYED

DUP OF 20-82800

269 112 010 168 RECEIVED JUN 21 1935 232807

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232807

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.) Dr. Spencer Hospital

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Edward Boring.

3. Sex male | If plural births: 4. ~~Twin, triplet, or other~~ ..... 5. ~~Number, in order of birth~~ ..... | 6. ~~Premature~~ Full term ..... | 7. Legitimate? ..... | 8. Date of birth Aug. 17, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Ernest ~~Boring~~ Boring	18. Full maiden name Eva Calvert Johnson
10. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 40 (years)	20. Color or race white 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or country) Piney Flats Tenn.	22. Birthplace (city or place) (State or country) New Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmers wife
16. Date (month and year) last engaged in this work October, 1925	25. Date (month and year) last engaged in this work March 16, 1921
17. Total time (years) spent in this work 17 years	26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1 Child (a) Born alive and now living ..... (b) ~~Born alive but now dead~~ ..... (c) ~~Stillborn~~ .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born 630 (Born Alive or Stillborn) at a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eva Calvert Boing (mother) M. D.

or ....., Midwife

Address Idaho Falls Idaho

Give name added from a supplemental report ..... (Date of)

Filed June, 1935

..... Registrar. ..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Mrs Lola Johnson
Mr J. E Johnson
Dr Spencer

MAR 28 1952

FILE # 232808

YEAR 19 18

IDAHO BIRTH CERTIFICATE

☒ DELAYED CERTIFICATE

☒ VOID DUP OF 1918-66012

689-102-03, 8 515

232824

JUL 1 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232824

1. PLACE OF BIRTH
County of Payette
City of Payette
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Robert White

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 1/2, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Roy Seymour White	18. Full maiden name Lillian Van Sickle
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
11. Color or race White 12. Age at last birthday ..... (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Lyons, N.Y.	22. Birthplace (city or place) (State or country) Bennett, Neb.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Hardware Dealer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware Business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work 1/2/1920, 1920	25. Date (month and year) last engaged in this work Jan 2, 1920
17. Total time (years) spent in this work 9 yrs	26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Lillian V. White, ~~M. D.~~
or Mother Midwife
Address New Plymouth, Idaho
Filed July 1, 1935

Give name added from a supplemental report .....
(Date of)

..... Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Dr. Wm. T. Drysdale
Veterans Administration
Wise.

Mrs. H. K. Hamilton
New Plymouth, Idaho.

Mrs. Addie McCarty
New Plymouth, Idaho.

OCT 6 1942

554709 038 819 1935 RECEIVED 232825

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232825

1. PLACE OF BIRTH
County of Payette
City of New Plymouth
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leonard Edward Neutze

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Feb. 9, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Otto John Neutze	18. Full maiden name Anna Hargens
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth Idaho
11. Color or race White 12. Age at last birthday 40 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Neche, No. Dak.	22. Birthplace (city or place) (State or country) Grand Island, Nebr.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farming Housekeeping
16. Date (month and year) last engaged in this work 2/9, 1920	17. Total time (years) spent in this work five
25. Date (month and year) last engaged in this work Feb. 9, 1920	26. Total time (years) spent in this work five

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Anna Neutze, M. D.
or Mother, Midwife
Address New Plymouth, Idaho

Give name added from a supplemental report .....
(Date of)

Filed June, 1935

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more then one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

APR 8 1957

Mrs. D. D. Hambly
Central City, Colorado

Dr. Wm. T. Drysdale
Veterans Administration
Wisc.

Mrs. S. L. Pomeroy,
New Plymouth, Idaho.

Dup of 1920-77303

363 109 038 - 291

JUL 1 1935 RECEIVED

232830

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232830

1. PLACE OF BIRTH
County of Payette
City of Payette
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth LeVern Collinsworth

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 6/9, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Glenn Frank Collinsworth	18. Full maiden name Teresa Matilda Brady
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Lucas, Kansas	22. Birthplace (city or place) (State or country) Glenwood Springs Colorado
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farming
16. Date (month and year) last engaged in this work 6/9, 1920 17. Total time (years) spent in this work 3 yrs.	25. Date (month and year) last engaged in this work 6/9/1920, 19.... 26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Teresa Matilda Collinsworth
or Mother, Midwife
Address New Plymouth, Idaho
Filed July, 1935

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Dup of 1920-81090

Mrs. Fred Wheeler
Payette, Idaho

Mrs. Lillian Milligan
Payette, Idaho

Mrs. Bessie Williams
Payette, Idaho.

DELAYED

279 117 039 893

JUL 17 1935 RECEIVED

232845

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232845

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Rockland
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Benjamin William Sprague

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth May 17 1935 (Month, Day, Year)

FATHER

9. Full name Ben F. Sprague

10. Residence (usual place of abode) Burley (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Sheffield (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store

16. Date (month and year) last engaged in this work Present time

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Elizabeth Hillhouse

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Rockland (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9:39 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) U. F. Logan, M. D.

or ____, Midwife

Address American Falls, Idaho

Filed 7/17/35, 193____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

149-116-044-249

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

JUL 19 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

233792

CERTIFICATE OF BIRTH 233792

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Larry Errol Muir

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	Nov. 16, 1920 (Month, Day, Year)

FATHER

9. Full name: Ole G. Muir

10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Ida.

11. Color or race: White | 12. Age at last birthday: 57 (years)

13. Birthplace (city or place) (State or Country): Titusville, Penn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Nelle Smith Muir

19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Ida.

20. Color or race: White | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Provo City Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ole G. Muir (Father), ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed July 19, 1935

Registrar.

Registrar.

FEB 13 1962

958 210 028-415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235431

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Coeur d'Alene Hospital 1935
(If born in hospital or institution give name.)

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 606

2. FULL NAME OF CHILD Mary Louise Reynolds

3. Sex: Girl
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? Yes
8. Date of birth Jan 10, 1935 (Month, Day, Year)

FATHER

9. Full name: Day Reynolds
10. Residence (usual place of abode) Rathdrum Idaho (If non-resident, give place and State)
11. Color or race: Wht. 12. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or country): Salem Ind.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Telegrapher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: N. P. Ry.
16. Date (month and year) last engaged in this work: Working, 19
17. Total time (years) spent in this work: 4 yrs

MOTHER

18. Full maiden name: Myrtle May Danby
19. Residence (usual place of abode) Rathdrum Idaho (If non-resident, give place and State)
20. Color or race: Wht. 21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or country): Canby Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home Economics Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Leavenworth Wash. H. S.
25. Date (month and year) last engaged in this work: May, 19 16
26. Total time (years) spent in this work: 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol
28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 4 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John O Wood, M. D.
or ..., Midwife
Address Coeur d'Alene Ida.
Filed 8-23-, 1935 E. L. Lyon M.D. Registrar.

Give name added from a supplemental report
(Date of)
..., Registrar.

419-101-010-719

235780

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 235780

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Idaho St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Santos Marquez

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Nov 1, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Santos Marquez	18. Full maiden name Ruperta Garcia
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race Mexican 12. Age at last birthday 38 (years)	20. Color or race Mexican 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) C. Garcia Jacatecas Mexico	22. Birthplace (city or place) (State or country) C. Garcia Jacatecas Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farm labor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Santos Marquez Father ~~M.D.~~

or ..... ~~Midwife~~

Address Route No. 1, Yuma, Arizona

Filed 10/14/35 193.....

Registrar.

Registrar.

(over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Names and addresses of persons who are acquainted with parents of Santos Marquez and know of the birth of Santos Marquez, born in Idaha Falls, Idaho on November 1, 1920, as follows:

Francisco Reyes, Route 1, Yuma, Arizona

Jacobo Hernandez, Somerton, Arizona

Preciliano Saldivar, Corona, California

165-127-016-719

23578

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235782

RECEIVED
OCT 1 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Malta
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Keith Jones

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Oct. 27, 1920 93 (Month, Day, Year)

FATHER

9. Full name: David W. Jones

10. Residence (usual place of abode) (If non-resident, give place and State): Malta, Ida.

11. Color or race: W | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Cache Valley, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name: Violet Parkinson

19. Residence (usual place of abode) (If non-resident, give place and State): Malta, Ida.

20. Color or race: W | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Cache Valley, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

.....
Registrar.

(Signed) Violet Parkinson Jones (MOTHER), M. D.
or ..... Burley, Idaho ....., Midwife
Address .....
Filed 10/4/35, 193.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

664.116.019-65

JAN 18 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238766

1. PLACE OF BIRTH

County of Custer

City of May

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Pierre Juan Fourcade

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Feb. 16, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Peter Fourcade	18. Full maiden name: Hazel Anna Weber
10. Residence (usual place of abode) (If non-resident, give place and State) May, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) May, Idaho
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) France	22. Birthplace (city or place) (State or Country) Butte, Montana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stockman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10:45 A at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ✓ Pete Fourcade, ~~M. D.~~
or ..... (Father), ~~Midwife~~

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Jan. 16, 1936

Registrar. Registrar.

OCT 3 0 1974

689-125-022-449

1. PLACE OF BIRTH
County of Fremont
City of St Anthony
No. Idaho St.
(If born in hospital or institution give name.)

JAN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

238823

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Revel Daniel Whittle

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 25, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Stillman Whittle	18. Full maiden name Hazel Etta Durney
10. Residence (usual place of abode) (If non-resident, give place and State) Farnum	19. Residence (usual place of abode) (If non-resident, give place and State) Farnum
11. Color or race White 12. Age at last birthday 41 (years)	20. Color or race white 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Marysville Idaho	22. Birthplace (city or place) (State or country) Richmond Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 18 yrs	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 18 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before [illegible] During [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 8 a. m. on the date above [illegible]d.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John R. Stay, M. [illegible]
or ~~Moved away to California~~, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
John Stillman Whittle
Registrar.

Filed Jan. 11, 1936 [illegible] to California
Registrar.

WRITE PLAINLY WITH UNFADING INK ... PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

321-220-003-259

JAN 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

239199

CERTIFICATE OF BIRTH

239199

1. PLACE OF BIRTH

County of Bannock

City of Pocatello, Idaho

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Angelina G. Tsakalos

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term — | 7. Legitimate? Yes | 8. Date of birth Feb. 20, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Gus J. Tsakalos	18. Full maiden name Helen Serios Pocatello
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello ~~Akrata, Greece~~	19. Residence (usual place of abode) (If non-resident, give place and State) ~~Akrata, Greece~~
11. Color or race White	20. Color or race White
12. Age at last birthday 46 30 (years)	21. Age at last birthday 44 28 (years)
13. Birthplace (city or place) (State or Country) Akrata Greece	22. Birthplace (city or place) (State or Country) Kaminitsa Greece
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work September, 1920	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 7	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Irene Chertkales, ~~M. D.~~

or (Uncle), ~~Midwife~~

Address Subscribed and sworn to before me this 13th

Filed day of January, 1936

Registrar.

1/20/36

H. Gmeto
notary public

Registrar.

THE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413-123-033-215

PLACE OF BIRTH

County of Madison

City of Rexburg

No. Rx 3 St.

(If born in hospital or institution give name.)

JAN 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

239215

Registration District No. ..... State File No. 239215

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Tom S. Matsuura
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Oct.	23	1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 9 (a) Born alive and now living 8

Born alive but now dead 1 Stillborn .....

FATHER	MOTHER
FULL NAME Seiichiro Matsuura	FULL MAIDEN NAME Tsuruyo Kanemoto
Residence (Usual place of abode) Rexburg	Residence (Usual place of abode) Rexburg
If nonresident, give place and State	If nonresident, give place and State .....
Color or race Yellow Age at last Birthday 33 (Years)	Color or race Yellow Age at last Birthday 24 (Years)
Birthplace Japan (City and State or Country)	Birthplace Japan (City and State or Country)
Occupation Farmer	Occupation Housewife

2nd copy issued 12/13/41

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) Seiichiro Matsuura (Father)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Jan. 27 1936 ..... Registrar.

(over)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sadamu Hanaoka

M. Nakagawa.

Mrs. Kiyo Nakagawa

First certified copy issued 1-27-16 BA (2681)

NOV 19 1956

551-228-042-741

240889

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

240889

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. Twin Falls St.
County Hospital
(If born in hospital or institution give name.)

APR 7 1936

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charlotte Jane Evans

3. Sex Female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature? Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 28. 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clinton William Evans	18. Full maiden name Marie Eulalie Grass
10. Residence (usual place of abode) Berkeley (If non-resident, give place and State) Calif.	19. Residence (usual place of abode) Berkeley (If non-resident, give place and State) Cal.
11. Color or race White 12. Age at last birthday 47 (years)	20. Color or race White 21. Age at last birthday 42 (years)
13. Birthplace (city or place) Wenona Ill. (State or country) Marshall Co.	22. Birthplace (city or place) New Orleans (State or country) La.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Athletic Coach	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Athletic Coach	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work Now Engaged, 1936	25. Date (month and year) last engaged in this work Now Engaged, 1936
17. Total time (years) spent in this work	26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 10 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Clinton W. Evans, ~~M. D.~~
or Father, ~~Midwife~~
Address 47 - Alvarado Rd. Berkeley Cal.
Filed 4/7/36 193 ..... Registrar.

Give name added from a supplemental report ..... (Date of)

The Doctor who is now dead was Dr Herbert Wilson of Twin Falls Idaho
I believe in first name was Herbert

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

three persons and their address
who know this to be true are:

Mr H. G. Ball - Fontana Calif.

Mr Springer Evans 5735 Clover Dr.
Oakland Calif

Mrs John F. Evans 718 Bradford St.
Pomona Cal

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. Lynn Hospital St
Pocatello
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 27 1936 RECEIVED

CERTIFICATE OF BIRTH 241032

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Julia Ann Walker

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Sept 2, 1920 (Month, Day, Year)
female				

FATHER

9. Full name: Robert Wm Walker
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello
11. Color or race: W. | 12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: General Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: office
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: 6

MOTHER

18. Full maiden name: Zella Walker
19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello
20. Color or race: White | 21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or country): Pocatello Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
25. Date (month and year) last engaged in this work: Sept, 1920
26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown
28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 (Born Alive or Stillborn) at P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(signed) Dr. Lynn & wife, M. D.
signed Zella Walker, Midwife mother.
Address Magna Utah

Give name added from a supplemental report ..... (Date of)

Filed ....., 193.....

GD.

Registrar. Registrar.

Mrs H. J. [illegible]chen
1639 N. Harrison Ave
Pocatello Idaho

Mrs Roy Cuhl.
Twin Falls. Idaho
Box 302

Mr. Wm. Walker
59 Orepheum Ave.
Salt Lake City
Utah

OCT 24 1974

469-104 006-331

#2 243659

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 243659

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham.
City of Jameston - Idaho JUN 19 1936
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Victor Chesley Morgan.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 4, 1920 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Chesley DeWitt Morgan	18. Full maiden name	Zella Mary Clark
10. Residence (usual place of abode) (If non-resident, give place and State)	Hawthorne Calif.	19. Residence (usual place of abode) (If non-resident, give place and State)	Hawthorne, Calif.
11. Color or race	White	12. Age at last birthday 33 (years)	20. Color or race White	21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country)	Pearl City - Illinois Stephenson Co.	22. Birthplace (city or place) (State or country)	Taylor - Idaho Bingham, Co.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	lumberman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	lumber Yard	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Hom
16. Date (month and year) last engaged in this work	Present Time 19	17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work	Present Time 19	26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. E. Roberts, M. D.

or ..... Midwife

Address Shelley Ida

Give name added from a supplemental report .....
(Date of)

Filed June 19, 1936

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

433-130-022-251

244594

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 244594

JUL 31 1936 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ..... St. .....
(If born in hospital or institution give name.) Home

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dean Walter McCafferty

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Nov. 30 1920 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Walter McCafferty	18. Full maiden name: Flossee Kearney
10. Residence (usual place of abode) (If non-resident, give place and State)	Salmon Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls Idaho
11. Color or race	White	20. Color or race: White
12. Age at last birthday	33 (years)	21. Age at last birthday: 45 (years)
13. Birthplace (city or place) (State or country)	Ridgeland Idaho	22. Birthplace (city or place) (State or country): Wilford Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Public Work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work	....., 19.....	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work		26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks | 30. Cause of stillbirth Unknown | Before labor ..... During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mattie Airman, Midwife
Address 257 Bassett St.
Filed July 31, 1936
Registrar.

MAY 2 7 1975

418-283-026 3/3 AUG 28 1936 245560

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. ..... St.
State of Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 245560

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lora Lorraine Dayley

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth May 3, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alonzo Dayley	18. Full maiden name Lora Call
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
11. Color or race White 12. Age at last birthday 42 (years)	20. Color or race White 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Oakley Idaho	22. Birthplace (city or place) (State or country) Rigby Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Truck Driver	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 10 years	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 5

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 p.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alonzo Dayley Father, M. D.

or Twin Falls, Ida, Midwife

Address Gen'l Del.

Filed Aug 26, 1936

Registrar.

Registrar.

Give name added from a supplemental report ..... (Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Rigby Idaho

Mrs A. A. Mathias
Rigby
Idaho

Mrs Rad Martinsen
Idaho Falls
Idaho.

FEB 25 1942

DECEASED

968-21-442-364 AUG 28 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245564

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 322 [illegible] St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilma Mary Roy

3. Sex girl | If plural births: 4. Twin, triplet, or other twin; 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Jan. 19, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Adolph Roy	18. Full maiden name Mary Toupin
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 43 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Indianapolis (State or country) Indiana	22. Birthplace (city or place) Mentor (State or country) Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 A m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible], M. D.
or Mother Midwife
Address R.F.D. No 31 [illegible] Falls
Filed Aug 27, 1936. Ida. Registrar.

Give name added from a supplemental report Aug 27-36 (Date of)
Mr. Adolph Roy Registrar.
Father

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Peter Coughlan

Twin Falls
Ida.

Mrs Louis Endicott

Twin Falls
Ida.

Mr. Peter Toupin

Twin Fall
Ida.

133-108-003-389

246589

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246589

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Don Forrest Allsop

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth Mar 8, 1920 (Month, Day, Year)

FATHER

9. Full name: George Tanner Allsop
10. Residence (usual place of abode) (If non-resident, give place and State) Grace
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Perry Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Eliza Christensen
19. Residence (usual place of abode) (If non-resident, give place and State) Grace
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or country) Mt. Pleasant Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6:00 A at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Hyrum Hubbard, M. D.
or Mrs. Geo. Allsop, Midwife
Address Grace Mother

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 9-24-36, 193.....
Registrar.

Summer Pond, Grace Idaho
Elizabeth Egbert, Grace, Idaho
John Ragharr, Grace, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 246589

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dawn Forrest Allsop	Don Forrest Allsop

Subscribed and sworn to before me this Mar. 3rd day of March 1942

Harold B. Lowe
Notary Public, residing at Grace Idaho

My commission expires Mar 8. 1945
(Seal)

Signed Eliza Christensen Allsop
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 6

815-29-039-231

SEP 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

246607

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of American Falls
No. ..... St.
Private Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Serena Hansen

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Dec. 19, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James L. Hansen	18. Full maiden name: Serena Alta Stanger Hansen
10. Residence (usual place of abode) (If non-resident, give place and State): Am. Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Am. Falls Idaho
11. Color or race: W. | 12. Age at last birthday: 35 (years)	20. Color or race: W. | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Richmond Utah	22. Birthplace (city or place) (State or country): Ruby Idaho.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work: 19	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work: 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mina G. Wilcox, Midwife
Address American Falls, Idaho

Give name added from a supplemental report .....
(Date of)

Filed SEP 28 1936, 193.....

Registrar. Registrar.

DECEASED

463-202-004-463 3554 246624

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of BOISE
City of BOISE
No. CATHOLIC St.
HOSPITAL
(If born in hospital or institution give name.)

OCT 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246624

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD GENEVA MAY MOTHORN

3. Sex: FEMALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth MAY 2, 1920 (Month, Day, Year)

FATHER

9. Full name, William Edward Mothorn
10. Residence (usual place of abode) (If non-resident, give place and State) Calif
11. Color or race white 12. Age at last birthday 37 (years)
13. Birthplace (city or place) WILLOWA CO OREGON (State or country) Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Automobile
16. Date (month and year) last engaged in this work 9/35, 1936 17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Anna Mothorn
19. Residence (usual place of abode) (If non-resident, give place and State) Calif
20. Color or race WHITE 21. Age at last birthday 37 (years)
22. Birthplace (city or place) Denmark (State or country) DENMARK

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 9/28, 1936 26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) TWO
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William E. Mothorn FATHER, or ....., Midwife

Address 816 Cacique st Santa Barbara calif

Give name added from a supplemental report .....

(Date of)

Filed Oct 1, 1936

Registrar. Registrar.

Mrs alta Mothorn
Kamiah Idaho R.R. # 2

Mr & Mrs H. A. Peterson
Kamiah Idaho R.R. # 2

Mrs Laura Blewett
434 Dibblee ave
Santa Barbara
Calif

155-122-036-866

RECEIVED JAN 18 1937

250707

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of town Woodruff
No. R.F.D. # 2 Malad St. mailing address
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250707

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ardell Merlin Jenkins

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth 22 July 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Merlin Jenkins	18. Full maiden name: Mildred Howell
10. Residence (usual place of abode) (If non-resident, give place and State): Woodruff	19. Residence (usual place of abode) (If non-resident, give place and State): Woodruff
11. Color or race: White 12. Age at last birthday: 25 (years)	20. Color or race: ..... 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or country): Newton, Cache Co, Utah. Nov 28, 1894.	22. Birthplace (city or place) (State or country): Woodruff, Oneida Co. Idaho. Dec 30, 1900.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farming	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc:
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work all my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (1) (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Merlin Jenkins M.D.
Father
or ....., Midwife
Address Malad Idaho R.F.D. 2.

Give name added from a supplemental report .....
(Date of)

Filed 1/18/37, 193.....

Registrar.

Registrar.

DELAYED

Dup of 1920-f1984

213-204-010-799

RECEIVED
FEB 1 - 1927

2V0736

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250734

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. St. I. J. Funeral Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carmen Joan Salisbury

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 4, 1926 (Month, Day, Year)

FATHER

9. Full name Carleton Lyon Salisbury
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race White 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Rexburg, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Minnie Beatrice Price
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Ogden, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks
30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Harry L. Wilson, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed Feb 1, 1927

Registrar.

Registrar.

214-127-003-554

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. General Hospital St.
(If born in hospital or institution give name.)

FEB 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250745

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Virgil William Samms, Jr.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term X	7. Legitimate? X	8. Date of birth Jan. 27, 1928 (Month, Day, Year)
Male					

FATHER	MOTHER
9. Full name Virgil William Samms	18. Full maiden name Margaret Eleanor Neuman
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race W / 12. Age at last birthday 29 (years)	20. Color or race W / 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Enterprise Ore.	22. Birthplace (city or place) (State or country) Chicago Ill.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Civil Engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan 27, 1920 19 / 17. Total time (years) spent in this work 8 years	25. Date (month and year) last engaged in this work June 13, 1935 / 26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks / 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Margaret N. Samms, ~~Midwife~~
Address (Name)
Filed Feb. 10, 1937
Registrar.

Paul Bryan - Pocatello, Idaho

Mr. & Mrs. H. B. Orr - 6553 Florence Blvd
Omaha, Neb.

Mr. & Mrs. H. E. Jamms, Wallace, Ida

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. ____ St. Providence Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 9 1937

CERTIFICATE OF BIRTH

251456

Registration District No. 70 State File No. ____
Prim. Registration District No. 10 1/2 Local Registrar's No. 14

2. FULL NAME OF CHILD Beatrice Geraldine Anderson

3. Sex female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 20, 1920 (Month, Day, Year)

FATHER

9. Full name Oscar E Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Interstate Idaho
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compressor Man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine.
16. Date (month and year) last engaged in this work Nov, 1920 | 17. Total time (years) spent in this work 1 1/2 yrs.

MOTHER

18. Full maiden name Lulu May Conrad
19. Residence (usual place of abode) (If non-resident, give place and State) Interstate Idaho.
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Ohio.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 1:30 A m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Dr. Mowery, M. D.
or ____, Midwife
Address Wallace Idaho.
Filed Feb 4, 1937 John Bower
Registrar.

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 386-218-022-312 PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

(If born in hospital or institution give name.)

FEB 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251570

Registration District No. ..... State File No. 251570

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ava Lare Telia Thompson

3. Sex Female

If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth .....

6. Premature No; Full term yes

7. Legitimate? yes

8. Date of birth Dec. 18, 1920 (Month, Day, Year)

FATHER

9. Full name Daniel Robert Thompson

10. Residence (usual place of abode) (If non-resident, give place and State) Menan Idaho

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Hunnington West Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at home

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Matilda Avarille Casper

19. Residence (usual place of abode) (If non-resident, give place and State) Menan Ida

20. Color or race White 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Menan Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 19 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn No

29. If stillborn, period of gestation No months or weeks

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:20 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Matilda A. Thompson (Mother), Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193....

Registrar. Registrar.

FEB 26 1937

Ed Gunderson - Menan Ida APR 23 195

Alma Casper " "

Nancy Browning " "

432-109-040-369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 State File No. 252278

Prim. Registration District No. 2201 Local Registrar's No. 7

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 709 S Division St.
McKinley Ave.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Roy Earl McTasson

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Sept 9, 1920 (Month, Day, Year)

FATHER

9. Full name Clyde Earl McTasson
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida.
11. Color or race white | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Claire Emma Conby
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Idaho
20. Color or race white | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Kellogg, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3P m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) W. L. Lindsay, M. D.
or ....., Midwife
Address Kellogg Idaho
Filed Mar 8, 1937 Mrs. Helen McBride Registrar.

DEC 17

193-709-034-263

253493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

(If born in hospital or institution give name.)

APR 19 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253493

Registration District No. 18 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Charles Wilson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Jan. 9, 1920 (Month, Day, Year)

FATHER

9. Full name John Willard Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) Hazelton Ida

11. Color or race white | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Swedesburg Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shool Teacher

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Daisy Sothern

19. Residence (usual place of abode) (If non-resident, give place and State) Hazelton Ida

20. Color or race white | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) De Lamar Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

2 (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Daisy S. Wilson (Mother) M. D.

or ....., Midwife

Address 3435 Brayton Long Beach

Filed April 19, 1937 Pearl Dillingham Registrar.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Mrs Chas. Barlow Hagelton, Idaho
Mrs Norman Wailes Hazelton, Idaho.
Mr H. Thorsen Hagelton, Idaho

JAN 1 1 1972

JAN 20 1958

FEB 2 3 1962

FEB 2 1 1963

"

Certified Copy issued Feb. 19, 1941. E.W.

345-225-029-955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Southwick

No. Rural St.

(If born in hospital or institution give name.)

MAY 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 State File No. 254207

Prim. Registration District No. 2143 Local Registrar's No.

2. FULL NAME OF CHILD Jewell Kathleen Cummings

3. Sex female

If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...

6. Premature ... Full term Yes

7. Legitimate? Yes

8. Date of birth May 25, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Benjamin H Cummings	18. Full maiden name Rebecca Reed
10. Residence (usual place of abode) (If non-resident, give place and State) Southwick	19. Residence (usual place of abode) (If non-resident, give place and State) Southwick
11. Color or race w | 12. Age at last birthday 31 (years)	20. Color or race w | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Barriton Michigan	22. Birthplace (city or place) (State or Country) Newark Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ..., 19... | 17. Total time (years) spent in this work ...	25. Date (month and year) last engaged in this work ..., 19... | 26. Total time (years) spent in this work ...

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Information given to D. O. Christensen, M. D. No physician present at time

(Signed) D. O. Christensen, M. D.

or Ida J. McAllister present at birth Midwife

Address Kendrick, Idaho

Give name added from a supplemental report ... (Date of)

Filed April 17, 1937 B. F. Norbit Registrar.

Registrar.

K

JUL 23 1962

766-202010-869

RECEIVED JUN 3 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 254510

1. PLACE OF BIRTH
County of Bonneville
City of Iona
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilma Goodson

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 2nd 1920 (Month, Day, Year)

FATHER

9. Full name Jacob Wm. Goodson
10. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) Lehi, Utah U.S.A.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 18 years

MOTHER

18. Full maiden name Maud Lindholm Horman
19. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Tooele City, Utah U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Maker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10:30 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jacob Wm Goodson father, M. D.
or ....., Midwife
Address Idaho Falls, Idaho R.# 1,
Filed ....., 193.....

Give name added from a supplemental report ..... (Date of)

..... Registrar.

JUN 4 - 1937

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 4 1971

Mr. Francis D. Horman
Iona Idaho.

Mrs. Clifford N. Scoresby.
Iona Idaho.

Mrs. H. D. Payne,
Idaho Falls, Idaho.
R. 7. D. no. 2,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Amended Mar. 3, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Shoshone 366-113

City of Kellogg 040-314

No. Idaho St.

Kellogg Warden Hospital

(If born in hospital or institution give name.)

Registration District No. ____ State File No. 254527

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD RICHARD B. COOLEY

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth 10 - 13, 1920 (Month, Day, Year)

FATHER

9. Full name W. B. Cooley

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida.

11. Color or race white | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) unknown

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Florence H. DeCamp

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Idaho

20. Color or race white | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) unknown

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Secretary

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work at present, 19____

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. C. Lindsay, M. D.

or ____, Midwife

Address Kellogg, Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed June 11, 1937 Pearl Dillingham

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2V4527

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. [illegible] St.
Kellogg Wardner Hospital
(If born in hospital or institution give name.)

JUN 11 1937

Registration District No. ..... State File No. 254527
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard B. Cooley

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 10 13, 1920 (Month, Day, Year)

FATHER

9. Full name R. B. Cooley

10. Residence (usual place of abode) ~~Mont~~ Kellogg, Ida. (If non-resident, give place and State) ~~Spokane, Wash.~~

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Unknown (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name ~~Have no information at present~~ Florence H. (DeCamp)

19. Residence (usual place of abode) Kellogg, Idaho (If non-resident, give place and State) ~~Wash.~~

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) Unknown (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Secretary

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work At Present, 19.....

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother / (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature] M. D.

or ....., Midwife

Address Kellogg Idaho

Filed June 11, 1937 Pearl Dillingham

Registrar.

MAR 7 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

~~State of~~ District of Columbia
~~County of~~ Washington, city } ss.

Certificate No. 254527

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Richard B. Cooley (Name on Original Certificate) who born (Was Born or Died) on Oct. 13, 1920 (Date of Event)

in Wardner Hos. Kellogg, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the true facts are shown by Birth certificate -mother Ins. policy-father (Bible Record, Insurance Policy, Etc.) prepared on Oct, 31, 1927 Feb. 21, 1898 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's age	37	21
Mother's age	37	22

Subscribed and sworn to before me this 6th day of December, 1950

Sadie Molineu
Notary Public, residing at District of Columbia
My commission expires My Commission Expires Dec. 1, 1951
(Seal)

Signed Florence H Cooley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

21 S B St N.E. Wash. D.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash.
County of Whitman } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Feb., 1951

[illegible]
Notary Public, residing at Pullman
My commission expires June 22, 1953
(Seal)

Signed X Nina F. Cheatham
(Signature of Any Credible Person)

400 W. Main, Pullman Wn
(Street Address, City, State)

319731010-213

RECEIVED JUN 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254790

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 73 State File No. .....
Prim. Registration District No. 2150 Local Registrar's No. 37

2. FULL NAME OF CHILD Billy Clifford Larson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth March 31, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ben R. Larson	18. Full maiden name: Irene Salmonson
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida
11. Color or race: White | 12. Age at last birthday: 26 (years)	20. Color or race: White | 21. Age at last birthday: 16 (years)
13. Birthplace (city or place) (State or Country): Kansas	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone mason	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8.30 p m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C.M.Cline, M. D.
or [signature], Midwife
Address Idaho Falls, Idaho
Filed Apr. 2, 1920 [signature] Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 15 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 864 2250 01 212 St. JUN 22 1937

St. Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 255428

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Elizabeth Hensley Hodge

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Jan. 25, 1920 (Month, Day, Year)

FATHER

9. Full name: John William Hodge

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race W | 12. Age at last birthday 50 (years)

13. Birthplace (city or place) (State or Country) England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaperman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Carrie Bassett

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

20. Color or race W | 21. Age at last birthday 43 (years)

22. Birthplace (city or place) (State or Country) England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11 A.M. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Filed JUN 22 1937, 193.... Registrar.

FEB 20 1942

395 124014 25

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Parma

No. Rural Route #3 St.

(If born in hospital or institution give name.)

JUN 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 255435

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Fred Walter Trent

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	Yes	Sept 24, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John C. Trent	18. Full maiden name: Cornie Seals
10. Residence (usual place of abode) (If non-resident, give place and State): Parma	19. Residence (usual place of abode) (If non-resident, give place and State): Parma
11. Color or race: White | 12. Age at last birthday: 42 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Rogersville, Tennessee	22. Birthplace (city or place) (State or Country): Smeedville, Tennessee
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ____, 19____	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes Silvol

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) O M Mitchell, M. D.

or ____, Midwife

Address Parma Idaho

Filed 24 1937, 193____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 459-162-038-249

County of Lemhi

City of Gilmore

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 10 1937

Registration District No. ..... State File No. 256461

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Meister

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth June 17, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herman Meister	18. Full maiden name Clara Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Gilmore Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Tyrone Pennsylvania	22. Birthplace (city or place) (State or Country) Murray Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Steadily employed, 1920	17. Total time (years) spent in this work 13
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living Six (b) Born alive but now dead one (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Ethel Lewis, Midwife

Address .....

Filed ....., 193....

AUG 10 1937

Registrar.

A693-127.017-763

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clark

City of Spencer, Ida.

No. ..... St.

(If born in hospital or institution give name)

AUG 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256464

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sterling Price Wilson Jr.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	Twin	1st	yes	yes	Aug 27, 1930

FATHER

9. Full name: S. P. Wilson

10. Residence (usual place of abode) (If non-resident, give place and State): Spencer

11. Color or race: White | 12. Age at last birthday: 56 (years)

13. Birthplace (city or place) (State or Country): Chantilly, Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Fannie Jane [illegible]ard

19. Residence (usual place of abode) (If non-resident, give place and State): Spencer

20. Color or race: White | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Chantilly, Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Eight
(a) Born alive and now living 8 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed AUG 11 1937, 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Clark } ss.

Fannie J. Wilson Barney being first duly sworn says that she is the mother (Relationship of child)* of Sterling Price Wilson born August 27, 1920 (Date of birth) at Spencer, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Sterling Price Wilson jr.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Dudley Rucker M. D. was the Midwife medical attendant at the birth of said Sterling Price Wilson jr. and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Fannie J. Wilson Barney

P. O. Address Kilgore Idaho

Subscribed and sworn to before me this 7 day of August, 1937

C. E. Hardy
Notary Public.

Residing at Spencer, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 1 1 196

E46-105-00235

W7576

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH.
County of Bonneville
City of Idaho Falls
No. General (Dr. C. M. Cline's) St.
(If born in hospital or institution give name.)

SEP - 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257576

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stephen Winn Huffaker

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 5 } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 5, 1920 (Month, Day, Year)

FATHER

9. Full name Welby Winn Huffaker
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race White 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Southcattonwood Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Automobile
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Imogene Stephens
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) C. M. Cline, M. D.
or ....., Midwife
Address .....
Filed 9/9/37, 193.....

Registrar. Registrar.

JAN 22 1958

593-111-02K-285

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Gooding
City of Wendell
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257589

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Walter John Nicholson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth
Male			Yes	Sept 11, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Walter Whitcomb Nicholson	18. Full maiden name: Nora Viola Sherlock
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls
11. Color or race: W | 12. Age at last birthday: 23 (years)	20. Color or race: W | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Indiana	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rancher	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work.....	26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs. Walter [illegible] Mother, M. D.
or ..... Midwife
Address Boise, Idaho
Subscribed and sworn to before me this 15th day of Sept. 1937
Pearl Dillingham State Registrar
Filed Sept 15, 1937
State Registrar.

SEP 1 1965

MAR 30 1942

OCT 10 1944

SEP 16 1942

NOV 28 1942

639-227040-346

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone Duplicate

City of Kellogg Registration District No. File No. 259558

No. St.

Primary Registration District No. Registered No.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 259558

FULL NAME OF CHILD Julia Flito

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 27 1920

FATHER	MOTHER
FULL NAME Frank Flito	FULL MAIDEN NAME Elma Marie Tufty
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Italy	COLOR White
OCCUPATION Sometimes man	AGE AT LAST BIRTHDAY 25 (Years)
	BIRTHPLACE Hudson Wisconsin
	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Hardy M.D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

.....19.....

Filed OCT 16 1937 19.....

.....
Registrar

.....
Registrar

S-Y CO. 20174

DEC 21 1940

DELAYED

Dup of 1920-87784

693 225010-555

RECEIVED
OCT 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259566

259566

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. E. 6 th St.
Spencer Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Betty Margaret Wilson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term ✓	7. Legitimate? yes	8. Date of birth Oct. 25, 1920 (Month, Day, Year)
F					

9. Full name of FATHER	18. Full maiden name of MOTHER
Bert Morris Wilson	Edna May Reed
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race W. | 12. Age at last birthday 41 (years)	20. Color or race W. | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Morse County Neb.	22. Birthplace (city or place) (State or Country) White County Ark.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Retail	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work 5 yrs.
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 3:45 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Signed) H. D. Spence, M. D.
or Physician, Midwife
Address Idaho Falls Idaho

(Date of) ____ Filed 10/22/37, 193____

Registrar. Registrar.

141 107 022 - 242

RECEIVED
OCT 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259570

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Edward Adams

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Aug. 7, 1920 (Month, Day, Year)

FATHER

9. Full name Charles Edward Adams
10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony
11. Color or race White | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Cleveland Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power Co.
16. Date (month and year) last engaged in this work Aug., 1920
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Wilma Katherine Busch
19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Wichita Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Book keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Implement House
25. Date (month and year) last engaged in this work April, 1920
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother First (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9:30 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Frank Watkins, M. D.
or Family at St Anthony, Idaho, Midwife
Address Present address 3414 N. Figueroa Los Angeles Cal.
Filed Oct 27, 1937

Registrar.

MAR 2 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 25958

1. PLACE OF BIRTH
County of
City of Poplar Rigby R. 3
No. 168 St.
102026-619
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Allen Julius Johannesen

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term X
7. Legitimate? X
8. Date of birth Aug 2, 1920 (Month, Day, Year)

FATHER

9. Full name: Allen Johannesen
10. Residence (usual place of abode) (If non-resident, give place and State): Poplar Idaho
11. Color or race: White 12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Skein Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work: two

MOTHER

18. Full maiden name: Marie Warthen
19. Residence (usual place of abode) (If non-resident, give place and State): Poplar Ida
20. Color or race: White 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or Country): Denison Iowa Crawford

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: , 19
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Three (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) M. D.
or Marie Warthen Johannesen mother Midwife
Address Rupert Idaho

Filed Aug, 1939

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie Johannesen being first duly sworn says that
She is the mother of Allen Julius Johannesen
(Relationship of child)*
born August 2-1920 at Poplar - Rigby - R3 -, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Allen Julius Johannesen
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Kanutta Jensen - Deceased ~~M. D. was the~~ Midwife medical attendant at the birth of said Allen Julius Johannesen and that the said medical attendant is now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Marie Johannesen
P. O. Address 601 North 10th Emmett Caldwell, Ida.

Subscribed and sworn to before me this 1st day of November, 1937.

Neil Wilson
Notary Public.

Residing at Caldwell, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

141 110-039 819

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

260415

CERTIFICATE OF BIRTH

NOV 8 1937

1. PLACE OF BIRTH
County of Power
City of Rockland
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 25 State File No. .....
Prim. Registration District No. 2072 Local Registrar's No. 94

2. FULL NAME OF CHILD Douglas Douglas Carlos Adams

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 10 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clement C. Adams	18. Full maiden name Amanda Hartley
10. Residence (usual place of abode) Rockland (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Rockland (If non-resident, give place and State) Idaho
11. Color or race W. | 12. Age at last birthday 31 (years)	20. Color or race W. | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Montana	22. Birthplace (city or place) (State or country) Rockland Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Common Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Nov, 1920 | 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work Nov, 1920 | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ..... Midwife
Address Rockland Idaho
Filed 10-25, 1937 Irene Saling
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

299/25 026-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St. ____

Smithem Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260609

NOV 24 1937

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD James Lynn Birch

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 2

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth December 25 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Maroni Birch	18. Full maiden name: Ruby Belle Kinghorn
10. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho
11. Color or race: white | 12. Age at last birthday: 26 (years)	20. Color or race: white | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Bear Lake County Bennington, Idaho	22. Birthplace (city or place) (State or Country): Lewisville, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lineman 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____ 16. Date (month and year) last engaged in this work: may, 1929 17. Total time (years) spent in this work: 10 yrs.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: musician 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____ 25. Date (month and year) last engaged in this work: January, 1934 26. Total time (years) spent in this work: 18 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

~~CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE~~ 12/25/20

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James Maroni Birch M.D.
Father -
or ____, Midwife

Address 236- Lava Street- Idaho Falls, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed 11-24-37, 193... ____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Maroni Birch - being first duly sworn says that he is the father (Relationship of child)* of James Lynn Birch-

born December 25th, 1920 (Date of birth) at Rigby, Jefferson County, Idaho,

whose certificate of birth is hereto attached, and that -he- desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Lynn Birch hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that ~~Ruby Bell Kinghorn~~ Mary E. Smithem ~~XXXX~~ Midwife was the medical attendant at the birth of said James Lynn Birch - and that the said medical attendant is now deceased- (Now deceased (or) cannot be located)

Name of Affiant James Maroni Birch
P. O. Address James Maroni Birch Idaho Falls, Idaho 236 Lava St.

Subscribed and sworn to before me this 23rd. day of November, 1937

[signature]
Notary Public.
Residing at Idaho Falls, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 2.0 1958

432201-007269

160643

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 13 1937

CERTIFICATE OF BIRTH

260643

1. PLACE OF BIRTH
County of Blaine
City of Carey
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary C. McKay

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 1, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name James E. McKay	18. Full maiden name Anna M. Borkenhagen
10. Residence (usual place of abode) (If non-resident, give place and State) Carey Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Carey Ida
11. Color or race white | 12. Age at last birthday 47 (years)	20. Color or race white | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Nova Scotia	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 11	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James E. McKay Father
or ....., Midwife
Address Hailey Ida

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed DEC 13 1937, 193...
Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blaine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James E. McKay being first duly sworn says that he is the Father (Relationship of child)* of Mary C. McKay born March 1 - 1920 (Date of birth) at Carey, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Mary C. McKay hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None ~~M. D.~~ Midwife was the medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant James E. McKay
P. O. Address Carey Idaho

Subscribed and sworn to before me this 10 day of Dec, 1937

J. Jul. Faulkner
Notary Public.

Residing at Hailey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 2 1 1993

A855·106·029863

261531

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Troy, Idaho · DEC 20 1937
No. Rt. I St.
at residence
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261531

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ivan Benny Henae

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth one | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth July 6, 1920 (Month, Day, Year)

FATHER

9. Full name George Henae
10. Residence (usual place of abode) (If non-resident, give place and State) Troy, Idaho
11. Color or race White 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Canby, Minn. Yellow Medicine

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill Laborman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mill
16. Date (month and year) last engaged in this work 12 —, 1937
17. Total time (years) spent in this work 35

MOTHER

18. Full maiden name Emma Christina Holmes Henae
19. Residence (usual place of abode) (If non-resident, give place and State) Troy, Idaho
20. Color or race White 21. Age at last birthday 46 (years)
22. Birthplace (city or place) (State or Country) Allegan, Mich. Allegan Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation none months or weeks | 30. Cause of stillbirth 0 Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [redacted], M. D.
or [redacted], Midwife
Address ____

Give name added from a supplemental report ____

(Date of) ____ Registrar.

Filed Dec, 1937 DEC 20 1937 Registrar.

DUP OF 1920-81845
DELAYED

Dup of 1920-81845

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Lewis } ss.

Emma Christina Hesse being first duly sworn says that she is the mother of Ivan Benny Hesse
(Relationship of child)*

born July - 6 - 1920 at Troy ——— , Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ivan Benny Hesse

application hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hinkle M. D. was the ~~Midwife~~ medical attendant at the birth of said Ivan Benny Hesse and that the said medical attendant is (do not know, if living now.
(Now deceased (or) cannot be located)

Name of Affiant Emma Christina Hesse

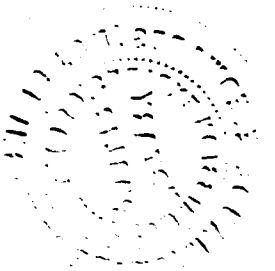
P. O. Address Centralia, Wash.

Subscribed and sworn to before me this 17 day of December, 1937

Maude E. Edwards
Notary Public.

Residing at Centralia, ~~Idaho~~ Wash.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



867-221-009-813

26N68

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261568

JAN 14 1936

1. PLACE OF BIRTH
County of Bonner
City of Clarks Fork
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Imogene Elizabeth Hopper

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth April 24, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Alfred Hopper	18. Full maiden name Mabel Claire Hatcher
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Arkansas (State or Country)	22. Birthplace (city or place) Nebraska (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 14	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 A m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Rose Sotiber, Midwife
Address Clarks Fork Idaho.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 14 1936, 193.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 16 1966

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry A. Hopper being first duly sworn says that he is the Father of Imogene Elizabeth Hopper
(Relationship of child)*

born April 21 - 1920 at Clarks Fork, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Imogene Elizabeth Hopper hereto attached are true and correct as stated ~~therein~~, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Rose ~~[illegible]~~ Sotow ~~M. D.~~ was the Midwife medical attendant at the birth of said Imogene Elizabeth Hopper and that the said medical attendant is now alive
(~~Now deceased (or) cannot be located~~)

Name of Affiant Henry A. Hopper
P. O. Address Clarks Fork Idaho.

Subscribed and sworn to before me this 11 day of January, 1938

W. E. Johnston
Notary Public.

Residing at Clark Fork, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MY COMMISSION EXPIRES [illegible] 40

FEB 16 1966

265-101-026-556

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 3 - 1938

County of Jefferson

City of Idaho

No. ..... St.

Hospital .....

Registration District No. .....

File No. 262135

Primary Registration District No. .....

Registered No. .....

Full Name of Child Willis Orlando Boulter

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: April 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Leroy Boulter	FULL MAIDEN NAME	Francelda Newbold
RESIDENCE	Labell Ida.	RESIDENCE	Labell Ida.
COLOR	White — AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Draper Utah	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Humphrey MD

Rigby Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan. 3, 1937 Pearl Dillingham State Registrar

RECEIVED
DEC 30 1937

Dear Sirs This has been misplaced. I have just found it among some old papers and am sending it in
Mrs J L Boulter

A-154-415-009-859

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262565

DEC 30 1937

1. PLACE OF BIRTH
County of Bonner
City of Anderson Spur
No. ..... St. Near Blanchard
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Roland Anderson

3. Sex Son | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth March 15, 1920 (Month, Day, Year)

FATHER

9. Full name Earl Bayard (deceased) Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Anderson Spur
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Rice Lake Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work November, 1921
17. Total time (years) spent in this work two

MOTHER

18. Full maiden name Neala Ethel Herr
19. Residence (usual place of abode) (If non-resident, give place and State) Anderson Spur
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Illinois Oak Glen

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed JAN 19 1938, 193....

Registrar. Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 2 1945

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Neola Ethel Fea, formerly Neola Ethel Anderson being first duly sworn says that she is the mother (Relationship of child)* of William Roland Anderson born March 15 - 1920 (Date of birth) at Blanchard, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Roland Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that father and Margaret Maine ~~M. D.~~ Midwife was the medical attendant at the birth of said William Roland Anderson and that the said medical attendant ~~is~~ father is deceased, said Margaret Maine is in Post Falls, Ida (Now deceased (or) cannot be located)

Name of Affiant Neola Ethel Fea
P. O. Address Newport, Wash.

Subscribed and sworn to before me this 18 day of January, 1938

Edmund Brigham
NOTARY PUBLIC for the State ~~of Notary Public~~.
~~Residing~~ at Washington. Residing at Newport, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 30 1965

312-115-010-154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannerville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263558
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Hyrom Caspersen

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term yes	7. Legitimate? yes	8. Date of birth April 15, 1938 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name: Guy Edison Caspersen	18. Full maiden name: Rosa T. Andrus
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: white | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Lawn City, Mo.	22. Birthplace (city or place) (State or Country): Thatcher, Ida
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) Harry L. Wilson, M. D.
or ..., Midwife
Address Idaho Falls, Idaho
Filed Mar 8, 1938

Registrar. Registrar.

2 2 1952

455212005452 (Copy) 264531

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264531

1. PLACE OF BIRTH
County of Benewah
City of [illegible] Ida
No. [illegible] St.
(If born in hospital or institution give name.)

MAR 19 1938

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frances E McClellan

3. Sex Fem | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term — | 7. Legitimate Yes | 8. Date of birth June 12, 1920 (Month, Day, Year)

FATHER
Full name Abraham Rhea McClellan

MOTHER
18. Full maiden name Georgia Ann Desgranges

10. Residence (usual place of abode) (If non-resident, give place and State) Ida
19. Residence (usual place of abode) (If non-resident, give place and State) Ida

11. Color or race Wht 12. Age at last birthday 41 (years)
20. Color or race Wht 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Tenn
22. Birthplace (city or place) (State or country) Wash

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work —

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Usual

28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L Clanton, M. D.
or ....., Midwife
Address Rockford Wa
Filed ....., 193.... .....
Registrar.

Give name added from a supplemental report ..... (Date of)
.....
Registrar.

MAR 21 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

453-106042864

264537

MAR 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 264537

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 619-3d Ave W. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Edward Van Meter

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? ..... | 8. Date of birth April 6, 1920 (Month, Day, Year)

FATHER

9. Full name Jacob A Van Meter
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
11. Color or race White | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Norton Co. Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Alta Ellen Young
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Woodruff Co Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two.
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Twin Falls at 11 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Jacob A Van Meter Father, or .....

Midwife

Address 70 W Highland Ave Sierra Madre Calif

Give name added from a supplemental report .....

(Date of) Filed Mar ....., 1938

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jacob A. Van Meter being first duly sworn says that He is the Father of William Edward Van Meter
(Relationship of child)*

born April 6 1920 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Edward Van Meter 70 W High Land ave Sierra Madre Calif hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Jacob A. Van Meter

P. O. Address .....

Subscribed and sworn to before me this 17th day of March, 1938

F. W. Male
NOTARY PUBLIC
Notary Public.
In and for the County of Los Angeles, State of Idaho

Residing at Sierra Madre Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires February [illegible]

1/3/40 L. E.

132-118 040-469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

264579

CERTIFICATE OF BIRTH

264579

1. PLACE OF BIRTH

County of Shoshone

City of near Wallce

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 122 State File No. .....

Prim. Registration District No. 2200 Local Registrar's No. .....

2. FULL NAME OF CHILD John Henry Upshur Atkinson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Feb 18, 1920 (Month, Day, Year)

FATHER

9. Full name Wm. E. Atkinson

10. Residence (usual place of abode) (If non-resident, give place and State) Ohio Ill

11. Color or race wh | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Ohio Ill

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ruby Elinor Morgen

19. Residence (usual place of abode) (If non-resident, give place and State) Interstate

20. Color or race wh | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2: 10 P.M. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James R. Bean, M. D.

or ....., Midwife

Address Wallace

Give name added from a supplemental report .....
(Date of)

Filed Feb. 28, 1920, 193.. H. C. Mowery
Registrar.

Registrar.

Certified Copy issued Feb. 13, 1941. E...

AUG 8 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 462-721 005-261
County of Benewah
City of Plummer, Ida.
No. R. F. D. # 1 St.
(If born in hospital or institution give name.)

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265564

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lynn S. Dobson

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth April 21, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Fay E. Dobson	18. Full maiden name: Ina Elizabeth Swartz
10. Residence (usual place of abode): Plummer, Idaho (If non-resident, give place and State) R.F.D.#1	19. Residence (usual place of abode): Plummer, Idaho (If non-resident, give place and State) R.F.D.#1
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or country): Storm Lake, Iowa	22. Birthplace (city or place) (State or country): Mica, Washington
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home.
16. Date (month and year) last engaged in this work: April 21, 1920	17. Total time (years) spent in this work: 19 Yrs.
25. Date (month and year) last engaged in this work: April 21, 1920	26. Total time (years) spent in this work: 8 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. C B Clizer, M. D.
or ....., Midwife
Address Tekoa, Washington

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAY 9 - 1938 193.....
Registrar.

A385 726-005-168

1. PLACE OF BIRTH

County of Benewah

City of Tekoa Wash.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 9 - 1938

CERTIFICATE OF BIRTH

265-565

265565

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Virgil-Isaac Tye

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth One | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 26, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Isaac Loyd Tye	18. Full maiden name Sarah Martha Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Williamsburg Kentucky	22. Birthplace (city or place) (State or Country) Williamsburg Kentucky
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Still engaged at this work	25. Date (month and year) last engaged in this work Sept 27, 1908
17. Total time (years) spent in this work 11 yrs	26. Total time (years) spent in this work 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living Yes (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed May 9, 1938

..... Registrar.

..... Registrar.

one child at birth a Sep... ...ch, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whitman } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Martha Johnson Tye being first duly sworn says that She is the Mother of Virgil Isaac Tye
(Relationship of child)*

born May 26 1920 at Farm home in [illegible] County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Sarah Martha Johnson Tye desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Virgil Isaac Tye hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Mosier M. D. was the Midwife medical attendant at the birth of said Virgil Isaac Tye and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Sarah Martha Johnson Tye

P. O. Address

Subscribed and sworn to before me this 7 day of May, 1938

Notary Public.

Residing at Pine City Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1942

1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266604

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 677-228 001-386 St.
St. Lukes Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 266604
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alice Belva Oppenheim

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Feb 28, 1920 193.... (Month, Day, Year)

FATHER

9. Full name Benj W. Oppenheim
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race ..... | 12. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Susan B. Thomas
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race ..... | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2: A.M. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) M. Callaway, M. D.
or ....., Midwife
Address Boise, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed June 14, 193.... 8 Pearl Dillingham
Registrar.

MAR 8 1 1939

DEC 27 19[illegible]

DEC 19 1946

491-126-006-586

#267747

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 27 1938

Registration District No. ____ State File No. 267747

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dennis Thorne Dial

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth 4-26-, 1920 (Month, Day, Year)

FATHER

9. Full name Samuel Lawrence Dial
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley
11. Color or race White 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Hooper Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At home
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Elgia Thorne
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Pleasant Grove Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home
25. Date (month and year) last engaged in this work ____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Argyrol Chrome,

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 a. m., on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Cutler M.D. M. D.
or ____ Midwife
Address Shelley Ida

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed JUN 27 1938 193____
Registrar.

Please have this files at your offices.

Dennis Dirk

243 209 040 397

AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

268870

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St. Wardner Hospital

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mary Loretta Butler

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	Yes	February 9 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Robert Butler	18. Full maiden name Gertrude Lightner
10. Residence (usual place of abode) (If non-resident, give place and State) Kingston Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Kingston
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Campbellton New Brunswick Canada	22. Birthplace (city or place) (State or Country) Kingston Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner Freighter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. employed by Ohio Match Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) M C Lindsay, M. D.

or ____, Midwife

Address Kellogg Idaho

Filed AUG 3 1938, 193__

Registrar.

JUN 2 1 1945

A 219-211 016-664

270012

1. PLACE OF BIRTH

County of Cassia

City of On a ranch on Raft River SEP 6 - 1938 No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270012

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Barnes

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Sept. 11, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Herbert Claude Barnes	18. Full maiden name: Annie Womack ~~Barnes~~
10. Residence (usual place of abode) (If non-resident, give place and State): Logan Utah	19. Residence (usual place of abode) (If non-resident, give place and State): Logan Utah
11. Color or race: White 12. Age at last birthday: 58 (years)	20. Color or race: White 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Salt Lake City Utah	22. Birthplace (city or place) (State or Country): Bluffroom Kentucky
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: August, 1935	17. Total time (years) spent in this work: 40 years
25. Date (month and year) last engaged in this work: ....., 19....	26. Total time (years) spent in this work: 21 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 193... Pearl Dellingham Registrar.

Registrar.

SEP 6 - 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Use of more than one child at birth a Separate Form must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Cache } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie Womack Barnes being first duly sworn says that she is the mother (Relationship of child)* of Florence Barnes born September 11, 1920 (Date of birth) at Raft River, Cassia County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Barnes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Sater M. D. was the Midwife medical attendant at the birth of said Florence Barnes and that the said medical attendant is cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Annie Womack Barnes,

P. O. Address Logan, Utah

Subscribed and sworn to before me this 31st day of August, 1938

H. B. Johnson
Notary Public.

My Commission expires January 28, 1940 Residing at Logan, Utah, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

295 718 001 259

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 270023

Registration District No. ..... State File No. .....

Prin. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. RFD 2 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ernest Lewis Kincaid

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth Aug 18 1920 (Month, Day, Year)

FATHER

9. Full name Lewis E. Kincaid
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Mo

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Florence A Snider
19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes Arg. Nit.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at P.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....

(Signed) Florence A Kincaid mother, M. D.
or ....., Midwife
Address Emmett Ida Box 583

Filed Sept 12, 1938 Pearl Dillingham State Registrar
(Date of)

Subscribed and sworn to before me this 12th day of Sept 1938 Pearl Dillingham State Registrar

Registrar.

AUG 1 ? 1962

39-231-010-842

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of **Bonneville**

City of **Idaho Falls**

No. ..... St. .....

(If born in hospital or institution give name.)

NOV 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272330

Registration District No. 73 State File No. .....

Prim. Registration District No. 2150 Local Registrar's No. 681

2. FULL NAME OF CHILD **James Robert Craughan**

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	Jan. 31, 1938 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Charles Craughan	18. Full maiden name Sarah Myra [illegible] Hubbell
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho
11. Color or race White | 12. Age at last birthday 42 (years)	20. Color or race White | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) [illegible] Ireland (State or Country)	22. Birthplace (city or place) Madison S. Dak. (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** (Born Alive or Stillborn) at 6 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature], M. D.

or ....., Midwife

Address Idaho Falls Ida.

Filed Oct 10, 1938 [signature]

Registrar.

759-205-015-897

NOV 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 82 State File No. 272334

Prim. Registration District No. 2159 Local Registrar's No. 64

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bertha Evelyn Gerber

3. Sex: girl
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth May 5, 1920 (Month, Day, Year)

FATHER

9. Full name: John Ulrich Gerber
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: white | 12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Switzerland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Rosa Ella Higley
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
20. Color or race: white | 21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or Country): Ogden, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
Seven
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Ellis Kackley Ellis Kackley, M. D.

or ....., Midwife

Address Soda Springs, Idaho

Filed 11-9-, 1938 Dr Russell Tigert

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 24 1942

115-104-028-995

1. PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 7 1938

CERTIFICATE OF BIRTH

272338

Registration District No. 30 State File No. .....

Prim. Registration District No. 2051 Local Registrar's No. 319

2. FULL NAME OF CHILD Samuel Junior Jackson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth February 4 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Jackson	18. Full maiden name Caroline Minerva Rinker
10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Pennsylvania
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Feb., 1920 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Feb., 1920 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

~~(Signed)~~ (J. C. Dwyer), M. D.
or Mrs Caroline Jackson Mother, ~~Midwife~~
Address Post Falls, Idaho
Filed Nov. 1, 1938 L. C. Krotchen MD.
Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Caroline Jackson being first duly sworn says that She is the mother of Samuel Junior Jackson
(Relationship of child)*
born February [redacted] 4, 1920 at Post Falls, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Samuel Junior Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. C. Dwyer M. D. was the ~~Midwife~~ medical attendant at the birth of said Samuel Junior Jackson and that the said medical attendant is now deceased.
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Mrs Caroline Jackson
P. O. Address Post Falls, Ida.

Subscribed and sworn to before me this 29 day of October, 1938

Jas A. Foster ~~Clerk of the District Court~~ Kootenai County, Idaho
Notary Public.
Residing at By Elsa B. Zell Deputy ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 1 0 1968

255-101 042-292 Received Nov. 16, 1938 273254

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ..... St. La Merced Hospital + Training School
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 273254
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Charles Keenan

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				yes	Oct. 1, 1920

FATHER

9. Full name: Frank Joseph Keenan
10. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
11. Color or race: W | 12. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Salina Co. Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Mabel Mary Bissonnette
19. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
20. Color or race: W | 21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or Country): Charles City, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Anastasia Buchan, Wilson ~~M. D.~~ nurse
or ..... Midwife
Address Buhl Idaho
Filed Nov. 16, 1938

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

H. L. McMARTIN, M. D. DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

Nov. 16, 1938

Mrs. Harry Wilson
Buhl, Idaho.

Dear Mrs. Wilson:

The birth record for John Charles Keenan was not placed on file in this office at the time of the birth of this boy. The mother, who is now in Washington, sent the enclosed copy to have a certified copy made therefrom. Our new law prohibits us from doing this, without an affidavit, and as your name and Dr. Jennings is mentioned on the back of certificate, I am taking the liberty of sending same to you for the signature of the physician, and if that is not possible at this time, will you kindly sign it as the nurse in attendance, in order to avoid further delay? Otherwise it would be necessary to return all papers to Washington for affidavit etc.

Thanking you in advance for your prompt attention to this matter, we are,

Very truly yours,

DIVISION OF PUBLIC HEALTH

Pauline B. Ambrose

Pauline B. Ambrose
Vital Statistics Clerk

Dr Jennings is somewhere in Calif. address not known. -

This baby was delivered by me(when I was in training)- The doctor got there later and completed the delivery.

Mrs Harry Wilson

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. La Merced St.
Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 16 1938

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Charles Keenan

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 10/1, 1929 (Month, Day, Year)

FATHER

9. Full name Frank Joseph Keenan
10. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Saline County Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 1926 | 17. Total time (years) spent in this work 8 yrs

MOTHER

18. Full maiden name Mabel Mary Bissonnette
19. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Charles City Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) five (a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Mabel M. Keenan Mother, M. D.
or ~~2610 - 36th Pl N.W.~~ Midwife
Address ~~Washington D.C.~~ Buhl, Idaho, R#3
Filed ....., 193.....
Registrar.

Give name added from a supplemental report .....
(Date of)

Present address. 2610 - 36th Place N.W. Wash. D.C.
Registrar.

JAN 23 1959

JAN 6 1966

Mrs. Harry Wilson
(Anastasia Lucham)
Buhl Idaho. was the nurse
in attendance

Dr. George Jennings
Buhl Idaho. was attending
physician.

Mrs Mabel M Kleman, Mother
present address- 1610 - 36th Place N.W.
Washington D.C

445-206 024.713

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DEC 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 State File No. 273363

Prim. Registration District No. 2018 Local Registrar's No. .....

1. PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

(If born in hospital or institution give name)

2. FULL NAME OF CHILD Wilma Louise Munn

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 6 1930 (Month, Day, Year)

FATHER

9. Full name Floyd George Munn

10. Residence (usual place of abode) Wendell Ida
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Michigan
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eva Palmer

19. Residence (usual place of abode) Wendell Ida
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Kansas
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. L. Simonton, M. D.

or ....., Midwife

Address Wendell Ida

Give name added from a supplemental report .....

(Date of)

Filed Dec 11, 1938 C. L. Simonton

Registrar.

Registrar.

MAR 9 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

No 73-102

274340

RECEIVED

DEC 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274340

1. PLACE OF BIRTH
County of Bonner 509
City of Cabinet 365
No. Idaho St.
(If born in hospital or institution give name.)

Registration District No. 70 State File No.
Prim. Registration District No. 1011 Local Registrar's No. 111

2. FULL NAME OF CHILD Clarence Lester Hill

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate yes | 8. Date of birth Oct 2 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harry Henry Hill	18. Full maiden name Elsie Loe
10. Residence (usual place of abode) (If non-resident, give place and State) Cabinet Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Cabinet Ida.
11. Color or race W 12. Age at last birthday 35 (years)	20. Color or race W 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Cottonwood Ida	22. Birthplace (city or place) (State or country) Osborne City Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farming. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work Nov, 1920 17. Total time (years) spent in this work 8 yrs	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 14 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed Dec 22, 1938 John A Bowe
Registrar.

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elsie Hill being first duly sworn says that she is the Mother of Clarence Lester Hill
(Relationship of child)*
born Oct. 2 - 1920 (Date of birth) at Cabinet, Idaho,
whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Child — Clarence Lester Hill
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Grace Allen ~~M. D.~~ Midwife was the medical attendant at the birth of said Child — Clarence Lester Hill, and that the said medical attendant is now deceased.
(Now deceased (~~or) cannot be located~~)

Name of Affiant: Elsie Hill.
P. O. Address Burke Idaho.

Subscribed and sworn to before me this 22 day of December, 1938

Elizabeth E. Ward
Notary Public.
Residing at Wallace Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

691 119 001 669

2 75 390

JAN 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275390

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. St. Alphonsus Hospital

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kuss, Earl Francis

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Feb. 19, 1920 (Month, Day, Year)

FATHER

9. Full name Kuss, Earl

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work ....., 1921

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Josephine Workman

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housework Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One

(a) Born alive and now living Yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) M. Callaway, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report .....

(Date of)

Filed ....., 193...

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A693/23 011-367

1. PLACE OF BIRTH

County of Bonneau FEB 6 1939

City of Post Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275424

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Fred Wilson

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	yes	March 23, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name LeRoy Wilson	18. Full maiden name Doyne Cox
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday ..... (years)	20. Color or race White 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) West Virginia	22. Birthplace (city or place) Fairchance (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work March 23, 1920	17. Total time (years) spent in this work 10
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed FEB ..... , 193....

Registrar. Registrar.

STATE OF IDAHO [redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Post Falls }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Dayne Cap Wilson being first duly sworn says that (My Son Wilson) the son (Relationship of child)* of LeRoy Wilson and Dayne Cap Wilson

born March 23 1920 (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Roy Fred Wilson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~Elizabeth Bergman~~ Dr S Lamberg M. D. was the ~~Midwife~~ medical attendant at the birth of said Elizabeth Bergman and that the said medical attendant is both

(Now deceased (or) ~~cannot be located~~)

Name of Affiant Dayne Wilson (and Cap)

P. O. Address [redacted]

Subscribed and sworn to before me this 14th day of February, 19 39

[redacted] Notary Public.

Residing at Newport, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

799-105033-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, i.e. order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ..... St.
(If born in hospital or institution give name.)

FEB 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275425

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Marion Price

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? ✓	8. Date of birth Nov 5, 1920 (Month, Day, Year)
Male				

FATHER

9. Full name: Cecil William Price
10. Residence (usual place of abode) (If non-resident, give place and State): Rexburg Idaho
11. Color or race: White | 12. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Nephi Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Schoolroom
16. Date (month and year) last engaged in this work: May, 1920 | 17. Total time (years) spent in this work: 8 yrs

MOTHER

18. Full maiden name: Lila Carolyn Stevens
19. Residence (usual place of abode) (If non-resident, give place and State): Rexburg Idaho
20. Color or race: White | 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Charlevoix, Mich.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Schoolteacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: schoolroom
25. Date (month and year) last engaged in this work: Feb., 1920 | 26. Total time (years) spent in this work: 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C W Price Father, ~~M. D.~~
or ....., ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)

Filed FEB 4 1939, 193... Mae G. Atwood
Registrar.

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Cecil William Price being first duly sworn says that he is the father (Relationship of child)* of Kenneth Marion Price born Nov. 5-1920 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Marion Price hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Joseph Walker M. D. was the ~~Midwife~~ medical attendant at the birth of said Kenneth Marion Price and that the said medical attendant is Cannot be located (Now deceased) cannot be located.

Cecil William Price
Name of Affiant Cecil W. Price

P. O. Address 6067 Olivia Ave Long Beach Cal.

Subscribed and sworn to before me this 7 day of February, 1939.

Mary Leary
NOTARY PUBLIC in and for the County of Los Angeles, California. Notary Public.

Residing at Los Angeles, California, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 28 1959
JAN 22 1970

c.c. 4/23/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Maple St.
A 289 116 010 635
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275454

FEB 15 1939
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Shirley

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3 | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Oct 16, 1920 (Month, Day, Year)

FATHER

9. Full name Alfred Shirley
10. Residence (usual place of abode) (If non-resident, give place and State) Maple Street
11. Color or race White | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Hanley England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept Mgr Dry Goods
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Retail Store
16. Date (month and year) last engaged in this work Oct 16, 1920
17. Total time (years) spent in this work 20 years

MOTHER

18. Full maiden name Edith Annie Fletcher
19. Residence (usual place of abode) (If non-resident, give place and State) Maple St Idaho Falls
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Hanley England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Oct 16, 1920
26. Total time (years) spent in this work 9 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed FEB 15 1939, 193...

Registrar.

Registrar.

Certified Copy issued Nov. 13, 1940. [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Oregon
County of Wasco } ss.

Alfred Shirley being first duly sworn says that He is the Father (Relationship of child)* of Alfred Shirley Jr born October 16, 1920 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alfred Shirley Jr hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that D. T. C. Hollister M. D. was the Midwife medical attendant at the birth of said Alfred Shirley Jr and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Alfred Shirley
P. O. Address 401 Alford Street, The Dalles

Subscribed and sworn to before me this 9th day of Feb. 1939 19

[redacted] Notary

Residing at [redacted], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls R 1

No. 719 115 010-765 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 14 1939

CERTIFICATE OF BIRTH

276516

Registration District No. 73 State File No.

Hospital Primary Registration District No. 21-D Local Registrar's No. 146

FULL NAME OF CHILD Abraham Gabriel Garcia

(Certificate of no value without full name of child)

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Mar. 15, 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyral 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andres Garcia	FULL MAIDEN NAME	Theothilda Paez
RESIDENCE	Idaho Falls R 1	RESIDENCE	Idaho Falls R 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Old Mexico	BIRTHPLACE	Old Mexico
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Mar 3 1939 [signature]

Registrar.

JUN 30 1961

BOTH DELAYED

Dup of 1920-276453

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT ..... JRD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276528

FEB 16 1939

1. **PLACE OF BIRTH**
County of Custer
City or Challis
No. 314 218 019 433 St.
(If born in hospital or institution give name.)

Registration District No. 108 State File No. .....
Prim. Registration District No. 2186 Local Registrar's No. 303

2. **FULL NAME OF CHILD** Jean Hope Cameron

3. Sex female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth April 18, 1920 (Month, Day, Year)

FATHER

9. Full name William Angus Cameron
10. Residence (usual place of abode) (If non-resident, give place and State) Challis, Ida.
11. Color or race white | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 12 years

MOTHER

18. Full maiden name Laura Mae McClure
19. Residence (usual place of abode) (If non-resident, give place and State) Challis Idaho
20. Color or race white | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid solution

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D.
or William Angus Cameron Midwife Father
Address Challis Idaho
Filed Feb 16, 1939 Edna McKenney Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Custer } ss.

William Angus Cameron being first duly sworn says that he is the Father (Relationship of child)* of Jean Hope Cameron born April 18th 1920 (Date of birth) at Challis, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jean Hope Cameron hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. C. D. Kirtley M. D. was the ~~Midwife~~ medical attendant at the birth of said Jean Hope Cameron and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant William Angus Cameron

P. O. Address Challis Idaho

Subscribed and sworn to before me this 24th day of February, 19 39

C. R. Kinkaid
Notary Public.

Residing at Challis, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493-113-UC-493 277442

RECEIVED MAR 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 277442
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Powell Miller

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 8 | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 4-13-, 1930 (Month, Day, Year)

FATHER
9. Full name Leonard M. Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Murray, Salt Lake County, Utah.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Implements, auto
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Manager of Store.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Nellie P. Miller
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida
20. Color or race White | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Murray, Salt Lake County, Utah.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ✓ (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Neil Clark, M. D.
or ....., Midwife
Address Idaho Falls, Idaho.
Filed 3/31/39, 193.....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219-110-001-419

277480

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 419 So 3rd St.
(If born in hospital or institution give name.)

APR 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277480

Registration District No. ..... State File No. .....
Print. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Luis Garrugarte

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 10, 1926 (Month, Day, Year)

FATHER

9. Full name Victor Garrugarte
10. Residence (usual place of abode) (If non-resident, give place and State) 419 So 3
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Marie Joan Margarona
19. Residence (usual place of abode) (If non-resident, give place and State) 419 So 3rd
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. —
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housework
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Fred A. Pettengill, M. D.
or ....., Midwife
Address Boise Idaho

Filed APR 14 1939, 193.....

Registrar.

DELAYED

DUP OF 20-83899

943208; 373-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #277505

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NINA LUCILE RICE		2. Date Of Birth (month) OCTOBER (day) 8, (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Camas; b. City or Town of Birth: Hill City, Idaho
FATHER	6. Full Name of Father: Dale Elmore Rice		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Leota Francis		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Lucile DeWinter	11. Present Address of Registrant: 6320 Randolph Drive Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1958	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child s birth certificate		By whom issued and signed: on file-Vital Statistics #52-5137	Date issued	Date Orig. Entry: child born May 20, 1952
	Date of Birth: age 31	Birth Place: Hill City, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Department	Date issued	Date Orig. Entry: August 19,1939
	Date of Birth: October 8, 1920	Birth Place: Camas County, Hill City, Ida.	Full Name of Mother: Jessie Leota Francis	Name of Father: Dale Elmore Rice	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: The Northwestern Mutual Life Insurance Company	Date issued	Date Orig. Entry: October 28, 1942
	Date of Birth: October 8, 1920	Birth Place: Hill City, Idaho	Full Name of Mother: Jessie Rice	Name of Father: Dale E. Rice	

QUALIFYING INFORMATION: Family Bible Record gives birthdate as October 8, 1920

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	bf Sharon E. Skaggs	January 26,1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277505

1. PLACE OF BIRTH
County of Canyon
City of Wilder City
No. ..... St.
(If born in hospital or institution give name.)

APR 11 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nina Lucile Rice

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Oct 8, 1923 (Month, Day, Year)

FATHER

9. Full name Dale Elmore Rice

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race ..... | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Kirksville (State or Country) Mo. Adair Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work all

MOTHER

18. Full maiden name Jessie Leota Rice

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race ..... | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) Broken Bow (State or Country) Nebr. Custer Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) four - 4
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs E R Rice, Midwife

Address 533 So 15th Boise Idaho

Filed April 8, 1939 Mae G Atwood State Registrar.

JAN 2 6 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
APR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278484
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CARL REX BEACH

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? YES | 8. Date of birth Sept 3 1920 (Month, Day, Year)

FATHER

9. Full name CARL FLETCHER BEACH
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
11. Color or race WHITE | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) POMEROY, WASH.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANIC
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM MACHINERY
16. Date (month and year) last engaged in this work NOW, 1920
17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name EVELYN AUBURN REX
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
20. Color or race WHITE | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) KANSAS CITY, MO.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
25. Date (month and year) last engaged in this work NOW, 1920
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE
28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ..... (Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed APR 22 1939, 193 .....
Registrar.

Registrar.

DELAYED

Dup of 1920-866634

STATE OF IDAHO

278584

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
} ss.
County of .....

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Carl F. Beach, being first duly sworn, says that

he is the Father of Carl Rex Beach
(Relationship of child)*

born Sept 3rd 1920 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Carl Rex Beach hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Patterson M. D. ~~was the Midwife~~

medical attendant at the birth of said Carl Rex Beach and that

the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Carl F. Beach

P. O. Address 420 Munras Street, Monterey, Calif.

Subscribed and sworn to before me this 5th day of April, 1939

Janet E. Nichols
Notary Public.

Residing at County of Monterey, State of California, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MY COMMISSION EXPIRES MAR. 23, 1942

A122106-001 554

278605

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278608

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Thurman Abbott

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Feb. 6, 1920 (Month, Day, Year)

FATHER

9. Full name: Charles LeRoy Abbott

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Automobile

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Ruby Ogle Neuman

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida

20. Color or race ..... | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Middleton, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Second (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 8:00 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed May, 1929

Registrar.

Registrar.

STATE OF IDAHO

278608

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of ADA

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles LeRoy Abbott being first duly sworn says that He is the Father of Edward Thurman Abbott
(Relationship of child)*

born February 6, 1920 at Boise, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edward Thurman Abbott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. L. Frazier M. D. was the Midwife medical attendant at the birth of said Edward Thurman Abbott and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Charles Leroy Abbott

P. O. Address 417 Jefferson St., Boise, Idaho

Subscribed and sworn to before me this 19th day of May, 1939

Marjory Lands Loran
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 4 1963

295 206 027 893

MAY 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278628

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 18 Local Registrar's No. .....

2. FULL NAME OF CHILD June H. Breece (June H. Breece)

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 6, ~~193~~ 1920 (Month, Day, Year)

FATHER

9. Full name Clare L. Breece (Breece)
10. Residence (usual place of abode) (If non-resident, give place and State) Jerome
11. Color or race W. | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Cass County, Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creamery Manager & Manufacturer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jerome Co-Op. Creamery
16. Date (month and year) last engaged in this work Including Present Sept. 1930
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Kathryn M. Hicks ~~Kathryn H.~~ (Hicks)
19. Residence (usual place of abode) (If non-resident, give place and State) Jerome
20. Color or race W. | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Cass County, Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Secretarial
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Jerome Co-Op. Creamery until birth of daughter
25. Date (month and year) last engaged in this work Sept. 4th, 1920
26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) This child only — (a) Born alive and now living, One (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation No . { months or weeks
30. Cause of Stillbirth No { During labor no / Before labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:14 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. F. Zeller, M. D.
or ....., Midwife
Address Jerome, Idaho
Filed 5/15, 1939 C. F. Zeller

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

c.c. 6/10 /41. w.h.

251127 010-993

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Bonneville

City of Idaho Falls

No. ..... St.

R.F.D. Ida.

(If born in hospital or institution give name.)

MAY 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279609

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** John Robert Beal

3. Sex Male | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ..... | 7. Legitimate? No. ✓ | 8. Date of birth August 1, 19[illegible] (Month, Day, Year)

FATHER

9. Full name Robert Wesley Beal

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls R.F.D.

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Ft. Collins Colo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 35 yrs.

MOTHER

18. Full maiden name Nancy Ritchie

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race White | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Iona Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9.15 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Physician now dead., M. D.

or Nurse Mrs Elizabeth Austin, Midwife

Address Idaho Falls R.F.D. Ida.

Filed May, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bonneville } ss.

Nancy Beal being first duly sworn says that

she is the mother (Relationship of child)* of John Robert Beal

born August 27, 1920 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Robert Beal hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hollister M. D. was the Midwife medical attendant at the birth of said John Robert Beal and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Nancy Beal

P. O. Address R.F.D. #1 Idaho Falls, Idaho

Subscribed and sworn to before me this 23rd day of May, 1939

Mabel Patterson
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 26 1969

A815 119 031 493

279618

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lewis
City of Russell Idaho
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED JUN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279618

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilber Franklin Hansen

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth August 1st, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Hansen	18. Full maiden name Vina Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Russell Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Russell Ida
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Remsen Iowa	22. Birthplace (city or place) (State or Country) Southwick Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work.....	26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....
(Date of)

Filed JUN 2 1939 193

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Lewis } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Hansen being first duly sworn says that

~~this~~ is the Son (Relationship of child)* of John Hansen & Nina Hansen

born August 19 - 1926 (Date of birth) at Russell, Idaho,

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under Chapter 139—1937 ~~Session~~ Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Walter Franklin Hansen

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J. M. Hairley Orofino Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Walter Franklin Hansen and that the said medical attendant is deceased.

(Now deceased (or) cannot be located)

Name of Affiant John W Hansen

P. O. Address Orofino Idaho

Subscribed and sworn to before me this 29 day of May, 1939

Notary Public.

Residing at Nezperce, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7RT31-010-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 293 Hill St.
(If born in hospital or institution give name.)

JUN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

279682

CERTIFICATE OF BIRTH

Registration District No. 73 State File No.
Prim. Registration District No. 214-0 Local Registrar's No. 323

2. FULL NAME OF CHILD Charles Robert Gates

3. Sex Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 1
6. Premature Full term yes
7. Legitimate? Yes
8. Date of birth March 31 1920 (Month, Day, Year)

FATHER

9. Full name Lovell Afton Gates
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Afton Wyoming

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. welding shop
16. Date (month and year) last engaged in this work April 20, 1920
17. Total time (years) spent in this work ?

MOTHER

18. Full maiden name Miss Emma Steele
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Park City Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation months or weeks
30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female at 9 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Lovell Afton Gates, ~~M. D.~~
or Father, ~~Midwife~~
Address Idaho Falls Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed May 10, 1939 W. Dwight Cummard
Registrar.

JAN 2 1 1941

995-215 042 863

AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls,

City of

No. St.

Twin Falls county Hosp.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

279705

JUN 13 1939

CERTIFICATE OF BIRTH

Registration District No. 37 State File No.

Prim. Registration District No. 1085 Local Registrar's No. 239

2. FULL NAME OF CHILD Beverly Riester

3. Sex Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term X

7. Legitimate? X

8. Date of birth 4/15/20, 193 (Month, Day, Year)

FATHER

9. Full name Otto W. Riester

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls City Twin Falls Idaho

11. Color or race white 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Pforzheim, Germany State of Baden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial art

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work April 8, 1939

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Irene Eva Holcomb Twin Falls, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls City

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Denver, Colorado

OCCUPATION

23. ~~Trade, profession,~~ or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 5.40 AM on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Irene Riester Mother, M.D.

or , Midwife

Give name added from a supplemental report

[illegible] Ilinda St Los Angeles, Cal.

[illegible] 1939 [illegible] Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Irene Reister being first duly sworn says that she is the mother (Relationship of child)* of Beverly Lucile Reister born April 15th, 1920 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Beverly Lucile Reister and that the birth has not been previously recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Alexander M. D. was the Midwife medical attendant at the birth of said Beverly Lucile Reister and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Irene Reister

P. O. Address 1048 Florida Ct, Los Angeles, Calif

Subscribed and sworn to before me this 8th day of April, 1939

Gertrude F. Peters
Notary Public.

Residing at Los Angeles, Calif, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 2 5 1976

MAY 28 1958

853-129024-144

280670

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 State File No. 280670

Prim. Registration District No. 7018 Local Registrar's No.

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD William Raymond Hellman

3. Sex Male
If plural births { 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term X
7. Legitimate? Yes
8. Date of birth April 29, 1920 (Month, Day, Year)

FATHER

9. Full name William E. Hellman
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Idaho
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Idaho Springs Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power Plant
16. Date (month and year) last engaged in this work April, 1920
17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Grace Camille Crandal
19. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Idaho
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Chicago Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 00 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) G. L. Simonton, M. D.
or , Midwife
Address Wendell Idaho
Filed 7-17, 1939 G. L. Simonton Registrar.

Registrar.

280687

RECEIVED
JUN 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. 133-209 042-819 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 280687
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Luella Harriet Allsberry

3. Sex Female | If plural births: 4. Twin, triplet, or other 1; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth October 9, 1920 (Month, Day, Year)

FATHER

9. Full name Horace Marion Allsberry
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) St. Louis Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Factory
16. Date (month and year) last engaged in this work Jan 23, 1920
17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Fannie Harris
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Oaksdale Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill Own Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) I was the third (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murphy, M. D.
or Buhl, Ida, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... JUN 22 1939 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

Dup of 1920-84567

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

280770

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REGISTERED

JUL 18 1939

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene,
No. 303 - Park Drive St.
443 120 028 495
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 280770
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Earl Drennan Duthie

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X.
7. Legitimate? X
8. Date of birth Sept. 20, 1920 (Month, Day, Year)

FATHER

9. Full name: John Earl Duthie
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Troy, Idaho.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Seed Business
16. Date (month and year) last engaged in this work At Present 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ernestine Nuibert Drennan
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Steinway, N. Y.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Sol. Nitrate of Silver.

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 6 1/2 m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) John O'Mead, M. D.
or ....., Midwife
Address Coeur d'Alene, Ida.

Filed July 18, 1939 Mae G. Atwood
Registrar. State Registrar.

DUP OF 20-84368

864-104-001-559

78 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. St. Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281956

Registration District No. 2 State File No. .....

Prim. Registration District No. 1004 Local Registrar's No. 387

2. FULL NAME OF CHILD Lewis Bruce Young

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			yes	Sept. 4, 1920

FATHER		MOTHER	
9. Full name	Karl Young	18. Full maiden name	Bertha Neibaur
10. Residence (usual place of abode) (If non-resident, give place and State)	Barber, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State)	Barber, Ida.
11. Color or race W / 12. Age at last birthday 30 (years)		20. Color or race W / 21. Age at last birthday 26 (years)	
13. Birthplace (city or place) (State or Country)	Rexburg, Idaho	22. Birthplace (city or place) (State or Country)	Paris, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Meat Cutter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19..... / 17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work ....., 19..... / 26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth ..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2.10 A (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) Ernest E. Laubaugh M.D., M. D.

or ..... Midwife

Address Boise, Idaho

Filed Oct. 7, 1920 R. H. Pratt

Registrar.

866-129-011-242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lundary

City of Bonners Ferry

No. ..... St.

(If born in hospital or institution give name.)

AUG 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281987

Registration District No. 79 100 State File No. .....

Prim. Registration District No. 215-6. Local Registrar's No. .....

2. FULL NAME OF CHILD Jared Robert Homesley

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Sept 29, 1930 (Month, Day, Year)

FATHER	MOTHER
9. Full name RAY WATSON HOMESLEY	18. Full maiden name Helen Bush
10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry Ida
11. Color or race Wh 12. Age at last birthday 25 (years)	20. Color or race Wh 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) SHELDON Mo	22. Birthplace (city or place) (State or Country) Rosebush Mich.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. G.N. RY.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 3	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? $AgNO_3$

28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) S. T. Lancett, M. D.

or ....., Midwife

Address Kirkland Wn (formerly Bonners Ferry Ida)

Filed July 31, 1939 J. R. M. Bowell Registrar.

APR 3 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4389-12-006-335

1. PLACE OF BIRTH

County of Ada

City of Boise Idaho

No. 405 St. St. Alphonsus Hospital

(If born in hospital or institution give name.)

RECEIVED AUG 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281996

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Oscar Christenson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth May 21st 1920 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name Edward Oscar Christenson	18. Full maiden name Lola Cecilia Clyne
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Ellow Lake, Minn.	22. Birthplace (city or place) (State or Country) Boise Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hdwe & Amp business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work present employment, 19	25. Date (month and year) last engaged in this work present employment, 19 .....
17. Total time (years) spent in this work 13 yrs	26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) too first
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Aug 12, 1939

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1939

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Canyon } ss.

Edward Oscar Christenson Sr. being first duly sworn says that he is the father (Relationship of child)* of Edward Oscar Christenson Jr. born May 21st 1920 (Date of birth) at St Alphonsus Hospital Boise Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Oscar Christenson Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. P. P. French M. D. was the ~~Midwife~~ medical attendant at the birth of said Edward Oscar Christenson Jr. and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Edward Oscar Christenson Sr.

P. O. Address 403 - 7th Ave So. Nampa Idaho

Subscribed and sworn to before me this 11th day of August, 1939

A. H. Christenson
Notary Public.

Residing at Nampa, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154-114-006-652

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282025

1. PLACE OF BIRTH
County of Bingham
City of Basalt, Idaho
No. Same St.
(If born in hospital or institution give name.)

Registration District No. 121 601 State File No.
Prim. Registration District No. 2120 Local Registrar's No. 424 185

2. FULL NAME OF CHILD Leslie T. Jemmett 2194

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 1 | 6. Premature; Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 14, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clifford Henry Jemmett	18. Full maiden name Daphne Webb
10. Residence (usual place of abode) (If non-resident, give place and State) Alridge, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Alridge, Idaho
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Solinston, Utah	22. Birthplace (city or place) (State or Country) Tillmore, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan 13, 1920 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Jan 12, 1920 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Edwin Cutler, M. D.
or ....., Midwife
Address Shelley Idaho
Filed July 6, 1939 [signature] Registrar.
Mrs Walter E Patrick

Give name added from a supplemental report .....
(Date of)
..... Registrar.

K

MAR 21 1942
OCT 30 1942

493-123-040-614

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282050

AUG 7 1939

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. ____ St.
Providence Hospital
(If born in hospital or institution give name.)

Registration District No. 70 State File No. 882
Prim. Registration District No. 1011 Local Registrar's No. 4

2. FULL NAME OF CHILD Robert Benjamen Miller

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth May 23, 1930 (Month, Day, Year) (6 A.M.)

FATHER	MOTHER
9. Full name: William Evelyn Miller	18. Full maiden name: Janet Waddell
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan, Ida
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Toronto Ont Canada	22. Birthplace (city or place) (State or Country): Lewistown, Maine
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living ____ (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) James R Dean, M. D.
or ____, Midwife
Address Wallace

Filed July 13, 1939 John A Brown
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of multiple births, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 4 1942

WHICH DOES CORRECT

HOLD BOTH

BOTH DELAYED

Dup of 1920-88894

BOTH DELAYED

A466-222-010-419

282941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 19 1939

Registration District No. ..... State File No. 282941

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Geraldine-Eloise Moothart

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb. 22, 1920 (Month, Day, Year)

FATHER

9. Full name: La Vern Alford Moothart

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls Ida.

11. Color or race: white | 12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or Country): Mc. Pherson Mc. Pherson Co., Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad

16. Date (month and year) last engaged in this work: March 1, 1920

17. Total time (years) spent in this work: 4 years less time spent in the war.

MOTHER

18. Full maiden name: dna Martin

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida

20. Color or race: white | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Butte, Montana,

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or [illegible], Midwife

Address .....

Filed AUG 19 1939, 193.... .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of Los Angeles

Edna Martin Moothart being first duly sworn says that she is the mother (Relationship of child)* of Geraldine Eloise Moothart born February 22, 1920 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Geraldine Eloise Moothart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Rgers M. D. was the Midwife medical attendant at the birth of said Geraldine Eloise Moothart and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Edna Martin Moothart

P. O. Address 8427 Elizabeth Ave., Southgate, Calif.

Subscribed and sworn to before me this 16th day of August, 1939

Maya M Parrott
In and for County of Los Angeles State of Calif, Notary Public.

Residing at Huntington Park Calif, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires July 20, 1942.

A259-117-029-459

1. PLACE OF BIRTH

County of Latah

City of Viola

No. ..... St. .....

(If born in hospital or institution give name.)

AUG 21 1939

ST[redacted] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282952

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willis Oby Berry

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb. 17, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cyrus Claiborn Berry	18. Full maiden name: Essie Merica
10. Residence (usual place of abode) (If non-resident, give place and State): Viola, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Viola, Idaho
11. Color or race: white | 12. Age at last birthday: 39 (years)	20. Color or race: white | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Marysville, Mo.	22. Birthplace (city or place) (State or Country): Jamestown, Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: April 1st., 1926	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work: 20 yrs.	26. Total time (years) spent in this work: 30 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
four
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

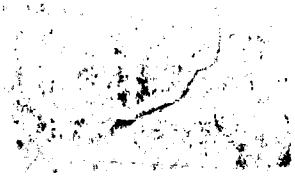
Give name added from a supplemental report .....
(Date of)

Filed AUG 21 1939, 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Asotin }

Cyrus Claiborn Berry being first duly sworn says that he is the Father of Willis Oby Berry
(Relationship of child)*

born Feb. 17th, 1920 at Viola, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Willis Oby Berry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Florence Greer ~~MD~~ was the Midwife medical attendant at the birth of said Willis Oby Berry and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Cyrus Claiborn Berry,

P. O. Address Clarkston, Washington

Subscribed and sworn to before me this 19th, day of August, 1939

A N Rogerstad
Notary Public.

Residing at Clarkston Wash., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

762-130-076-266

78 V 34
783034

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Roy

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 5 1939

CERTIFICATE OF BIRTH

Registration District No. 26 State File No. 283034

Prim. Registration District No. 2071 Local Registrar's No. [redacted]

2. FULL NAME OF CHILD John William Rosen

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth May 30, 1920 (Month, Day, Year)

FATHER

9. Full name John Rosen

10. Residence (usual place of abode) (If non-resident, give place and State) Roy Idaho

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Fawn Sweden.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Hattie Farol Bowler

19. Residence (usual place of abode) (If non-resident, give place and State) Roy , Ida.

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Grants Pass Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. G. Ferguson, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed SEP 5 1939, 193.. .....
Registrar.

.....
Registrar.

WRITE PLAINLY—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. 693-120-024-299 PLACE OF BIRTH

County of Gooding,

City of Hagerman, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

28W36
283036

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 283036

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clarance Richard Williams,

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes,

7. Legitimate? Yes

8. Date of birth June 20th 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Guy Sanders Williams,	18. Full maiden name Clella Brindle.
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman, Idaho.
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Galax, Va.	22. Birthplace (city or place) (State or Country) Galax, Va.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June 20th, 1920	25. Date (month and year) last engaged in this work Feb, 1st, 1911
17. Total time (years) spent in this work 19 yrs	26. Total time (years) spent in this work 9 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Guy Sanders Williams XXXXXX

or Father of Child. Midwife XXXXXX

Address Hagerman, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed SEP 5 1939, 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of West Virginia,
County of McDowell, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Guy Sanders Williams, being first duly sworn says that

He is the Father (Relationship of child)* of Clarence Richard Williams,

born June 20th, 1920 (Date of birth) at Hagerman, Idaho,

whose certificate of birth is hereto attached, and that Guy Sanders Williams, desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Clarance Richard Williams,

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Robert H. Green, M. D. was the ~~Midwife~~ XXXXX medical attendant at the birth of said Clarance Richard Williams, and that the said medical attendant is Cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Guy Sanders Williams

P. O. Address Box No. 212, War, W. Va.

Subscribed and sworn to before me this 23rd day of June, 1939.

My Commission Expires,
January 11th, 1945.

Thomas E Lowe Jr
Notary Public.

Residing at War, W. Va. XXXXX

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FILE WITH UNFADING

274-125-003-433

SEP 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283040

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 750 N. Hayes St.
General Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Philip Ralph Spurgeon

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Mar. 25, 1920 (Month, Day, Year)

FATHER

9. Full name Irvin Franklin Spurgeon
10. Residence (usual place of abode) (If non-resident, give place and State) 750 N. Hayes
11. Color or race white | 12. Age at last birthday ..... (years)
13. Birthplace (city or place) Dale (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage
16. Date (month and year) last engaged in this work March, 1920
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Leda Geraldine McComb
19. Residence (usual place of abode) (If non-resident, give place and State) 750 N. Hayes
20. Color or race white | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) Bozeman (State or Country) Montana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work March, 1920
26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8:15 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Leda Geraldine Spurgeon (mother) M. D.
or ..... Midwife
Address 1567 Glen Pyle St. Los Angeles, Calif.
Filed SEP 5 1939, 193...
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

(385 N.O.)

State of ~~Idaho~~ California } ss.
County of ~~Bannock~~ Los Angeles

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leda Geraldine Spurgeon being first duly sworn says that Philip Ralph is the son of Irwin Franklin and Leda Geraldine Spurgeon
(Relationship of child)*

born March 25, 1920 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Leda Geraldine Spurgeon desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Philip Ralph Spurgeon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Woolley M. D. was the Midwife medical attendant at the birth of said Philip Ralph Spurgeon and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Leda Geraldine Spurgeon.
P. O. Address 1567 Glen Aylsa St. Los Angeles Calif.

Subscribed and sworn to before me this 30th day of August, 1939.

Sarah J Schofield
Notary Public.

Residing at 1588 Hill Drive, ~~Idaho~~ Los Angeles, Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires July 29, 1941

438-104 037-235

284 223

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 284223

OCT 6 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee
City of Grand View
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Louis Calvin Keith Mc Henry

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 4, 1920 (Month, Day, Year)

FATHER

9. Full name Calvin Keith Mc Henry
10. Residence (usual place of abode) (If non-resident, give place and State) Grand View
11. Color or race White | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Jefferson County Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work February 4, 1920
17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Nellie Ena Maud Stewart
19. Residence (usual place of abode) (If non-resident, give place and State) Grand View
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Calumet Islands Province of Quebec

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work January 1, 1920
26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation --- months or weeks | 30. Cause of Stillbirth --- Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Calvin Keith Mc Henry FATHER
or ____, Midwife
Address ____

Filed OCT 6 1939, 193____

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Stevens }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Calvin Keith McHenry, being first duly sworn says that he is the father of Louis Calvin Keith McHenry
(Relationship of child)*

born February 4, 1920 at Grandview, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Louis Calvin Keith McHenry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Louis Niecwanger, M. D. was the ~~Midwife~~ medical attendant at the birth of said Louis Calvin Keith McHenry and that the said medical attendant is Now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Calvin Keith McHenry

P. O. Address Orient, Washington

Subscribed and sworn to before me this 5th day of October, 1939

[signature]
Notary Public.

Residing at Colville, Washington. ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

649 114 001 919

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. Alphonsus St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284271

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Norman Joseph Furth

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth Aug. 14, 1920 (Month, Day, Year)

FATHER

9. Full name John William Furth

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lavona Rainey

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race W | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc. should make this report.

Subscribed and sworn to before me this 26 day of Sept 1939
Mae G Atwood
State Registrar

(Signed) Dr. Randolph McCalla (Deceased), M. D.

or Midwife

Address Boise, Idaho

Give name added from a supplemental report Lavona Furth (Mother)

(Date of)

Filed Sept. 26, 1939 Mae G Atwood
State Registrar.

Registrar.

St. Alphonsus Hospital
Boise, Idaho

September 18, 1939

TO WHOM IT MAY CONCERN:

This is to certify that Norman Joseph Furth was born at St. Alphonsus Hospital, Boise, Idaho on August 14, 1920, Dr. Randolph McCalla being the attending physcian.

Very truly yours,
ST. ALPHONSUS HOSPITAL

Sister M. James R. N.
Superior

JUL 2 1954

FEB 25 1942

712-203026-7/3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Lorenzo
No. ____ St. ____
(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 9 1939

CERTIFICATE OF BIRTH

Registration District No. 641 State File No. 284296
Prim. Registration District No. 2176 Local Registrar's No. 132

2. FULL NAME OF CHILD Lola Pabst

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
F.M.	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	X Full term FULL	Yes	4-3, 1920 (Month, Day, Year)

FATHER

9. Full name: Emil John Pabst.
10. Residence (usual place of abode) X (If non-resident, give place and State): LORENZO. IDA
11. Color or race: W | X 12. Age at last birthday: 21 (years)
13. Birthplace (city or place) X (State or Country): Pinckneyville ILLINOIS

OCCUPATION
14. Trade, profession, or particular kind X of work done, as spinner, sawyer, bookkeeper, etc.: SECTION LABORER
15. Industry or business in which X work was done, as silk mill, sawmill, bank, etc.: UNION PACIFIC RR.
16. Date (month and year) X last engaged in this work: 3 April, 1920
17. Total time (years) spent X in this work: 2 years

MOTHER

18. Full maiden name: Hilda Gallup.
19. Residence (usual place of abode) X (If non-resident, give place and State): LORENZO, IDA
20. Color or race: W | X 21. Age at last birthday: 20 (years)
22. Birthplace (city or place) X (State or Country): SPRINGVILLE UTAH.

OCCUPATION
23. Trade, profession, or particular kind X of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEKEEPER
24. Industry or business in which X work was done, as own home, lawyer's office, silk mill, etc.: HOME
25. Date (month and year) X last engaged in this work: APRIL 3, 1920
26. Total time (years) spent X in this work: 1yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother X: ONE (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive X at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) H. A. Anderson, M. D.
or ____, Midwife
Address Rigby, Idaho.
Filed 9-18, 1939 Mrs A B Eckwell
Registrar.

Registrar.

APR 18 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Valley

City of Cascade

No. 859 11 0043-168 St.

own home

(If born in hospital or institution give name.)

RECEIVED

OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 284312

Registration District No. 310 State File No.

Prim. Registration District No. Local Registrar's No. 25

2. FULL NAME OF CHILD Elsie Matt Heikkola

3. Sex Male

If plural births { 4. Twin, triplet, or other

5. Number, in order of birth 1

6. Premature Full term X

7. Legitimate? yes.

8. Date of birth Sept 10, 1920 (Month, Day, Year)

9. Full name of FATHER Matt Einar Heikkola

10. Residence (usual place of abode) (If non-resident, give place and State) Cascade Ida

11. Color or race W. | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging Camp

16. Date (month and year) last engaged in this work at times, 1920

17. Total time (years) spent in this work 1 yr

18. Full maiden name of MOTHER Fanny Susana Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Cascade Ida

20. Color or race W. | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Diamondville Wyo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work Sept 98, 1920

26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or Mrs O. K. Craig X, Midwife

Address Cascade, Idaho

Filed Sept 23, 1920 Myrtle M. Gardner

Registrar.

JUN 29 1942

415 118 010-113

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285428

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. 464 - 11th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert John Davis

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature NO Full term yes

7. Legitimate? yes

8. Date of birth August 18, 1920 (Month, Day, Year)

FATHER

9. Full name Samuel George Davis

10. Residence (usual place of abode) (If non-resident, give place and State) 464-11th St.

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Spanish Fork, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Electrical Appliance

16. Date (month and year) last engaged in this work August, 1920

17. Total time (years) spent in this work Six (6)

MOTHER

18. Full maiden name Artie Jackson Davis

19. Residence (usual place of abode) (If non-resident, give place and State) 464 - 11th St.

20. Color or race White | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) (State or Country) Toquerville, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work August, 1920

26. Total time (years) spent in this work Twelve (12)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNKNOWN

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth — During labor ..... Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 8 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Samuel George Davis, Father M. D.

or ..... Midwife

Address 464 - 11th St. Idaho Falls, Id.

Filed NOV 14 1939, 93

Registrar.

DELAYED

Dup of 1920-841743

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

S. George Davis being first duly sworn says that

is the father (Relationship of child)* of Robert John Davis

born August 18 1920 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert John Davis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J. W. West M. D. was the Midwife medical attendant at the birth of said Robert John Davis and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant S George Davis

P. O. Address 1244 W 62nd, Los Angeles

Subscribed and sworn to before me this 7th day of November, 1939

Carl E. Teyon
Notary Public.

Residing at Santa Monica, Calif. Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

464-212014-279

286550

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286550

DEC 12 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CANYON

City of CALDWELL

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD GERALDINE, ELIZABETH, JOSEPHINE, DOUGLASS

3. Sex: FEMALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? YES

8. Date of birth JANUARY 12 ~~193~~ 1920 (Month, Day, Year)

FATHER

9. Full name: LOUIS E. DOUGLASS

10. Residence (usual place of abode) (If non-resident, give place and State): CALDWELL, IDA

11. Color or race: W | 12. Age at last birthday: 24 (years)

13. Birthplace (city or place) (State or Country): IOWA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: MECHANIC

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: DOLLIE SPRANG

19. Residence (usual place of abode) (If non-resident, give place and State): CALDWELL, IDA

20. Color or race: W | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): COLORADO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
TWO (a) Born alive and now living TWO (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6:15 (Born Alive or Stillborn) at A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Louis E. Douglass ~~M. D.~~
or (Mother)
~~Midwife.~~

Address 2225 Cota Ave. Long Beach Cal.

Give name added from a supplemental report .....

(Date of)

Filed ....., 193....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Louis E. Douglass being first duly sworn says that she is the mother (Relationship of child)* of Geraldine Elizabeth Josephine Douglass born Jan. 12th 1920 (Date of birth) at Caldwell, Idaho,

whose certificate of birth is hereto attached, and that Mrs. Louis E. Douglass desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Geraldine Elizabeth Josephine Douglass hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Farrar (initials not known to me) M. D. was the ~~Midwife~~ medical attendant at the birth of said Geraldine Elizabeth Josephine Douglass and that the said medical attendant is Dr. Farrar, now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Louis E. Douglass

P. O. Address 2225 Cota ave Long Beach Cal

Subscribed and sworn to before me this 7th day of December, 19 39

C. Miller
Notary Public.

Residing at Long Beach, California, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 261-216 042-286

286577

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286577

1. PLACE OF BIRTH
County of Twin Falls. RECEIVED
City of Filer Ida. DEC 18 1939
No. ..... Registration District No. ..... State File No. .....
(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nina Nadine Boatman

3. Sex female. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes. | 7. Legitimate? yes. | 8. Date of birth Jan 16, 1920 (Month, Day, Year) 1920

FATHER

9. Full name Richard Andrew Boatman
10. Residence (usual place of abode) (If non-resident, give place and State) Hollister
11. Color or race White | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Verba Malissia Shoddy.
19. Residence (usual place of abode) (If non-resident, give place and State) Gatesburg Miss.
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 3 2 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address RECEIVED

Give name added from a supplemental report .....
(Date of)
Filed ..... 193... DEC 18 1939
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Verba Malissia Boatman being first duly sworn says that she is the mother of Nina Nadine Boatman
(Relationship of child)*

born January 16, 1920 at Filer, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Nina Nadine Boatman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Dwight M. D. was the ~~Midwife~~ medical attendant at the birth of said Nina Nadine Boatman and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Verba Malissia Boatman.

P. O. Address R 1 Box 94 Rialto Calif

Subscribed and sworn to before me this 8th day of December, 1939

V. Adams
Notary Public.

Residing at Rialto, California, ~~[illegible]~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
In and for the County of San Bernardino, State of California

My Commission Expires March 15, 1943.

A-246-102-007-165

287516

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Idaho

(If born in hospital or institution give name.)

RECEIVED
JAN 2 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287516

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Lesley Brown

3. Sex Male

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 2, 1920 (Month, Day, Year)

FATHER

9. Full name Joseph Lafette Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue Ida

11. Color or race White | **12. Age at last birthday** 39 (years)

13. Birthplace (city or place) (State or Country) Diamond Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work June, 1921

17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Ola Permelia Jones

19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue Ida

20. Color or race White | **21. Age at last birthday** 33 (years)

22. Birthplace (city or place) (State or Country) Junction City Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) four

(a) Born alive and now living four (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Jan, 1940

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Wheeler } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elgar Permelia Brown being first duly sworn says that she is the Mother of Joseph Leeley Brown
(Relationship of child)*

born Feb 2, 1920 at Bellevue, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Joseph Leeley Brown hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that She had no attending physician nor midwife. M. D. was the Midwife medical attendant at the birth of said _____ and that the said medical attendant is (had none)
(Now deceased (or) cannot be located)

Name of Affiant Ola Permelia Brown

P. O. Address Fossil, Oregon

Subscribed and sworn to before me this 30th day of Dec, 1939

Wm Hendricks
Notary Public.

Residing at Fossil Oregon, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires
March 10, 1941.

Date of birth)

Chapter 3rd 19[illegible]

A 155-119-2012-318

287532

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

St. Alphonsus Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 10 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287533

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Joseph Jenkins

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan. 19, 193 20 (Month, Day, Year)

FATHER

9. Full name: William Graham Jenkins

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Busines

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Cora Taylor

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Information obtained from Hospital record.

(Signed) Dr. J. Carl Hill, M. D.

or ....., Midwife

Address Boise, Idaho

Dr. J. Carl Hill, Attending Physician
(Date of)
Now deceased

Filed Jan. 10, 1940, 193 Mae G. Atwood, State Registrar.
Registrar.

Copy on file.

JUL 2 1943

DECEASED

613-113-001-378

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 287559

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287559

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Bliss Walker

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth Jan 13, 193 20 (Month, Day, Year)
Male				

FATHER

9. Full name: Fred Russell Walker

10. Residence (usual place of abode) (If non-resident, give place and State): Wilder, Idaho

11. Color or race: Wh | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place): Mankato (State or Country): Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: 23

MOTHER

18. Full maiden name: Harriet Elizabeth Taylor

19. Residence (usual place of abode) (If non-resident, give place and State): Wilder, Idaho

20. Color or race: Wh | 21. Age at last birthday: 33 (years)

22. Birthplace (city or place): Weiser (State or Country): Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4:15 A.M. at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Boeck, M. D.

or ....., Midwife

Address Boise, Idaho

Filed Jan 17, 1940, 193.... Mae G. Atwood

Registrar.

DELAYED checked

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. A419 230040-9/6 St.

(If born in hospital or institution give name) Catholic Hospital, Wallace.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 22 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288800

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Betty Elizabeth Martin

3. Sex female

If plural births
4. Twin, triplet, or other one
5. Number, in order of birth 2

6. Premature ..... Full term x

7. Legitimate? Yes

8. Date of birth Mar 30th, 1920 (Month, Day, Year)

FATHER

9. Full name William Martin

10. Residence (usual place of abode) Wallace Ida
(If non-resident, give place and State) Nashua, Mont.

11. Color or race white 12. Age at last birthday 44 (years)

13. Birthplace (city or place) .....
(State or Country) Wolienen, Russia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work up to present time

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Amelia Rawe

19. Residence (usual place of abode) Wallace Ida
(If non-resident, give place and State) Nashua, Mont.

20. Color or race white 21. Age at last birthday 39 (years)

22. Birthplace (city or place) .....
(State or Country) Wolienen, Russia.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekepper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work 19....

26. Total time (years) spent in this work up to present time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living four (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Do not remember name of doctor but child was born in Hospital at Wallace March 30, 1920, M. D.
or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193....

Registrar.

Registrar.

DELAYED

DUP OF 20-79301

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana } ss.
County of Valley

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Martin being first duly sworn says that he is the father (Relationship of child)* of Betty Elizabeth Martin born March 30th, 1920 (Date of birth) at Wallace (Catholic Hospital), Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Betty Elizabeth Martin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that he does not remember the name of the M. D. was the Midwife medical attendant at the birth of said Betty Elizabeth Martin and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant William Martin

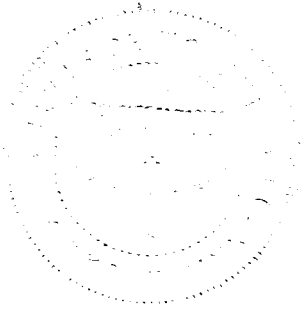
P. O. Address Nashua, Montana

Subscribed and sworn to before me this 17th day of January, 1940.

Thomas R. Marron
Notary Public.

NOTARY PUBLIC for the State of Montana
Residing at Glasgow, Montana, Idaho.
Residing at Glasgow Montana
My Commission expires March 8th, 1942
My commission expires March 8, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

281 11 6 11 287

288823

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 29 1940

Registration District No. 610 State File No. 288823

Prim. Registration District No. 2150 Local Registrar's No. 12

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls Ida
No. Idaho Falls General Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Holmes Shannon

3. Sex Male. | If plural births: 4. Twin, triplet, or other Twin 5. Number, in order of birth 2nd | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 12-16, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name William R. Shannon	18. Full maiden name Cora Holmes
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race W. | 12. Age at last birthday 31 (years)	20. Color or race W. | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Vandalia Missouri.	22. Birthplace (city or place) (State or Country) Lebon Neb.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Dec. 16, 1939.	17. Total time (years) spent in this work 1 year
25. Date (month and year) last engaged in this work , 19	26. Total time (years) spent in this work 1½

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Dell Chris, M. D.

or ....., Midwife

Address Idaho Falls Idaho

Filed Jan. 2 1940 Lucy Jumond

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

288858

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 288858

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. 841-129 023 381 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leo Robert Quakenbush

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Jan 29, 1920 (Month, Day, Year)

FATHER

9. Full name John F. Quakenbush

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Huntington Trumbull Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Lena Thayer

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Emida Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John F. Quakenbush M. D.
or father, Mother
Address Vermillion Kansas

Give name added from a supplemental report .....
(Date of)

Filed ....., 193....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Kansas
County of Marshall } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John F. Quakenbush being first duly sworn says that he is the father of Leo Robert Quakenbush
(Relationship of child)*

born January 29, 1920 at Emmett, Idaho,
~~(Date of birth)~~

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leo Robert Quakenbush hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Eames M. D. was the Midwife medical attendant at the birth of said Leo Robert Quakenbush and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant John F. Quakenbush
P. O. Address Vermillion, Kans

Subscribed and sworn to before me this 1st day of February, 1940.

F. Wilmold
Notary Public.

My Com. Expires Apr 18, 41
Residing at Vermillion Kans, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

239 107 005 239

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneveh
City of St. Maries, Ida
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

785563
288863

Registration District No. ..... State File No. .....
Prim. Registration District No. 13a Local Registrar's No. 1

2. FULL NAME OF CHILD Victor Straub

3. Sex M
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth May 7th 1920 (Month, Day, Year)

FATHER

9. Full name Henry Straub St Maries
10. Residence (usual place of abode) (If non-resident, give place and State) Ida
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Russia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work May, 19 20
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Eliza Straub
19. Residence (usual place of abode) (If non-resident, give place and State) St Maries, Ida
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Russia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work May, 19 20
26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno. sol
28. Number of children of this mother 5 (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Dr. C. B. Smith
I ~~hereby certify that I~~ attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 1 m. on the date above stated.
(Deceased)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) X Henry Straub, M.D.
or Eliza Straub, Midwife
Address St. Maries Ida

Give name added from a supplemental report ..... (Date of)

Filed Dec. 3, 1920 Walter Rivers
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Straub being first duly sworn says that he is the father (Relationship of child)* of Victor Straub born May 7th, 1920 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Victor Straub hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. C. B. Smith M. D. was the ~~Midwife~~ medical attendant at the birth of said Victor Straub and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Henry Straub
P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 3rd day of February, 1940

Walter Bobby [illegible]
~~Notary Public.~~

Residing at St. Maries, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 17 1968

288874

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Acequia
No. 962 130 034962 St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 8 1940

Registration District No. 451 State File No. 288874
Prim. Registration District No. Local Registrar's No. 13

2. FULL NAME OF CHILD James Montgomery Ross

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth } | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth March 30 1920 (Month, Day, Year)

FATHER

9. Full name Frank E Ross
10. Residence (usual place of abode) (If non-resident, give place and State) Acequia Ida
11. Color or race W | 12. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Acequia
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Moscow
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cora Montgomery Ross
19. Residence (usual place of abode) (If non-resident, give place and State) Acequia Ida
20. Color or race W | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Acequia Ida.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks }
30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) E T Edmonds, M. D.
or ____, Midwife
Address Rupert, Idaho
Filed Feb 6, 1940 E T Edmonds
Registrar.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 288922

Prim. Registration District No. 1 Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. 995 125006 141 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Albert Rindfleisch

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth 4-25, 1926 (Month, Day, Year)

FATHER

9. Full name James Albert Rindfleisch
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) S. L. City, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utah-Idaho Sugar Factory Shelley
16. Date (month and year) last engaged in this work 4-24, 1926
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Susie Adams
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Rexburg, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home
25. Date (month and year) last engaged in this work 4-24, 1926
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Mercurochrome
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Edwin Culver, M. D.
or ____, Midwife
Address Shelley Idaho
Filed Feb. 6, 1940 Mae G. Attwood Registrar.
Bureau of Vital Statistics

JAN 18 1945

JAN 19 1945

954 129 034 575

289904

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Rupert, Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 450 State File No. 289904
Prim. Registration District No. ..... Local Registrar's No. 14

2. FULL NAME OF CHILD Wade Hampton Redding

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		6		Yes	Yes	6-29, 1920

FATHER

9. Full name Arthur Maxwell Redding
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Live Oak Florida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dry Cleaning
16. Date (month and year) last engaged in this work April, 1923
17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Bintha Ellen Vance
19. Residence (usual place of abode) (If non-resident, give place and State) Rupert
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Fairview Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ..... 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 15%
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2400

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 5 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) E R Elmore, M. D.
or ....., Midwife
Address Rupert, Idaho
Filed 2-19, 1920 E R Elmore
Registrar.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. A 635-107-034-295 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 20 1940

Registration District No. ..... State File No. 289908

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Waldo Dewey Fletcher

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
male					May 7, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Willard Lester Fletcher	18. Full maiden name Inez Edith King
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
11. Color or race white 12. Age at last birthday 46 (years)	20. Color or race white 21. Age at last birthday 45 (years)
13. Birthplace (city or place) Hillsboro, Oreg. (State or Country) Oreg.	22. Birthplace (city or place) (State or Country) Halfway, Oreg.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman O.SL.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
16. Date (month and year) last engaged in this work Jan. 1924, 19 — 17. Total time (years) spent in this work 4 years	25. Date (month and year) last engaged in this work June 1936, 19 — 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Feb ..., 1940

..... Registrar. ..... Registrar.

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that

She is the Mother (Relationship of child)* of Waldo Dewey Fletcher

born May 7, 1920 (Date of birth) at Heyburn, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Waldo Dewey Fletcher

as stated therein, **and that this birth has not been previously recorded.** hereto attached are true and correct

Affiant further states that Dr. V. R. Killen M.D. M. D. was the Midwife

medical attendant at the birth of said Waldo Dewey Fletcher and that

the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Edith Fletcher MOTHER

P. O. Address Twin Falls

Subscribed and sworn to before me this 19th day of Feb, 1940

Leah Cedarholm
Notary Public.

Residing at Twin Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 6 1945

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289927

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of ____
City of ____
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leland Edwin Howell

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 13, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ben Howell Benjamin Howell	18. Full maiden name: Nellie Whitaman Howell
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls
11. Color or race: white 12. Age at last birthday: 42 (years)	20. Color or race: white 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Nevada Nso.	22. Birthplace (city or place) (State or Country): Nevada Mo
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Charles R. Scott, M. D.
or ____, Midwife
Address Twin Falls Idaho
Filed Feb. 24, 1920

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more th one child at birth a Separate Return must be made for each, and the number of each, in order of birth state

1. PLACE OF BIRTH

County of Butte

City of Moore

No. 381-213-42-389 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 28 1940

Registration District No. ..... State File No. 289948

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD LaVell Althea Christensen

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth March 13, 193 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Elmus Christensen	18. Full maiden name Lillie Althea Christenson
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday 23 years (years)
13. Birthplace (city or place) Bear River City (State or Country) Utah	22. Birthplace (city or place) Mantua (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
4 Child (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Live (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) James E. Christensen Father, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed FEB 28 1940 193.....

Registrar.

Registrar.

STATE OF IDAHO

289948

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Butte } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

.....is the Father (Relationship of child)* of LaVell Althea Christensen

born March 13 (Date of birth) at Moore, Idaho,

whose certificate of birth is hereto attached, and that we do desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said LaVell Althea Christensen

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Fox, M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is up in Hailey Idaho (Now deceased (or) cannot be located)

Name of Affiant James L. Christensen

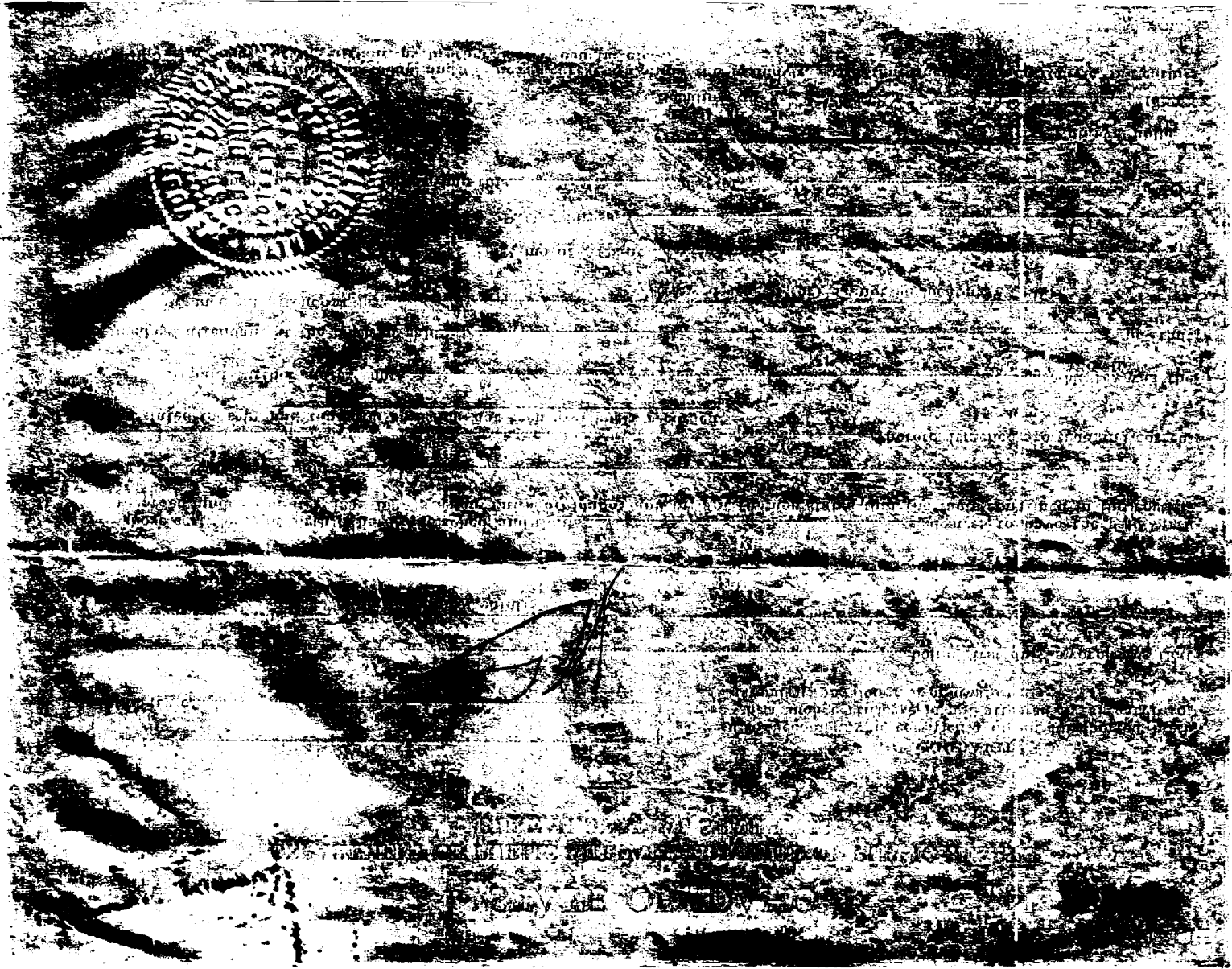
P. O. Address .....

Subscribed and sworn to before me this 27th day of Feb., 19 40

Morris Glover
Notary Public.

Residing at Brigham City, Utah, Idaho

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



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~~[illegible]~~ 4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 4 1940

CERTIFICATE OF BIRTH

289964

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. 430 E. Court St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jerry Briscoe

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 15, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nathan T. Briscoe	18. Full maiden name Clemma Christenot
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida.
11. Color or race White | 12. Age at last birthday 23 (years)	20. Color or race White | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Sand Point Idaho	22. Birthplace (city or place) (State or Country) Puller Springs Montana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HouseKeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oil truck wholesale Grocery	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work at present, 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work June, 1920 | 26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

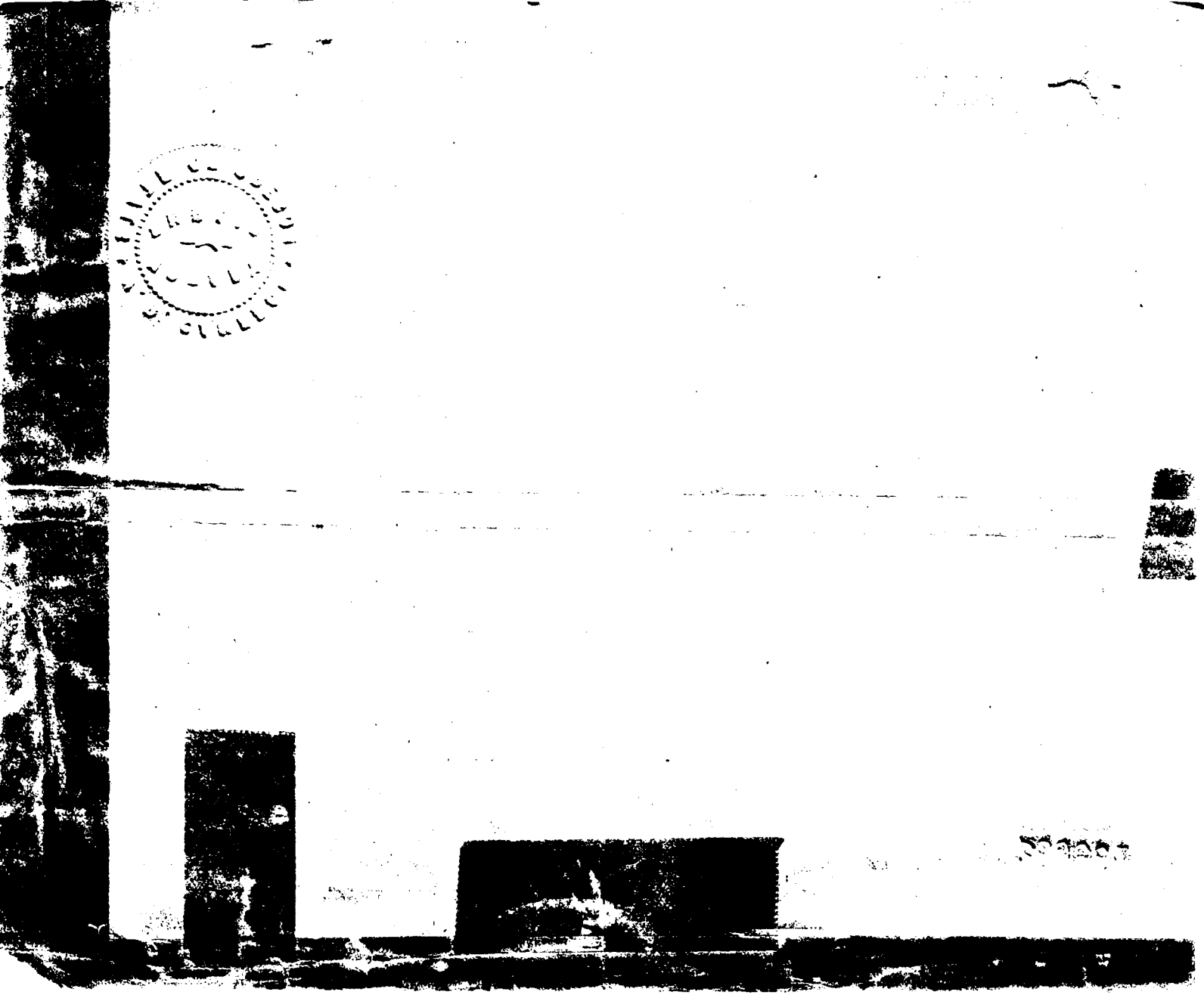
I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAR 4 ....., 193.... ..... Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Nathan T. Briscoe being first duly sworn says that I am the father (Relationship of child)* of Jerry Briscoe born June 15, 1920 (Date of birth) at Steiner, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jerry Briscoe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Shirley, M. D., was the Midwife medical attendant at the birth of said son and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Nathan T. Briscoe

P. O. Address 233 N. Fargo St Portland OR

Subscribed and sworn to before me this 1st day of March, 19 40

Notary Public.

NOTARY PUBLIC, STATE OF OREGON
RESIDING AT PORTLAND, OREGON
My Commission Expires March 16, 1940

Residing at ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 2 9 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Route 5 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 289976

Registration District No. ..... State File No. 289976
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wayne Chapin Snarr

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Sept 8, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Abner Chapin Snarr	18. Full maiden name Isabella Wyleck Snarr
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race ..... 12. Age at last birthday 44 (years)	20. Color or race ..... 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Murray Utah	22. Birthplace (city or place) (State or Country) Salt Lake Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hswf
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 1940	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work life	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed FEB 28 1940, 193....

Registrar.

Registrar.

STATE OF IDAHO

289976

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Abner C. Snarr being first duly sworn says that he is the Father (Relationship of child)* of Wayne Chapin Snarr born September 8th, 1920 (Date of birth) at Idaho Falls, Idaho, Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wayne Chapin Snarr hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that T. C. Hollister (deceased) M. D. was the Midwife medical attendant at the birth of said Wayne Chapin Snarr and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Abner C Snarr

P. O. Address

Subscribed and sworn to before me this 7th day of February, 1940

Notary Public.

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

349-104 06-255

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Ammon, Idaho
No. ____ St.
(If born in hospital or institution give name.)

MAR 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290042

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Gene Curtis

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? yes | 8. Date of birth 9/4, 1920 (Month, Day, Year)

FATHER

9. Full name Lester Curtis (44 years old when child was born)
10. Residence (usual place of abode) (If non-resident, give place and State) Ammon
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Hyrum, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Fannie Keefer
19. Residence (usual place of abode) (If non-resident, give place and State) Ammon, Idaho
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Idaho Falls, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 33 years old when child was born
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 4 (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation ✓ months or weeks
30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ mother

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fannie Keefer Curtis mother, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed ____, 193____

Registrar. Registrar.

390042

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAR 1 5 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bonneville } ss.

Fannie Curtis being first duly sworn says that she is the Mother (Relationship of child)* of Gene Curtis born September 4th 1920 (1920) (Date of birth) at Ammon Idaho, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gene Curtis. Certificate lost hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that T. C. Hollister M. D. was the ~~Midwife~~ medical attendant at the birth of said Gene Curtis and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Fannie Curtis
P. O. Address Idaho Falls, Idaho #3

Subscribed and sworn to before me this 9 day of March, 1940

C. C. Mullett
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

245-129-024-338

1. PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED MAR 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290999

Registration District No. 22 State File No. .....

Prim. Registration District No. 2018 Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Lewis Brevick

3. Sex M | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 4 | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 29 1920 (Month, Day, Year)

FATHER

9. Full name Chris H. Brevick

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell

11. Color or race W | 12. Age at last birthday 40 Jan (years)

13. Birthplace (city or place) (State or Country) Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 32

MOTHER

18. Full maiden name Lulu V. Clyde

19. Residence (usual place of abode) (If non-resident, give place and State) Wendell

20. Color or race W | 21. Age at last birthday 30 Jan (years)

22. Birthplace (city or place) (State or Country) Springville Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 29 at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) E. L. Simonton M. D.

or ....., Midwife

Address Wendell Ida

Give name added from a supplemental report .....

(Date of)

Filed Mar 22 1940 E L Simonton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 22 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

351-661039-239

1. **PLACE OF BIRTH**
County of Power
City of Roy
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED
APR 3 1940

STATE OF IDAHO 291026
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291026
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** LOGAN DONALD TEAL

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	yes	June 1, 1920

	FATHER	MOTHER
9. Full name	ARCHIE McKENDRY TEAL	18. Full maiden name DOLLIE SCRIMSHER
10. Residence (usual place of abode) (If non-resident, give place and State)	Roy, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Roy Idaho
11. Color or race	White	20. Color or race White
12. Age at last birthday	41 (years)	21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country)	Pacheco, California	22. Birthplace (city or place) (State or Country) Dumas, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farming	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	June 1st, 1920	25. Date (month and year) last engaged in this work to date of birth
17. Total time (years) spent in this work	27	26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate

28. Number of children of this mother six (At time of this birth and including this child) five
(a) Born alive and now living 6 (b) Born alive but now dead -- (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10:00 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) V. G. Logan, M. D.
or ....., Midwife
Address American Falls Idaho
Filed Apr 3, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

813-182-235-813

291080

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. Main, St.
White Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 17 1940

CERTIFICATE OF BIRTH

291080

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Donald Hall

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 2, 1940 (Month, Day, Year)

FATHER

9. Full name Charles George Hall
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Uniontown Wash.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name May Hall
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Lebanon Me.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) E. L. White, M. D.
or ....., Midwife
Address Lewiston Ida
Filed Apr, 1940
Registrar.

MAY 22 19

1. 413-116-042-251 PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls

No. County General Hosp. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 23 1940

CERTIFICATE OF BIRTH

291108
291108

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Beaton MacKay

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			X	X	Aug. 16th, 1930

FATHER	MOTHER
9. Full name: Donald MacKay	18. Full maiden name: Mary Beaton
10. Residence (usual place of abode) (If non-resident, give place and State): Filer, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Filer, Idaho
11. Color or race: W | 12. Age at last birthday: 41 (years)	20. Color or race: W | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Scotland	22. Birthplace (city or place) (State or Country): Scotland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheep Grower	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Hswife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4. a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary MacKay, M. D.

or Mother, Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 4-20, 1940 [signature] Registrar.

Registrar.

STATE OF IDAHO

291108

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls, Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary MacKay being first duly sworn says that she is the Mother (Relationship of child)* of John Beaton MacKay born August 16th 1920 (Date of birth) at Twin Falls County, Idaho, ~~whose certificate of birth~~ is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Beaton MacKay hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that H.W.Wilson, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Mary MacKay.

P. O. Address Filer, Idaho

Subscribed and sworn to before me this 10th day of April, 19 40

Notary Public.

Residing at Twin Falls, Idaho, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Kootenai
City of Near Coeur d'Alene
No. Dalton Gardens St.
A693125-028-693
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1940

CERTIFICATE OF BIRTH

293330

Registration District No. ..... State File No. 293330
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Lavern Chester Wills

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? Yes	8. Date of birth Nov 25, 1920 (Month, Day, Year)
male				

FATHER

9. Full name Samuel Wills
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Diffent Places
16. Date (month and year) last engaged in this work Nov-, 1939
17. Total time (years) spent in this work no

MOTHER

18. Full maiden name Aldna Hagen Wills
19. Residence (usual place of abode) (If non-resident, give place and State) Walla Walla. Wn
20. Color or race White | 21. Age at last birthday 42 (years)
22. Birthplace (city or place) (State or Country) North Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Seamstress
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. W.P.A. Walla Walla. Wn
25. Date (month and year) last engaged in this work 4/17-, 1940
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 5 (At time of this birth and including this child) 3 alive this Child 2 (a) Born alive and now living 4 2 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation — { months or weeks
30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Filed May, 1940
Registrar.
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

293330

RECEIVED

MAY 20 1940

State of Washington
County of Walla Walla } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sam Wills Aldena H. Wills being first duly sworn says that they are ~~is~~ the Father & Mother of Lavern Chester Wills
(Relationship of child)*

born Nov 25 — 1920 at Dalton Gardens Kootenai County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that we and he desire~~s~~ to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lavern Chester Wills hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs Merkel, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Lavern Chester Wills and that the said medical attendant is dead.
(Now deceased (or) cannot be located)

Name of Affiant x Sam Wills

P. O. Address Aldena H. Wills

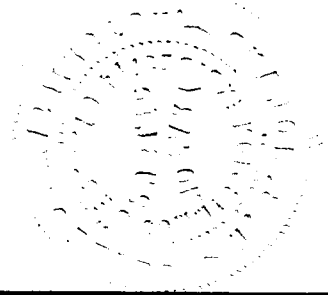
Subscribed and sworn to before me this 10th day of April, 1940

H. B. Noland
Notary Public.

My Com Expires Dec 5 1941,

Residing at Walla Walla, Wn ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



RECEIVED
MAY 20 1940

STATE OF WASHINGTON,

Walla Walla County: ss.

We, the undersigned, Samuel Wills, father and Aldena H. Wills, mother, being duly and severally sworn, on oath depose and say, each for himself and not one for the other:

The undersigned, Samuel Wills and Aldena H. Wills, are the father and the mother of Lavern Chester Wills, who was born to us in lawful wedlock on November 25, 1920, at Couer D' Alene, State of Idaho, at the community known as "Dalton Gardens"; that the attending physician now is deceased; that we have made inquiry for a record of said birth and have not been able to find any such record. We make this affidavit in aid of the recordation of said birth, and the statements aforesaid are true, of our certain knowledge.

That said Lavern Chester Wills now resides at Walla Walla, Wash.

Sam Wills
Father

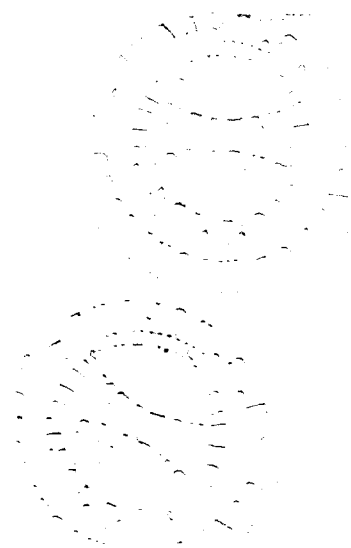
Aldena H. Wills.
Mother

Subscribed and sworn to before me this 10th day of April, 1940, by said Aldena H. Wills.

Notary Public for the State of Washington.

Subscribed and sworn to before me this 10th day of April, 1940, by Samuel Wills.

Notary Public for the State of Oregon, residing at Pendleton.



433-104 040-719

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Hardnes
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED MAY 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293231

Registration District No. ..... State File No. 293331
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Casswell Williams McCabe

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 4, ~~193~~ 1920 (Month, Day, Year)

FATHER

9. Full name James Wainscott McCabe
10. Residence (usual place of abode) (If non-resident, give place and State) Hardnes
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Upper Lake Lake Co. Cal.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 16 years.

MOTHER

18. Full maiden name Josephine Alberta Gardner
19. Residence (usual place of abode) (If non-resident, give place and State) Hardnes
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Spokane Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ✓ (At time of this birth and including this child) Two including this one. (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1.15 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Mason, M. D.
or ....., Midwife
Address Kellogg. Idaho

Give name added from a supplemental report .....
(Date of)

Filed May 16, ~~193~~ 1940 Mrs. Helen M. Bride
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH** 266-114 010-266

County of Bonneville

City of Idaho Falls, Idaho

No. ____ St. ____

Spencer Hospital

(If born in hospital or institution give name.)

RECEIVED MAY 27 1940

STATE OF IDAHO 293361
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 293361

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Jack J. Boozer

3. Sex M. | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 14, 1920 (Month, Day, Year)

FATHER

9. Full name C. R. Boozer

10. Residence (usual place of abode) 6 (If non-resident, give place and State) ____

11. Color or race ____ | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Hoohama ALABAMA (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potato Dealer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Hazel J. Boozer

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race ____ | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Idaho, Clark (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead one (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of Stillbirth ____ { During labor ____ Before labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 8 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. D. Turner, M. D.

or ____, Midwife

Address Idaho Falls, Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed May 27, 1940 Mae G Attwood Registrar.

Registrar.

BUREAU OF VITAL STATISTICS

MAR 26 1942

APR 14 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294565

RECEIVED
MAY 20 1940

Registration District No. ____ State File No. 294565

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 240 I Street St.
A593-115010-238
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wilford Schaar Nitze

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth April 15, 1920 (Month, Day, Year)

FATHER

9. Full name: Ernest Nitze

10. Residence (usual place of abode) (If non-resident, give place and State): 240 I Street

11. Color or race: white | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: Present time, 19____

17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Augusta Helene Schaar Nitze

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

20. Color or race: white | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: Present, 19____

26. Total time (years) spent in this work: 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: five
(At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) Filed May, 1938

Registrar. Registrar.

STATE OF IDAHO

294565

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUN 20 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Augusta Schaar Nitze being first duly sworn says that Wilford is the son (Relationship of child)* of Augusta ~~and Ernest~~ Nitze born April 15, 1920 (Date of birth) at Idaho Falls, Idaho, Idaho, whose certificate of birth is hereto attached, and that Augusta Nitze desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Wilford Schaar Nitze hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Rogers, M. D., was the Midwife medical attendant at the birth of said Wilford Schaar Nitze and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Augusta H. Schaar Nitze

P. O. Address 848 So. Curshan

Subscribed and sworn to before me this 18th day of June, 1940

H. A. Ingeltony
Notary Public.

Residing at Los Angeles, Cal., ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

PLAINLY WITH UNFAD
a Separate Retu

MAR 18 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome DELAYED

City of Jerome

No. ..... St.

A895 212 027 366

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294618

JUN 24 1940

CERTIFICATE OF BIRTH

294618

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Naoma Margaret Hinsley

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	May 12, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Edgar Ray Hinsley	18. Full maiden name: Vera Viola Cook ~~Hinsley~~
10. Residence (usual place of abode) (If non-resident, give place and State): Jerome, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Jerome, Idaho
11. Color or race: white | 12. Age at last birthday: 25 (years)	20. Color or race: white | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: electrician 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: electrical plant 16. Date (month and year) last engaged in this work: May, 1920 17. Total time (years) spent in this work: four	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: at home 25. Date (month and year) last engaged in this work: May, 1920 26. Total time (years) spent in this work: three

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed June, 1940 .....

Registrar.

ADDED DELAYED STAMP TO FACE OF CERTIFICATE 09/24/2014-KLA

STATE OF IDAHO

294618

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 24 1940

State of California
County of San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Vera Viola Elliott being first duly sworn says that she is the mother (Relationship of child)* of Naoma Margaret Hinsley born May 12, 1920 (Date of birth) at Jerome, Jerome County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Naoma Margaret Hinsley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Edward D. Piper, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Naoma Margaret Hinsley and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Vera Viola Elliott

P. O. Address 4751 Panorama Dr., San Diego, Calif.

Subscribed and sworn to before me this 21st day of June, 1940

Notary Public.

Residing at San Diego, California ~~Idaho~~

My Commission Expires September 22, 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154 128 006-389

294631

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bingham
City of Shelley
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294631

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** ..... Grant Jemmett

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? .....
8. Date of birth Dec 28, 1920 (Month, Day, Year)

FATHER

9. Full name: Frederick George Jemmett
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race: White | 12. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Shelley Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: 3

MOTHER

18. Full maiden name: Anna Alvesta Christensen
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race: White | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or Country): Hyrum Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother: 2 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Edwin Cutler, M. D.
or ....., Midwife
Address Shelley Idaho
Filed Dec, 1930

Give name added from a supplemental report .....
(Date of)
Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294636

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
249128001359
(If born in hospital or institution give name)

RECEIVED JUN 25 1940

Registration District No. ..... State File No. 294636
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Allan Terry Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov. 28, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Sylvester Smith	18. Full maiden name Floy Price Terry
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell,	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Idaho
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race white 21. Age at last birthday 31 (years)
13. Birthplace (city or place) New York, N.Y. (State or Country) New York	22. Birthplace (city or place) Springdale, Ark. (State or Country) Arkansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Paving construction	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 5 mo.	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn no

29. If stillborn, period of gestation no months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4:00 A.M. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Floy Price Smith, M.D.
or Mother
Address 1306. Peck St. Compton, Calif.
Filed June 25, 1940
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

DELAYED

DUP OF 20-83944

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUN 25 19[illegible]

State of California }
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Floy Price Smith being first duly sworn says that

is the Mother (Relationship of child)* of Allan Terry Smith 294636

born November 28, 1920 (Date of birth) at Caldwell, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Allan Terry Smith

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Joseph Smith, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Allan Terry Smith and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Floy Price Smith

P. O. Address 1306 Peck St., Compton, Calif.

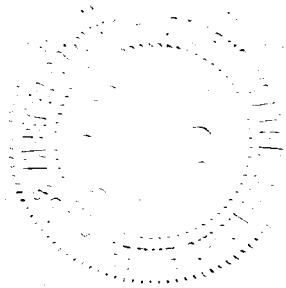
Subscribed and sworn to before me this 24th day of June, 19 40

Elrne Criswell
Notary Public.

Residing at Los Angeles County, Long Beach, Calif. Idaho.

MY COMMISSION EXPIRES APRIL 22, 1941

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 6 1940

STATE OF CALIFORNIA)
) SS.
COUNTY OF LOS ANGELES)

RECEIVED
JUL 10 1940

AFFIDAVITS FOR CORRECTION OF A RECORD

Floy Price Smith of _____

Being first duly sworn, deposes and says that she is the mother (if related, specify degree, if friend or otherwise, so state) of Allan Terry Smith

who was born (was born, died) in the city of Boise, County of Ada

on the 28th day of November, 19 20, as stated in a certificate of birth (birth or death) filed by Floy Price Smith - Mother (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, ~~County of~~ State of Idaho, on the 25th day of June 19 40

That the following facts set forth in said certificate are not correctly stated therein, to wit: Place of Birth: Canyon County, City of Caldwell

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Place of Birth: Ada County, City of Boise

(Seal)

Affiant Floy Price Smith

Address 1306 Peck St. Compton

Subscribed and sworn to before me this 5th day of July 1940

Notary Public

My Commission Expires October 20, 1943

STATE OF California)
) SS.
COUNTY OF Los Angeles)

John S. Smith of Compton, California

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant x John S. Smith

Address 1306 Peck St

Subscribed and sworn to before me this 9th day of July 1940

(Seal)

Notary Public

VS 44

FEB 2 4 1976

Affidavit

GENERAL

State of California,
COUNTY OF Los Angeles, } ss.

Floy Price Smith

Being First Duly Sworn, *deposes and says:*

That she is the mother of ALLAN TERRY SMITH, who was born November 28, 1920 at Caldwell, Canyon County, Idaho.

She further deposes and says tha~~t~~ 3D WRONG SIGNED AT

FLOY PRICE TERRY. COUNTY IN

She further deposes and says that OCT. 20-83444

father of Allan Terry Smith, was ~~n~~.

And Further *deponent saith not.*

Subscribed and Sworn *to before me this* 17th *day of* June, *19* 40

Floy Price Smith

Notary Public in and for said County and State.

No.....

Affidavit

General

.....

.....

.....

.....

Dated....., 19.....

695 III 003-281

294653

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. Lynn Broe Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 24 1940

CERTIFICATE OF BIRTH

294653

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edwin Phillip Finn

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Mar 11, 1920 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name Edmer P. Finn	18. Full maiden name Minnie Pearl Shaw
10. Residence (usual place of abode) (If non-resident, give place and State) Y.M.C.A. Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida.
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) England	22. Birthplace (city or place) (State or Country) Lowry City Mo.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mng. Y.M.C.A. Grill	23. Trade, profession, or particular kind of work ~~done, as housekeeper,~~ typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work June, 1920	17. Total time (years) spent in this work 3 Years
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three

(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 12 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J. N. Lyon, M. D.

or ....., Midwife

Address Pocatello Idaho

Filed June, 1940

Registrar.

DELAYED

631-210004-262

29 L 61

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294661

RECEIVED
JUN 27 1940
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Yasuye Ota

3. Sex female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth May 10, 1920 (Month, Day, Year)

FATHER

9. Full name Hisayuki Ota
10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho
11. Color or race Japanese 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Japan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Section Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Ten years

MOTHER

18. Full maiden name Mine Kobayashi
19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho
20. Color or race Japanese 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Japan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks } 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) ....., M. D.
or Ruby Harrup R.N. Midwife
Address 60 Hartwell Ave Salt Lake, Utah

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed June 27, 1940 Mae G. Attwood
Bureau of Vital Statistics Registrar.

RELEASED

434 201 011-994

1. PLACE OF BIRTH

County of BOUNDARY

City of BONNERS FERRY

No. ..... St.

BONNERS FERRY HOSPITAL

(If born in hospital or institution give name.)

JUN 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29766

Registration District No. ..... State File No. 294664

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD PATRICIA ANN McMAHON

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth JULY 1ST, 1920 (Month, Day, Year)
FEMALE				

FATHER

9. Full name THOMAS EMERSON McMAHON

10. Residence (usual place of abode) (If non-resident, give place and State) BONNERS FERRY IDAHO

11. Color or race WHITE | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) GREEN ISLE MINNESOTA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOK KEEPER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. SAWMILL & LOGGING CAMP

16. Date (month and year) last engaged in this work JUNE, 1920

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name EVA DOROTHEA ZIMMERMAN

19. Residence (usual place of abode) (If non-resident, give place and State) BONNERS FERRY IDA

20. Color or race WHITE | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) PLYMOUTH, INDIANA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

25. Date (month and year) last engaged in this work JULY, 1920

26. Total time (years) spent in this work 10 YEARS

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE DROPS IN EYES

28. Number of children of this mother (At time of this birth and including this child) (1) one
(a) Born alive and now living (1) (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8:00 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Thomas Emerson McMahon, ~~M.~~ D.
FATHER
or ....., Midwife

Address BONNERS FERRY, IDAHO

Filed ....., 193...

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

294664

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Boundary } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas E McMahon being first duly sworn says that he is the FATHER (Relationship of child)* of PATRICIA ANN McMAHON born July 1ST 1920 (Date of birth) at BONNERS FERRY, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said PATRICIA ANN McMAHON hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR E C FRY M. D. was the ~~Midwife~~ medical attendant at the birth of said PATRICIA ANN McMAHON and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Thomas E McMahon

P. O. Address Portland, Oregon

Subscribed and sworn to before me this 24th day of June, 1940

Hugh O. Hart
Notary Public.

Residing at Portland, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Form revised effective December 8, 1940.

385708012-893

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Butte CO
City of Moore
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED
JUN 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
294680
CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 294680
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Delbert Clarence Nelson

3. Sex boy | If plural births { 4. Twin, triplet, or other 1 / 5. Number, in order of birth ____ } | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth Oct 3, 1920 (Month, Day, Year)

FATHER

9. Full name Earl Fred Lyman Chellson
10. Residence (usual place of abode) (If non-resident, give place and State) moore
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Red Wing Minnesota
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19 20
17. Total time (years) spent in this work 18

MOTHER — Chellson

18. Full maiden name Annie Melissa Hill
19. Residence (usual place of abode) (If non-resident, give place and State) moore Idaho
20. Color or race White 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Mount Pleasant Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work ____, 19 ____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 4
4 (a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of stillbirth ____ { Before labor / During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 11:30a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) ____, M. D.
or Nancy M. Hill, Midwife
Address Moore Idaho
Filed June, 1940
Registrar.

DELAYED

294689

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah } ss.
County of Utah }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie Matilda Hill Chellson being first duly sworn says that She is the Mother of Delbert Clarance Chellson
(Relationship of child)*

born October 8 1920 at Moore Butt, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delbert Clarance Chellson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Nancy M. Hill, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Delbert Clarance Chellson and that the said medical attendant is Not to be found.
(Now deceased (or) cannot be located)

Name of Affiant Annie Matilda Hill Chellson

P. O. Address Santaquin Utah

Subscribed and sworn to before me this 27 day of June, 1940

Daniel S. Jerman
Notary Public.

Residing at Santaquin Utah, Idaho

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294702

RECEIVED
JUL 1 1940

1. PLACE OF BIRTH
County of Fremont
City of Ashton
No. 466 107 022 363 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arnold James Moore

3. Sex | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Mar 7, 1940 (Month, Day, Year)

FATHER

9. Full name Manford W. Moore
10. Residence (usual place of abode) (If non-resident, give place and State) Squirrel Ida.
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name May Lowell
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or Country) Nebr.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11:00 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Mrs Rosetta Moore, M. D.
or Mother, Midwife
Address Everett Wash R.F.D. 4 Box 947

Filed July, 1940

Registrar. Registrar.

294702

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1940

State of Washington }
County of Snohomish } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosetta Moore being first duly sworn says that she is the mother of Arnold James Moore
(Relationship of child)*
born March 7th 1920 at Ashton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arnold James Moore hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. Hardis Hargis, M. D., ~~was the Midwife~~ medical attendant at the birth of said Arnold James Moore and that the said medical attendant is at Ashton Idaho
(Now deceased (or) cannot be located)

Name of Affiant Mrs Rosetta Moore.

P. O. Address Everett Wash R.F.D 4. Box 947.

Subscribed and sworn to before me this 29th day of June, 1940

J. F. L. McGee
Notary Public.

Residing at Everett Washington

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294719

RECEIVED
JUL 3 - 1940

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. 653123 026-712 St.
Mrs. Harley's Home Hospital.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harvey Benjamin Wells, Jr.

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept. 23, 1939 (Month, Day, Year)

FATHER

9. Full name Harvey Benjamin Wells
10. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Winsboro, Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. In shop.
16. Date (month and year) last engaged in this work Still there
17. Total time (years) spent in this work 8 yrs.

MOTHER

18. Full maiden name Marie Helen Castel
19. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife, nurse
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Still there, 19 ____
26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6:40 Pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

No Birth Certificate filed by Dr. Mather. Information furnished by father as of Sept. 23, 1939 on date June 28, 1940

(Signed) Harvey B. Wells Jr. M. D. or Midwife

Address Cruzan Addition - 60 East Studford ~~100~~ 800, Salt Lake City

Give name added from a supplemental report ____ (Date of) ____

Registrar. ~~Registrar.~~

STATE OF IDAHO

29471

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 3 1940

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harvey B. Wells Sr being first duly sworn says that he is the Father (Relationship of child)* of Harvey Benjamin Wells Jr born Sept 23rd 1920 (Date of birth) at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that We desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harvey Benjamin Wells Jr states that the certificate hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Mather, M. D., was the ~~Midwife~~ medical attendant at the birth of said Harvey Benjamin Wells Jr and that the said medical attendant is Can Not be Located (Now deceased (or) cannot be located).

Name of Affiant Harvey B. Wells Sr

P. O. Address C/O East Stratford ave

Subscribed and sworn to before me this 1st day of July, 1940

Notary Public

My Comm Exp 3-9-1942

Residing at Mountain Home, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 1 4 1998

A819/28042-319

294738

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 5 1940

294738

1. PLACE OF BIRTH
County of Twin, Falls
City of Twin Falls
No. 610 3rd Ave So.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 294738
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Albert Hart, Jr.

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth Dec. 28, 1920 (Month, Day, Year)

FATHER

9. Full name Robert Albert Hart

10. Residence (usual place of abode) (If non-resident, give place and State) Twin, Falls

11. Color or race white 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Merrill, Wisconsin. Lincoln County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leatherworker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Harness Shop

16. Date (month and year) last engaged in this work Dec. 28, 1920

17. Total time (years) spent in this work 27

MOTHER

18. Full maiden name Emily Larsen

19. Residence (usual place of abode) (If non-resident, give place and State) Twin, Falls

20. Color or race white 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Salt Lake City Utah Salt Lake County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____
Filed July, 1940

Registrar. Registrar.

STATE OF IDAHO

294738

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Oregon
County of ~~Twin Falls~~ Umatilla } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emily Hart being first duly sworn says that

is the mother (Relationship of child)* of Robert Albert Hart

born December 28, 1920 (Date of birth) at Twin Falls, Idaho,

whose certificate of birth is hereto attached, and that Robert Albert Hart desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Albert Hart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. K. Morgan, M. D., was the Midwife medical attendant at the birth of said Robert Albert Hart and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Emily Hart

P. O. Address 316 S.W. Third St., Pendleton, Oregon

Subscribed and sworn to before me this 29th day of June, 1940

Fred E. Lawrence
Notary Public.

Residing at Pendleton, Oregon. ~~Idaho.~~

My com. expires Jan. 26, 1941

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294753

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1940

CERTIFICATE OF BIRTH 294753

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. ____ St.
231-216-024-469

Registration District No. 22 State File No. ____

(If born in hospital or institution give name) Prim. Registration District No. 348 Local Registrar's No. ____

2. FULL NAME OF CHILD Betty Burke Stanley

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature No. Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 16 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Grant Edward Stanley	18. Full maiden name Clara Mae Morton
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida
11. Color or race W | 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Morton Wis	22. Birthplace (city or place) (State or Country) Madison Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
	25. Date (month and year) last engaged in this work ____ 19____
	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) E. L. Simanton M. D.
or ____ Midwife
Address Wendell Ida.

Filed July, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. A-965 220 003995 St.

(If born in hospital or institution give name.)

RECEIVED JUL 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH #29717 294774

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Audrey Louise Boettger

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 20, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Hugo H. Boettger	18. Full maiden name: Dorothy Irene
10. Residence (usual place of abode) (If non-resident, give place and State): Great Falls, Mont	19. Residence (usual place of abode) (If non-resident, give place and State): Great Falls, Mont
11. Color or race: White | 12. Age at last birthday: 28 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place): Denver (State or Country): Colorado	22. Birthplace (city or place): McCook (State or Country): Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July, 1940

Registrar.

STATE OF IDAHO

294774

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1940

State of Ohio }
County of VAN WERT } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. H. H. Boettger being first duly sworn says that she is the mother (Relationship of child)* of Audrey Louise Boettger born April 20, 1920 (Date of birth) at Pocatello, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Audrey Louise Boettger hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no, M. D., was the Midwife medical attendant at the birth of said Audrey Louise Boettger and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs H. H. Boettger -Mother

P. O. Address 515 No. Washington St, Van Wert, Ohio

Subscribed and sworn to before me this 9th day of July, 1940

Fred Wolfenkamper
Notary Public.

Residing at Van Wert Ohio, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Carey

No. 866 102-007 719 St.

(If born in hospital or institution give name.)

RECEIVED JUL 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29-773

294793

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melvin Josiah Howard

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept. 2, 1920 (Month, Day, Year)

FATHER

9. Full name: Josiah Howard

10. Residence (usual place of abode) (If non-resident, give place and State): Carey Idaho

11. Color or race: White

12. Age at last birthday: 55 (years)

13. Birthplace (city or place) (State or Country): Skelmersdale Lanc. England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Well drilling

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: 17

MOTHER

18. Full maiden name: Louisa B. Park

19. Residence (usual place of abode) (If non-resident, give place and State): Carey Idaho

20. Color or race: White

21. Age at last birthday: 37 (years)

22. Birthplace (city or place) (State or Country): Provo Beach Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Midwife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 1926

26. Total time (years) spent in this work: 23

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

(Signed) Louisa B. Howard, ~~M. D.~~

or ....., ~~Midwife~~

Address 1431 Paffy St. Long Beach.

Filed ....., 193.....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 294793
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 1940

State of California
County of Los Angles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I Louisa B. Howard being first duly sworn says that I am is the Mother (Relationship of child)* of Melvin Josiah Howard born Sept. 2, 1920 (Date of birth) at Carey Idaho, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Melvin Josiah Howard hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Snider, M. D., was the ~~Midwife~~ medical attendant at the birth of said child and that the said medical attendant is Whear abouts not known (Now deceased (or) cannot be located)

Name of Affiant Louisa B. Howard

P. O. Address 1431 Poppy St. Long Beach.

Subscribed and sworn to before me this 9th day of July, 1940

[signature]
Notary Public.

My Commission Expires June 10th, 1944
Residing at 2300 Oregon Ave, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOTARY PUBLIC in and for the County of Long Beach, Calif
Los Angeles, State of California.

A334122040296

294796

WRITE PLAINLY WITH UNEADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 21 Mc Kinley St.

Wardner Hospital

(If born in hospital or institution give name.)

RECEIVED JUL 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294796

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Henry Clumpner

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth November 22, 1939 (Month, Day, Year)

FATHER

9. Full name Guy Alfred Clumpner

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

11. Color or race W | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Viroqua, Wis.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High school principal

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. school

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Helen Woodward Browne

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) St. Louis Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10 a. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July 3, 1940

Registrar.

Registrar.

294796

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 13 1940

State of Washington
County of Thurston } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. G. A. Clumpner being first duly sworn says that she is the mother (Relationship of child)* of William H. Clumpner born November 22, 1920 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Henry Clumpner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kennett, M. D., ~~Midwife~~ was the medical attendant at the birth of said William Henry Clumpner and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs. G. A. Clumpner.

P. O. Address Rainier Washington

Subscribed and sworn to before me this 11 day of July, 19 40

Leo Schlesinger
Notary Public.

Residing at Rainier, Wash., ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 819 112 014 286

County of Canyon

City of Happy Valley (Kuna)

No. Route 1 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUL 6 1940

Registration District No. 0 State File No. 294798

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD William Ray Harvey

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term X	7. Legitimate? yes	8. Date of birth Oct. 12, 1920 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name GEORGE ELLSWORTH HARVEY	18. Full maiden name JUNIE VIOLA SHORES
10. Residence (usual place of abode) (If non-resident, give place and State) IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) IDAHO
11. Color or race WHITE | 12. Age at last birthday 33 (years)	20. Color or race WHITE | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) FORT BRIDGER WYOMING	22. Birthplace (city or place) LOA (State or Country) WAYNE Co. UTAH
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work ..., 1940	17. Total time (years) spent in this work 10
25. Date (month and year) last engaged in this work ..., 1920	26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
FIRST CHILD ONE (a) Born alive and now living YES (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks }

30. Cause of Stillbirth ... { Before labor; During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. J. Coleman, M. D.

or ..., Midwife

Address

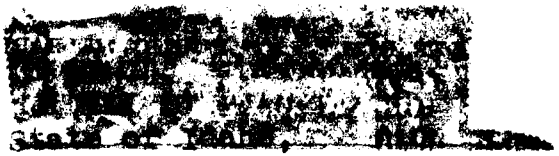
Give name added from a supplemental report

(Date of)

Filed July 6, 1940 Mae G. Atwood
Director Bureau of Vital Statistics
Registrar.

Registrar.

OVER



JUN 7 1960

ss

Ada County, On this 11th day of July in the year 1940 before me a Notary Public, in and for said State, personally appeared F. J. Coleman personally known to me to be the person whose name is subscribed to the within certificate and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my seal on the date in this certificate first above wtitten.

J. A. Marlin
Notary Public,
Residence Kuna, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

Township Goshen

No. ..... St.

415-216-006-445

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294817

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294817

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Jane Manning

3. Sex Female

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X

6. Premature X; Full term yes

7. Legitimate? yes

8. Date of birth Dec. 16, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alpha H Manning	18. Full maiden name Mary Muehlfeith
10. Residence (usual place of abode) (If non-resident, give place and State) Goshen, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Goshen, Idaho
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Burr Oak, Iowa	22. Birthplace (city or place) (State or Country) Louisville, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dry farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec 16, 1920	25. Date (month and year) last engaged in this work Dec 16, 1920
17. Total time (years) spent in this work 4	26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mercurochrome 2%

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Cutler, M. D.

or ....., Midwife

Address Shelley Idaho.

Give name added from a supplemental report .....
(Date of)

Filed 7/10/40, 193.....

Registrar. Registrar.

APR 16 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294854

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. 659-105 02 2-294 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 294854
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Kimmey Ferney

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth May 5, 1920 (Month, Day, Year)

FATHER

9. Full name George Alexander Ferney
10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony
11. Color or race White | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wholesale Grocery Salesman
16. Date (month and year) last engaged in this work May 5, 1920
17. Total time (years) spent in this work 22 yrs.

MOTHER

18. Full maiden name Bernice Florence Kimmey
19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony Ida
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Belvidere, Illinois (State or Country) Boone Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work May 5, 1920
26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1:00 A m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D.
or Rebecca Bostley Midwife
Address St. Anthony Idaho

Filed July 15, 1940, 193... Mae G. Atwood Registrar.
Mae G. Atwood

1/20/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294864

JUL 15 1940

Registration District No. ..... State File No. 294864

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ..... St.
A133715 016-231
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Warren Kinsey Allen

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth July 15, 1940 (Month, Day, Year)

FATHER

9. Full name Winfield Arthur Allen

10. Residence (usual place of abode) (If non-resident, give place and State) Ellensburg Wash

11. Color or race white | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Street, Maryland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 4 4

MOTHER

18. Full maiden name Edith M Scarborough

19. Residence (usual place of abode) (If non-resident, give place and State) Ellensburg Wash

20. Color or race white | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Street Maryland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July, 1940

Registrar.

STATE OF IDAHO

294864

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1940

State of Washington
County of Kittitas } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith V. Scarborough Allen being first duly sworn says that

She is the mother of Warren Kinsey Allen
(Relationship of child)*

born July 15 1920 at Burley, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Warren Kinsey Allen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Household attendant, M. D., was the Midwife
name & address unknown

medical attendant at the birth of said Warren Kinsey Allen and that

the said medical attendant is address unknown
(Now deceased (or) cannot be located)

Name of Affiant Edith V Scarborough Allen

P. O. Address Ellensburg, Wash.

Subscribed and sworn to before me this 12th day of July, 19 40

Evelyn F. Hansen
Notary Public.

Residing at Ellensburg, ~~Idaho.~~ Wash

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

253105 001 2571

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. Lukes Hoapital St.

(If born in hospital or institution give name.)

RECORDED JUL 22 1940

STATE OF IDAHO 294912
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294912

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Louis Edward Keller

3. Sex m | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth May 5, 1920 (Month, Day, Year)

FATHER

9. Full name Robert B. Keller

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ida Hdw & Plumbing Co

16. Date (month and year) last engaged in this work Sept, 1921

17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Emma G Knauss

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) North Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate sol. or agno 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) Edward Bacon, M. D.

or ____, Midwife

Address Boise, Idaho

Filed July 22, 1940 Mae G Atwood Registrar.

Bureau of Vital Statistics

OCT 3 1950

739-210 028 243

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur-d'Alene
No. ..... St.
(If born in hospital or institution give name.)

JUN 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294960

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Elizabeth Glindeman

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 10, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry P. Glindeman	18. Full maiden name Laura May Buchanan
10. Residence (usual place of abode) (If non-resident, give place and State) Cda	19. Residence (usual place of abode) (If non-resident, give place and State) Cda
11. Color or race W. | 12. Age at last birthday 34 (years)	20. Color or race W. | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) San Francisco Cal.	22. Birthplace (city or place) (State or Country) Minnesota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Steam Mill.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work July 10, 1920	17. Total time (years) spent in this work 10 yrs.
25. Date (month and year) last engaged in this work July 10, 1920	26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or ~~Stillborn~~) at 6 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) John Ollard, M. D.
or ..... Midwife
Address Coeur d'Alene Ida.
Filed 6-25, 1940 H. E. Lawrence M.D. Registrar.

MAY 27 1942

A433-111 028-418

296058

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 23 1940

CERTIFICATE OF BIRTH

296058

1. PLACE OF BIRTH
County of KOOTENAI
City of SPIRIT LAKE
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WILLIAM ORVILLE McLOUGHRY

3. Sex MALE | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term X | 7. Legitimate? YES | 8. Date of birth JAN. 11, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM HAMPTON McLOUGHRY	18. Full maiden name ESSIE JEAN MAYFIELD
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) ALBANY (State or Country) MISSOURI	22. Birthplace (city or place) DAYTON (State or Country) WASHINGTON
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MILLWRIGHT	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. SAW MILL	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work SEPT., 1920 | 17. Total time (years) spent in this work FOUR	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William Hampton McLoughry (FATHER)

or ..... Midwife

Address Blackdiamond, Wash.

Give name added from a supplemental report ..... (Date of)

Filed July 23, 1940 Mae G. Atwood Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

296058

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

State of Washington }
County of King } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Wm Hampton McLaughry, being first duly sworn says that he is the father (Relationship of child)* of William Orville McLaughry born January 11th, 1920 (Date of birth) at Spirit Lake, Kootenia County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Orville McLaughry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that —, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Wm Hampton McLaughry

P. O. Address Black Diamond, Wash.

Subscribed and sworn to before me this 22nd day of July, 1940

L. K. Strange
Notary Public.

Residing at Black Diamond, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

719 116 001 493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 817 Thatcher St. St.

(If born in hospital or institution give name.)

RECEIVED JUL 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29467

296069

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Earnest Le Roy Gardon Gordon

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? ____

8. Date of birth 2-16, 1922 (Month, Day, Year)

FATHER

9. Full name Earnest Alexander Gordon

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Ogden (?)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Delilah Miller

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Eaton Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Albuargyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:15 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Mary A Caraway, M. D.

or ____, Midwife

Address Boise Idaho

Filed July 24, 1940 Mae G Attwood
Registrar.

____
Registrar.

Director Bureau of V.S.

OCT 13 1944

NOV 17 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more th one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 231-106-026-155 PLACE OF BIRTH

County of Jefferson

City of Rigby

No. R7 Lo #3 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296126

CERTIFICATE OF BIRTH

RECEIVED JUL 25 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gerald Leland Starch

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth one

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth Feb. 6th, 1920 (Month, Day, Year)

FATHER

9. Full name George Lawrence Starch

10. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Albion Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 5 years

MOTHER

18. Full maiden name Mary Louise Jensen

19. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida.

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Big Pine Wyo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) ....., M. D.

or Mary L Starch Mother, ~~Midwife~~

Address .....

Filed July 25, 1940 Mae G. Atwood
Bureau of Vital Statistics

JUL 25 1972

296126

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUL 25 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Jefferson } ss.

Mary L. Stark being first duly sworn says that

She is the mother (Relationship of child)* of Gerald Leland Stark

born Feb 6th 1920 (Date of birth) at Rigby, Idaho,

whose certificate of birth is hereto attached, and that Mary L Stark desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gerald Leland Stark

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Sam Price, Ririe Idaho, M. D., ~~was the Midwife~~ was the medical attendant at the birth of said Gerald Leland Stark, and that the said medical attendant is

(Now deceased ~~(or) cannot be located~~)

Name of Affiant Mary L Stark

P. O. Address Shafter Calif R1 Box 341

Subscribed and sworn to before me this 18th day of July, 19 40

E Mannel
Notary Public.

Residing at Shafter, Calif, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires April 4, 1943

JUL 25 1972

251-101-142-235

296127

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls,
City of Filer,
No. North St.
(If born in hospital or institution give name.)

JUL 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296127

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD DONALD EARL SEALEY,

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth June 1, 1920 (Month, Day, Year)
Male				

FATHER

9. Full name Otto Sealey,
10. Residence (usual place of abode) (If non-resident, give place and State) Filer, Idaho
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Stromsburg, Polk County, (State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman,
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Store,
16. Date (month and year) last engaged in this work still, 19.....
17. Total time (years) spent in this work 15 years,

MOTHER

18. Full maiden name Winnifred Stephens,
19. Residence (usual place of abode) (If non-resident, give place and State) Filer, Idaho
20. Color or race white | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Detroit, Becker County, (State or Country) Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife,
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home,
25. Date (month and year) last engaged in this work still, 19.....
26. Total time (years) spent in this work 7 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ... (c) Stillborn ...

29. If stillborn, period of gestation ... months or weeks ...
30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 3:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) ..... M. D.
or X Nannie C. Stephens, Midwife
Address Filer, Idaho.

Filed July, 1940. Mae E. Atwood
Registrar.

..... Registrar.

Bureau of Vital Statistics

JUL 2 1 1970

261-115-035-963

296141

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of NEZ PERCE
City of LAPWAI
No. FARM St.
(If born in hospital or institution give name.)

RECEIVED
JUL 26 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296141

Registration District No. 221 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD PAUL VANCE SWANSON

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth DEC 15, 1940 (Month, Day, Year)

FATHER

9. Full name PAUL ANDREW SWANSON
10. Residence (usual place of abode) (If non-resident, give place and State) LAPWAI
11. Color or race W. | 12. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or country) WEBB IDAHO

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANIC
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. AUTOMOTIVE
16. Date (month and year) last engaged in this work SEPT., 1940 | 17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name MILDA JO ROCKROHR
19. Residence (usual place of abode) (If non-resident, give place and State) LAPWAI
20. Color or race W. | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) BLUE ISLAND ILL.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
25. Date (month and year) last engaged in this work DEC., 1920 | 26. Total time (years) spent in this work 1½ YRS.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NOT KNOWN
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I WITNESSED the birth of this child, who was B. A. (Born Alive or Stillborn) at I. A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Paul A Swanson, M. D.
Midwife
Address 254 SPRING ST.
Filed July 23, 1940 Patricia Burks Registrar.
Deputy

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of SOUTH CAROLINA
County of CHARLESTON } ss.

PAUL A. SWANSON being first duly sworn says that

HE is the FATHER of PAUL VANCE SWANSON
(Relationship of child)*

born DEC. 15, 1920 at LAPWAI, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that PAUL SWANSON desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said PAUL VANCE SWANSON hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. AGLEY SR. M. D. was the ~~Midwife~~ medical attendant at the birth of said PAUL VANCE SWANSON and that the said medical attendant is NOW DECEASED.
(Now deceased (or) cannot be located)

Name of Affiant Paul A. Swanson

P. O. Address 254 SPRING ST.

Subscribed and sworn to before me this 18th day of July, 1940.

John J. Kennedy Jr.
Notary Public. S.C.

Residing at Post + Spring Sts., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296217

RECEIVED
JUL 28 1920

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 83-124.003-819

County of Bannock
City of Grace Idaho
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Arthur Logan Harris Holmes.

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth August 24, 1920 (Month, Day, Year)

FATHER

9. Full name Oscar Francis Holmes

10. Residence (usual place of abode) (If non-resident, give place and State) Grace Idaho

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Detroit Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own shop

16. Date (month and year) last engaged in this work August 24, 1920

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Violet Jane Harris

19. Residence (usual place of abode) (If non-resident, give place and State) Grace, Idaho

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Middletown California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. General nursing.

25. Date (month and year) last engaged in this work June, 1920

26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 12.20 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) J. N. Hubbard, M. D.

or ____, Midwife

Address ____

Filed July 28, 1920 Mae G Attwood Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 28 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Mrs. Violet Holmes Mills being first duly sworn says that she is the Mother (Relationship of child)* of Arthur Logan Harris Holmes born August 24th 1920 (Date of birth) at Grace, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arthur Logan Harris Holmes. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. H. Hubbard M. D., M. D., ~~Midwife~~ was the medical attendant at the birth of said Arthur Logan Harris Holmes and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Violet Holmes Mills Mrs Violet Harris Holmes

P. O. Address 5331 Eagledale Ave Eagle Rock, Calif

Subscribed and sworn to before me this 29th day of July, 1940

Notary Public.

Residing at Los Angeles, Calif.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 1 2 1942

853-124-040-753

296233
296233

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG -1 1940

1. PLACE OF BIRTH
County of Shoshone
City of Mullan, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 14 Local Registrar's No. 4

2. FULL NAME OF CHILD Arthur Grant Helin

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Mar. 24, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: August Helin	18. Full maiden name: Martha Peltoaho
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan
11. Color or race: White 12. Age at last birthday: 34 (years)	20. Color or race: White 21. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or Country): Orivesi Finland	22. Birthplace (city or place) (State or Country): Veteli Finland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Timberman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ✓
16. Date (month and year) last engaged in this work: Mar, 1920	25. Date (month and year) last engaged in this work: Mar, 1920
17. Total time (years) spent in this work: 9 yrs.	26. Total time (years) spent in this work: 6 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. months or weeks | 30. Cause of stillbirth ? Before labor ..... During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11 a m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

X (Signed) F W Rolfs, M. D.
or ....., Midwife
Address Mullan Ida

Give name added from a supplemental report .....
(Date of)

Filed July 29, 1940 John A Bowe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 30 1948

A381-120-of-955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296235 (296235)

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 194 Emerson St. St.
(If born in hospital or institution give name.)

JUL 31 1940
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jean Francis Thacker

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? X | 8. Date of birth April, 20, 1920 (Month, Day, Year)

FATHER

9. Full name Dickerson Clarence Thacker
10. Residence (usual place of abode) ranch near Pocatello (If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Fairmont (State or Country) West Virginia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work seven

MOTHER

18. Full maiden name Florrie Valentine Reese
19. Residence (usual place of abode) ranch near (south) Pocatello (If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Havelock (State or Country) Iowa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work seven

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother fifth (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1:45 A.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed JUL 31 1940, 193.. Mae G. Atwood
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Riverside } ss.

Florrie V. Thacker being first duly sworn says that

She is the Mother of Jean Francis Thacker

(Relationship of child)*

born April 20th 1920 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jean Francis Thacker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Bertha Moran, ~~M. D.,~~ was the Midwife medical attendant at the birth of said Jean Francis Thacker and that the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Florrie Thacker

P. O. Address San Jacinto Calif

Subscribed and sworn to before me this 30th day of July, 19 40

A. H. Buckley Notary Public.

My Commission Expires Mar. 13, 1943

Residing at San Jacinto California, ~~Idaho.~~

NOTARY SEAL

In and for the County of Riverside, State of California

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 7 1943

294-118016-355

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Kellogg AUG 2 1940
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296259
296259

CERTIFICATE OF BIRTH

Registration District No. 210 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 91

2. FULL NAME OF CHILD William Howard Simmons

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth June 17, 1920 (Month, Day, Year)

FATHER

9. Full name William H Simmons
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida
11. Color or race W | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Viola Cooley
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
20. Color or race W | 21. Age at last birthday 42 (years)
22. Birthplace (city or place) (State or Country) Ind

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 P m. on the date above stated.

(Signed) William H. Simmons, M. D.
or ....., Midwife
Address Orofino Idaho
Filed 7/31, 1940 H A Shaw
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Ida
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William H. Simmons being first duly sworn says that he is the Father (Relationship of child)* of William Howard Simmons born June 18 1926 (Date of birth) at Kendrick Ida, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Howard Simmons hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that William H. Simmons ~~M. D.~~, was the Midwife medical attendant at the birth of said William Howard Simmons and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant William H. Simmons

P. O. Address Orofino Idaho

Subscribed and sworn to before me this 31st day of July, 1940

H. E. Walrath
Notary Public.

Residing at Orofino, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

DEC 9 1952

345-116-042-236

296322

296322

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 5 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. ____ St.
Murphy Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Sloan Luntey

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth April 16, 1940 (Month, Day, Year)

FATHER

9. Full name: John A Luntey

10. Residence (usual place of abode) (If non-resident, give place and State): Buhl

11. Color or race: White | 12. Age at last birthday: 49 (years)

13. Birthplace (city or place) (State or Country): Seymour Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Lillian Anna Sloan

19. Residence (usual place of abode) (If non-resident, give place and State): ____

20. Color or race: White | 21. Age at last birthday: 49 (years)

22. Birthplace (city or place) (State or Country): Walnut Grove Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Teacher

25. Date (month and year) last engaged in this work: June, 1918

26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child): 2
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed AUG 5 1940, 193__ Mae G. Atwood
Registrar.

Bureau of Vital Statistics

6

Dup of 1920-79366

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that

Robert is the Son of .....
(Relationship of child)*

born April 16 - 1920 at Murphy Hospital Buhl, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said .....

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr George Jennings, M. D., was the Midwife medical attendant at the birth of said son and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. John A. Luntey

P. O. Address Buhl

Subscribed and sworn to before me this 2nd day of Aug, 1940

P. J. Byrne
Notary Public.

Residing at Buhl, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

K

OCT 5 1948

751-213-010-866

296343

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG -6 1940

296343

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. — St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lois Pearson

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth August 13, 1920. (Month, Day, Year)

FATHER

9. Full name James Henry Pearson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho.
11. Color or race Wh. | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Clydia Amanda Howell.
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho
20. Color or race Wh. | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Fairview Utah.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother five (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation Nil months or weeks

30. Cause of Stillbirth Nil { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Pearson, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG -6 1940, 193.. Mae G. Atwood
Registrar. Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Dominion of Canada

~~State of~~ ..... } ss.
Provincia Jalbert
~~County of~~ .....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Henry Pearson being first duly sworn says that [signature] is the Father (Relationship of child)* of Lois Pearson

born 13 August 1920 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lois Pearson

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Rogers, M. D., was the Midwife medical attendant at the birth of said Lois Pearson and that the said medical attendant is so far as I know is (Now deceased (or) cannot be located)

signature and Name of Affiant S J H Pearson

P. O. Address Shepard Alberta

Subscribed and sworn to before me this 2nd day of August, 1940

[signature] Notary Public.

Residing at Calgary Alberta, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296426

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bingham
City of Shelley Idaho
No. 315 728-006-753 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Rex Paul Hjelm

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 28" 1920 (Month, Day, Year)

FATHER

9. Full name Henry G. Hjelm
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Sweeden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Dolphia Cecelia Peterson
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley
20. Color or race White | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Kewanee Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol $HgNO_3$

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) F. E. Roberts, M. D.

or _____, Midwife

Address Shelley Idaho

Filed AUG 10 1940 193____

_____ Registrar.

NOV 6 1962

A494129-026663

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St. .....

(If born in hospital or institution give name.)

AUG 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296435

Registration District No. 9 State File No. 296435

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Franklin Middleton Jr.

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	Jan. 29, 1920

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Charles Franklin Middleton	Mary Wolfensperger
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Rigby, Idaho	Rigby, Idaho
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	32	33
13. Birthplace (city or place) (State or Country) / 22.	Ogden, Utah	Wallenstadt, Switzerland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Electrician	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	January, 1920	, 19
17. Total time (years) spent in this work / 26.	9	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG 10 1940, 193...

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California
County of ~~Jefferson~~ Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. C. F. Middleton being first duly sworn says that she is the mother (Relationship of child)* of Chas. F. Middleton Jr.

born January 29, 1920 (Date of birth) at Rigby, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Chas. F. Middleton Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Call, M. D., was the Midwife medical attendant at the birth of said Chas. F. Middleton Jr. and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs C. F. Middleton

P. O. Address 208 N. Princeton, Fullerton Cal.

Subscribed and sworn to before me this 7th day of August, 1940

Elizabeth L Bailey
Notary Public.

Residing at Fullerton, California, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOTARY PUBLIC
IN AND FOR THE COUNTY OF ORANGE, STATE OF CALIFORNIA
My Commission expires August 20, 1940

A915727016-435

296466

296466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ..... St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Ralph Leslie Randall

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth August 27th, 1940 (Month, Day, Year)

FATHER

9. Full name: Edward S. Randall

10. Residence (usual place of abode) (If non-resident, give place and State): Burley, Idaho.

11. Color or race: Wh | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Dubuque, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Horticultural Inspector

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Madge M. McNeill

19. Residence (usual place of abode) (If non-resident, give place and State): Burley, Idaho

20. Color or race: Wh | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Manchester, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) E D Randall Father, M. D.

or ....., Midwife

Address Burley - Idaho

Filed AUG 12 1940, 193.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward S. Randall being first duly sworn says that he is the father of Ralph Leslie Randall
(Relationship of child)*

born August 27, 1920 at Burley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ralph Leslie Randall hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. C. Patterson, M. D., was the ~~Midwife~~ medical attendant at the birth of said Ralph Leslie Randall and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Edward S. Randall

P.O. Address 609 19th Street Santa Monica California

Subscribed and sworn to before me this 6 day of August, 1940

Chas E. Lindman
Notary Public.

NOTARY PUBLIC in and for the County of Los Angeles. State of California.

Residing at ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires April 13, 1942

A866104 028 269

296515

RECEIVED
AUG 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 2101 Lakeside ave ~~St.~~
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carl Harold Howe

3. Sex male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term x | 7. Legitimate? ..... | 8. Date of birth april 4th, 1940 (Month, Day, Year)

FATHER

9. Full name Anton Howe
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene, Idaho
11. Color or race white | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer-man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 19

MOTHER

18. Full maiden name Hulda Marie Borsum, Coeur d'Alene
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race white | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) North Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Anton Howe (father), ~~M. D.~~
or ....., Midwife
Address Potlatch, Idaho
Filed Aug, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of ~~Kootenai~~ Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anton Howe being first duly sworn says that

is the father (Relationship of child)* of Carl Harold Howe

born 4th of April 1920 (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carl Harold Howe

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John Dwyer, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Carl Harold Howe and that the said medical attendant is not now alive, having been killed in an auto accident between Coeur d'Alene and Spokane Wash. (Now deceased (or) cannot be located)

Name of Affiant Anton Howe

P. O. Address Potlatch, Idaho

Subscribed and sworn to before me this 10 day of August, 1940

Notary Public.

Residing at NOTARY PUBLIC residing at Potlatch, Idaho, Idaho.
My commission expires December 15, 1943

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A553127018-864

29 6536

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 15 1940

CERTIFICATE OF BIRTH

296536

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Elk River
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Truman Chester Nelson

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan., 27, 1920 (Month, Day, Year)

FATHER

9. Full name Carl Edmund Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Elk River, Ida
11. Color or race W | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Ludington, Mich.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work Employed, 19 ____
17. Total time (years) spent in this work 7 yrs.

MOTHER

18. Full maiden name Florence Mable Youmans
19. Residence (usual place of abode) (If non-resident, give place and State) Elk River, Ida.
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Frazee, Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work nil, 19 ____
26. Total time (years) spent in this work nil

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know.

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation nil (months or weeks) | 30. Cause of stillbirth nil (Before labor ____ During labor ____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Florence Mable Nelson MOTHER, ####
or ____, ######
Address Elk River, Idaho

Give name added from a supplemental report ____

(Date of) ____ Registrar.

Filed aug, 1940 Registrar.

DUP OF 20-77846

DELAYED

DUP OF 1920 - 77846

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

(RECEIVED)

AUG 15 1940

State of OREGON
County of DESCHUTES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Mable Nelson being first duly sworn says that she is the Mother (Relationship of child)* of Truman Chester Nelson born January 27,1920 (Date of birth) at Elk River, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Truman Chester Nelson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~M. D., was the Midwife~~ medical attendant at the birth of said Truman Chester Nelson and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Florence Mable Nelson

P. O. Address 357 Roosevelt, Bend, Oregon.

Subscribed and sworn to before me this 9th day of August, 19 40

Edward Robertson
Notary Public.

MY COMMISSION EXPIRES 4/24/[illegible]

Residing at Bend, Oregon.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

442114 05453

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG 19 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 206590
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County CARIBOU (b) City SODA SPRINGS
(c) Street Address or R F.D No. —
(d) Name of ~~Hospital or Maternity Home~~: AT HOME.
(e) Mother's stay BEFORE delivery:
In ~~Hosp. or Mat.~~ Home 1/2 days.
In THIS county 10 years 8 months 22 days.

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State IDAHO (b) County CARIBOU
(c) City SODA SPRINGS
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address SODA SPRINGS

3. RESIDENCE OF FATHER (city, state) SODA SPGS/IDA.

4. FULL NAME OF CHILD RENE SEYMOUR DUBRY

5. Date of Birth (Month, day, year) MAR. 14.-1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ARTHUR DUBRY
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace COKATO. (City or town) MINN. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME KATE MELLING
17. Color or Race WHITE
18. Age at time of THIS birth 38 years
19. Birthplace WINNEPEG. (City or town) CANADA. (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by KATE MELLING (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

26. (a) Aug 19, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature Eva DuBry M.D. or X (D.O., Midwife, etc.) and address SODA SPRINGS. IDA. Date 3-14-1920

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 17, 1940. E.W.

693-218-001-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296674

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Mae Willman

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sept 18, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry H. Willman	18. Full maiden name Mamie Schrambek
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race Wh | 12. Age at last birthday 40 (years)	20. Color or race Wh | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Concordia (State or Country) Missouri	22. Birthplace (city or place) St. Louis (State or Country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) S. D. Anderson D.O., M. D.
or ....., Midwife
Address 308 Eastman Bldg Boise Idaho
Filed Aug 20, 1940
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

MAR 26 1942

APR 11 1972

893 121 015 254

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296700

Registration District No. _____ State File No. _____

Prim. Registration District No. 520 Local Registrar's No. 85

1. **PLACE OF BIRTH**
County of Caribou
City of Soda Springs
No. _____ St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Donald Edward Hildreth

3. Sex: male
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date of birth Aug. 21, 1920 (Month, Day, Year)

FATHER

9. Full name Fay E. Hildreth
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs Idaho
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Basalt Colo
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Construction
16. Date (month and year) last engaged in this work Aug., 1920
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Emma Bens
19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs Idaho
20. Color or race W | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Soda Springs Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Aug., 1920
26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Russell Tigert, M. D.
or _____, Midwife
Address Soda Springs, Idaho

Filed Aug. 3, 1920 W. D. Russell Tigert Registrar
Idaho Dist. #520

_____ Registrar.

FEB 4 1971

A263-223-043-242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296768

RECEIVED
AUG 19 1940

1. PLACE OF BIRTH
County of Valley
City of Roseberry
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilma Francis Bollare

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? .....

8. Date of birth June 23, 1940 (Month, Day, Year)

FATHER

9. Full name Mr John Bollari

10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry

11. Color or race White | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Miss Olga Kukila

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Finland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth none { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Hanna Hantala, Midwife
Address Lake Fork, Idaho
Filed Aug, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

296768

RECEIVED
AUG 19 1940

State of Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Hanna Kantola being first duly sworn says that Wilma Frances is the daughter (Relationship of child)* of John Bollari

born June 23, 1920 (Date of birth) at Roseberry, Idaho,

whose certificate of birth is hereto attached, and that Mrs. Kantola desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wilma Frances Bollari hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Hanna Kantola, M.D., was the Midwife medical attendant at the birth of said Wilma Frances Bollari and that the said medical attendant is Mrs. Hanna Kantola (Now deceased (or) cannot be located).

Name of Affiant Hanna Kantola

P. O. Address Lake Fork, Idaho

Subscribed and sworn to before me this 16 day of August, 1940

Notary Public.

Residing at Donnelly, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 3 1 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census
693-104-027-249

RECEIVED AUG 22 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 297837
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Eden
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Our own home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 9 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City Eden
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? Time yrs.
(f) Mother's mailing address Eden Ida
3. **RESIDENCE OF FATHER** (city, state) Eden, Ida

4. **FULL NAME OF CHILD** William Sam Wilkes
5. Date of Birth (Month, day, year) Feb 4 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Gmo
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Truman Joseph Wilkes	16. **FULL MAIDEN NAME**	Edie B. Smith
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	24 yrs.	18. Age at time of THIS birth	22 years
13. Birthplace (City or town) (State or foreign country)	Mountain Home Ida.	19. Birthplace (City or town) (State or foreign country)	Mountain Home Ida.
14. Exact Occupation	Farm Labor.	20. Exact Occupation	House Wife.
15. Industry or Business	Farm	21. Industry or Business	Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Truman Wilkes (First name) (Last name), who is related to this child as father (Mother, etc.).

26. (a) Aug 22 1940 (Date received) (b) Mae D Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Truman J. Wilkes, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Sam Wilkes (Name of person on certificate above), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Reese (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Truman J. Wilkes Name

..... P. O. Address

Subscribed and sworn to before me on this 21st day of August 1940

(SEAL)

Estella H. Reese Notary Public, residing at Jerome, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-101-020-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED AUG 22 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 297852
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Pine
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 5 days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida. (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Pine Ida.

3. **RESIDENCE OF FATHER** (city, state) Pine Ida

4. **FULL NAME OF CHILD** Dana Little Butler

5. Date of Birth (Month, day, year) Aug 1 1926

6. Sex. male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester L Butler

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Blemeker (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Little

17. Color or Race White

18. Age at time of THIS birth 36 years

19. Birthplace Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 22 1940 (Date received) (b) Mae G Attwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature** None M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada L Butler, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Dana Little Butler (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was unattended, who attended (Name of attendant at birth) said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada L Butler Name

P. O. Address

Subscribed and sworn to before me on this 20th day of August 1940

(SEAL) E E Stokes Notary Public, residing at

NOTARY PUBLIC
Residing at Gooding, Idaho
My Commission Expires Sept. 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 298028

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Newdale
(c) Street Address or R F D No. Newdale P.O.
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Newdale
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Newdale, Id.

4. **FULL NAME OF CHILD** Margaret Bean

5. Date of Birth (Month, day, year) October 26, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wilmans Bean
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Hardware & Furniture Bus.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Madsen
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Provo (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 9-3-40 (Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I George W. Bean, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Bean (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Evans (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George W Bean Name
3003 Delaware Ave. P. O. Address

Subscribed and sworn to before me on this 27th day of August, 1940.

(SEAL) Ray D Johnson Notary Public, residing at Santa Monica, Calif.
NOTARY PUBLIC
FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires August 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693209024 355

298114

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County GOODING (b) City GOODING
(c) Street Address or R F D No. RUR RECEIVED
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: SEP 7 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State CALIF (b) County LOS ANGELES
(c) City Los Angeles
(d) Street Address or R.F.D. No. 2012 E 73
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) SAME.

4. **FULL NAME OF CHILD** Helen Lucile Williams
5. Date of Birth (Month, day, year) 12-9-1920
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William R. Williams
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie B. Keeper
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Waco - Texas. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bessie B Williams (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

26. (a) Sept 7 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena GRAY, being first duly sworn, say that I am ACQUAINTED (Related to (or) acquainted with) Helen Lucile Williams (Name of person on certificate above) as NURSE at Birth (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cromwell (Name of attendant at birth), who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Gray Name
P. O. Address

Subscribed and sworn to before me on this 25 day of August 1940.

(SEAL) Notary Public, residing at .....

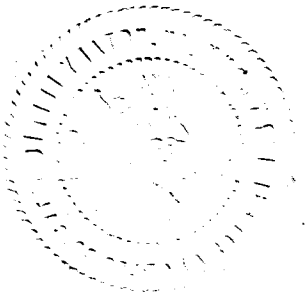
for the County of Los Angeles, State of California

My Commission Expires Nov. 22, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



559-111 034-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298138

298138

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County — (b) City Paul
(c) Street Address or R.F.D No. Gen. Delivery
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county ..... years 4½ months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County L.A.
(c) City Los Angeles
(d) Street Address or R.F.D. No. 1782 W. 24th St.
(e) How long has **MOTHER** lived in Idaho? 4½ mos.
(f) Mother's mailing address 1782 W. 24th St.

3. **RESIDENCE OF FATHER** (city, state) —

4. **FULL NAME OF CHILD** James Le Roy Neighman

5. Date of Birth (Month, day, year) 10/11/20

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Leo Neighman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Nashville, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Painter & Decorator
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Jacobsen Neighman
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as VED (Mother, etc.)

26. (a) SEP 9 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Wayne Wood, being first duly sworn, say that I am Sister (Related to (or) acquainted with) James Le Roy Neighman (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Camp (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Wayne Wood Name
328 W. Century Blvd. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

U... BLACK Ink or E... in ... pe bearing FIRST ... Each certified copy req... an advance ... ribbon in com... ...au of Vital ... cents, mone... certificate for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF CALIFORNIA
County of Los Angeles } ss.

(R. Y.)

I, L. E. LAMPTON, County Clerk and Clerk of the Superior Court of the State of California, in and for said County, the same being a court of record of the aforesaid County, having by law a seal, do hereby certify that Ray Lerue, whose name is subscribed to the attached certificate of acknowledgment, proof or affidavit, was at the time of taking said acknowledgment, proof or affidavit, a Notary Public IN AND FOR LOS ANGELES COUNTY, duly commissioned and sworn and residing in said County, and was, as such, an officer of said State, duly authorized by the laws thereof to take and certify the same, as well as to take and certify the proof and acknowledgment of deeds and other instruments in writing to be recorded in said State, and that full faith and credit are and ought to be given to his official acts; that the impression of his official seal is not required by law to be filed in the office of the County Clerk; I further certify that I am well acquainted with his handwriting and verily believe that the signature to the attached certificate is his genuine signature, and further that the annexed instrument is executed and acknowledged according to the laws of the State of California.

IN Witness Whereof, I have hereunto set my hand and affixed the seal of said Superior Court this 7 day of September, 1940

L. E. LAMPTON,
County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Los Angeles.

By C. F. Wanderer, Deputy.

Corp. Form No. 9

State of California)
) ss
County of Los Angeles)

I, Elma Neighman, being first duly sworn, say that I am Mother of James LeRoy Neighman whose birth certificate appears above and that I desire to have said birth recorded under Cahpter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Camp who attended said birth cannot be located and that this birth has not been previously recorded.

Elma Neighman

1782 West 24th St

Subscribed and sworn to before me
on this 3rd day of September 1940. Ray Herrie
Notary Public in and for said
County & STATE

My Commission Expires August 16, 1944.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

469 124
010 869

1. PLACE OF BIRTH
County of
City of Idaho Falls
No. Lava St.
(If born in hospital or institution give name.)

RECEIVED
SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 298183
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 298183

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Mortensen, Benjamin Hornsby

3. Sex: MALE
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term —
7. Legitimate? Yes
8. Date of birth March 24, 1940 (Month, Day, Year)

FATHER

9. Full name Mortensen, Henry Orson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, I.
11. Color or race White | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Market
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work 17 yrs.

MOTHER

18. Full maiden name Hornsby, Margaret
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls I
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Perth Amboy New Jersey

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Grad. Nurse
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hospital
25. Date (month and year) last engaged in this work October, 1939
26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Earl Ellis, M. D.
or , Midwife
Address

Filed Sep. 8, 1940 Mae G. Atwood Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

Bureau of Vital Statistics

962114 022 918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298220

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 14

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City St-Anthony
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: St-Anthony-General-Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. ~~or Mat. Home~~ 1 days.
In **THIS** county 4 years 3 months 14 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St-Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address R#5 ~~Spokane Wash~~

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert-Theodore-Roberts

5. Date of Birth (Month, day, year) Nov-14-1920

6. Sex. Male

7. ~~Twin or Triplet~~ ~~If so, born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Jackson-Howard-Roberts
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rosalia (City or town) - Washington (State or foreign country)
14. Exact Occupation Grain-Buyer
15. Industry or Business Millers-Bros-Grain-Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth-Marie-Ray
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Riley (City or town) - Indiana (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) - Roberts (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Sep 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

(Dr. Melton-not-living-SEE-below)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Marie Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Theodore Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Melton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruth Marie Roberts, Name
Spokane, Wash. Route 5 P. O. Address

Subscribed and sworn to before me on this 11th day of Sept 1940

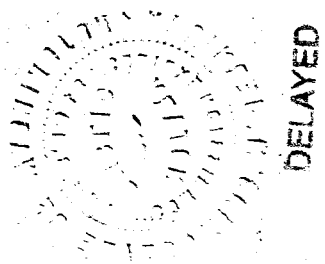
(SEAL) King M. Jernigan Notary Public, residing at Spokane, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298280

CERTIFICATE OF BIRTH

RECEIVED
SEP 12 1940

1. PLACE OF BIRTH
County of Clark
City of 10 miles east of Dubois, Idaho
No. ..... St. .....
(If born in hospital or institution give name.) .....

Registration District No. ..... State File No. .....
Subreg. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Dallas Robinett

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 9
6. Premature ..... Full term X
7. Legitimate? .....
8. Date of birth July 14th 1920 (Month, Day, Year)

FATHER

9. Full name: George Burl Robinett
10. Residence (usual place of abode) (If non-resident, give place and State): Dubois, Idaho
11. Color or race: white | 12. Age at last birthday: 43 (years)
13. Birthplace (city or place) (State or Country): Rochport, Mo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....
16. Date (month and year) last engaged in this work: July 14th, 1920
17. Total time (years) spent in this work: 21 yrs

MOTHER

18. Full maiden name: Zora Belle Williams
19. Residence (usual place of abode) (If non-resident, give place and State): Dubois, Idaho.
20. Color or race: white | 21. Age at last birthday: 39 (years)
22. Birthplace (city or place) (State or Country): Unionville, Mo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....
25. Date (month and year) last engaged in this work: July 14th, 1920
26. Total time (years) spent in this work: 21 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or X Mrs J M Hooper, Midwife
Address .....

Filed 9/12/40, 193 Mae G. Atwood Registrar.
Bureau of Vital Statistics

DEC 1 0 1958

553125037864

298296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298296
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Givens Springs
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Givens Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state) Givens Spr. Ida.

4. **FULL NAME OF CHILD** Arthur Harold EELLS

5. Date of Birth (Month, day, year) Nov. 25, 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur John Eells
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Medford, (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Elizabeth Young
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Picabo, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Sept. 19, 1940 (Date received by Bureau of Vital Statistics) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. J. Eells, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Harold Eells (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. F. Young (Name of attendant at birth), who attended said birth now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

A. J. Eells A. J. Eells Name

Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of September, 1940.

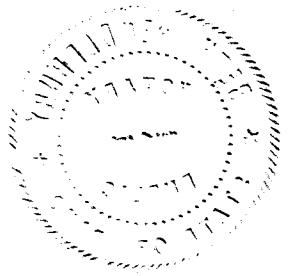
(SEAL) Beth Pendleburg Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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298392

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bannock
City of Pocatello
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298392

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Gertrude Alberta Gray

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth October 1, 1920 (Month, Day, Year)

FATHER

9. Full name: Herman Charles Gray
10. Residence (usual place of abode) (If non-resident, give place and State) Logansport,
11. Color or race Wh | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Logansport Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. R R Yards
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Clara Irene Carrico
19. Residence (usual place of abode) (If non-resident, give place and State) Indiana
20. Color or race Wh | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Daviess County Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNo 3 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) [signature], M. D.
or ____, Midwife
Address Pocatello, Idaho
Filed Sept 20, 1940, 19[illegible]

[signature]
Registrar.

FEB 25 1942

229 211 015-313

RECEIVED SEP 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298416

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 570 Local Registrar's No. 91

2. FULL NAME OF CHILD M. Valene Skinner

3. Sex Fe | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept. 11, 1920 (Month, Day, Year)

FATHER

9. Full name Dewey P. Skinner
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Spgs
11. Color or race W | 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Avid Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work Sept, 1920 | 17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Pearl H. Calkins
19. Residence (usual place of abode) (If non-resident, give place and State) Soda Spgs
20. Color or race W | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Soda Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Sept, 1920 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive (Born Alive or Stillborn) at 1120 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Russell Tigert, M. D.
or ____, Midwife
Address Soda Springs, Ida
Filed Aug. 21, 1940 Dr. Russell Tigert Registrar.

Give name added from a supplemental report ____
(Date of) ____
Registrar.

MAR 1 1967

289-220-033-817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 24 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

299587 **299584**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) ~~Street Address~~ or R F D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 1 months 3 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** KIYOKO SHIRATORI
5. Date of Birth (Month, day, year) June 20, 1920
6. Sex female
7. Twin or ~~Triplet~~ twin
If so—born 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tsunesaku Shiratori
11. Color or Race Japanese
12. Age at time of THIS birth 45 yrs.
13. Birthplace Niigata (City or town) Japan (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Toni Nagawara
17. Color or Race Japanese
18. Age at time of THIS birth 26 years
19. Birthplace Niigata (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 24, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tsunesaku Shiratori, being first duly sworn, say that I am the ~~Father~~ related to Father (Related to (or) acquainted with) of Kiyoko Shiratori (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that May elson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tsunesaku Shiratori Name

Rexburg, Idaho R D No. 1 P. O. Address

Subscribed and sworn to before me on this 20th day of September, 1940

(SEAL)

Notary Public, residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-123-001-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299627

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299627
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No 14th st
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 14th + Alturas
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 14th + Alturas, Boise

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** William Robert Bailey

5. Date of Birth (Month, day, year) Nov. 23, 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cleon Ray Bailey
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bayshore (City or town), Michigan (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Pure Food Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Matevia
17. Color or Race white
18. Age at time of THIS birth 30 years
19. Birthplace Newaygo (City or town), Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept. 25, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Maud Bailey, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Robt Bailey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maud Bailey Name
1615 N. 9th St P. O. Address

Subscribed and sworn to before me on this 27th day of September

(SEAL) Seth Pendleton Notary Public residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1954

AUG 7 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-207-003-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299676

State File No. 299676
Local Reg. No.
Reg. Dist. No.

SEP 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R F.D No. home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 24 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Grace Ida.

3. **RESIDENCE OF FATHER** (city, state) Grace, Ida.

4. **FULL NAME OF CHILD** Alice Ray

5. Date of Birth (Month, day, year) Mar. 7, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Franklin Ray
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Coalville (City or town), Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Calkins
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Thatcher (City or town), Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 170
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mildred Ray (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sep 30, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mildred Ray, being first duly sworn, say that I am Related (Related to (or) acquainted with) ..... (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mildred Ray Name

Grace, Idaho. P. O. Address

Subscribed and sworn to before me on this 27 day of September 1940

(SEAL) [signature] WHITEHEAD Notary Public, residing at Grace, Idaho.

Alvin Wheathead

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-101-017-389

299800

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clark
City of Dubois
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
OCT 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299800

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Reynolds McFarlin

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. ~~Premature~~ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 1, 1920 (Month, Day, Year)

FATHER

9. Full name John Reynolds McFarlin
10. Residence (usual place of abode) (If non-resident, give place and State) Drummond
11. Color or race white | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Colby, Thomas County Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber-mail Carrier
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. No
16. Date (month and year) last engaged in this work still engaged, 1940 | 17. Total time (years) spent in this work 18 yrs.

MOTHER

18. Full maiden name Daisy Leona Chick
19. Residence (usual place of abode) (If non-resident, give place and State) Drummond
20. Color or race white | 21. Age at last birthday 45 (years)
22. Birthplace (city or place) (State or Country) Haddam, Washington Co. Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work still engaged, 1940 | 26. Total time (years) spent in this work 25 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Oct 3, 1940 Mae G Atwood Registrar.
Bureau of Vital Statistics

Dr. Tucker Was Attending Physician - Deceased
John R. McFarlin

436 - 101-017-389

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

OCT 3 1940

State of Idaho } ss.
County of Clark }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John R. McFarlin being first duly sworn says that this is the son (Relationship of child)* of John and Daisy McFarlin born Sept. 1 1920 (Date of birth) at Dubois, Idaho, whose certificate of birth is hereto attached, and that John R. McFarlin desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lloyd Reynolds McFarlin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Tucker, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lloyd R. McFarlin and that the said medical attendant is -deceased
(Now deceased (or) cannot be located)

Name of Affiant John R. McFarlin

P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1940

George Baum
Notary Public.

Residing ~~at~~ Drummond, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 8 1982

6-35-125-010249

299843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 7 - 1940

State File No. 299843
Local Reg. No. 664
Reg. Dist. No. 610

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. Spencer Hospital
(d) Name of Hospital or Maternity Home: Blue Cedar -
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Irwin, Ida.
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Irwin, Ida.

3. **RESIDENCE OF FATHER** (city, state) Irwin, Ida.

4. **FULL NAME OF CHILD** Robert Burns Fleming

5. Date of Birth (Month, day, year) March 25-1920.

6. Sex. M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert W. Fleming

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Rome, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Burns

17. Color or Race White

18. Age at time of THIS birth 30 years

19. Birthplace Platte Center, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at a a M. on the date and at the place stated above, and that personal particulars were furnished by Anna Burns Fleming (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** [signature] M.D. or (D.O., Midwife, etc.) and address Idaho Falls Ida Date Sept 27-40

26. (a) Sept-27-1940 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1973

JUL 17 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-101-010-249

299868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299868
Local Reg. No.
Reg. Dist. No.

OCT 7 1940

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Coltman
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years....6....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Coltman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Tacoma, Wash.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gale Allen Smith

5. Date of Birth (Month, day, year) Aug. 1, 1920

6. Sex. Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Ulysses Smith

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Elva Smith

17. Color or Race White

18. Age at time of THIS birth 24 years

19. Birthplace Wittard, Idaho (City or town) (State or foreign country)

20. Exact Occupation —

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:15 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Amanda Smith, who is (First name) (Last name)
related to this child as mother. (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther M. McCulloch, being first duly sworn, say that I am related (Related to (or) acquainted with)
Gale Allen Smith (Name of person on certificate above) as his aunt (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that dont r member (Name of attendant at birth), who attended
said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther M. McCulloch Name

P. O. Address

Subscribed and sworn to before me on this 5th day of October 1940 Rigby, Idaho

(SEAL) Vesta K. Bennett Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

334-130-028-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299920
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Black Lake
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at dwelling
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. at home
In **THIS** county 9 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Black Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Black Lake
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edward Mason Cluphf
5. Date of Birth (Month, day, year) Nov. 30-1920
6. Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Mason Cluphf
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Beaver City, Nebfaska (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Elizabeth Morley
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Butler, Tennessee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home-keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Cluphf (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Mother (M.D., D.O., Midwife, etc.)
and address Rt. 1 Renton, Wh. Date Oct. 4-40

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Elizabeth Cluphf, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) Edward Cluphf (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Finney (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Elizabeth Cluphf. Name
Rt. 1 Box 171A Renton, Wash. P. O. Address

Subscribed and sworn to before me on this 4th day of Oct. 1940

(SEAL) E. E. Cook Notary Public, residing at Renton

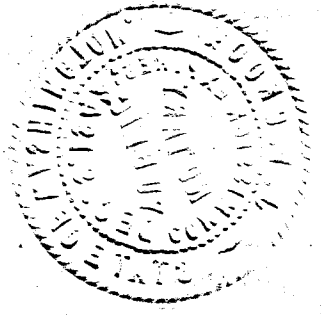
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10-15-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-205-039-367

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

300002

RECEIVED
OCT 14 1940

CERTIFICATE OF BIRTH

300002

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Pocatello
No. ____ St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Dora Estella Stamper

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth April 5, 1940 (Month, Day, Year)

FATHER

9. Full name: John Washington Stamper
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: white | 12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Athena Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work: Since old enough

MOTHER

18. Full maiden name: Ora Ellen Cox
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
20. Color or race: white | 21. Age at last birthday: 36 (years)
22. Birthplace (city or place) (State or Country): Hayteville Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work: Since 15 years old

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W G Fagan, M. D.
or ____, Midwife
Address American Falls Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed 10-14-40, 193 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

10-26-40

493-225-026-036

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

300026
State File No. 300026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Roberts
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state).

4. **FULL NAME OF CHILD** Maurine Dilley
5. Date of Birth (Month, day, year) February 28, 1920
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oren Clemons Dilley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Atlanta (City or town) Georgia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Green Scott
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Alta (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 21 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oren C. Dilley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Maurine Dilley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Earl D. Jones, M D (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Oren C. Dilley Name
P.O. Box 252, Dillon, Montana P. O. Address

Subscribed and sworn to before me on this 21st day of October

(SEAL) Estelle Pendlebury Notary Public, residing at Boise, Idaho

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-101-003-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300031

300031

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F.D No. Taft Ave.
(d) Name of Hospital or Maternity Home: Grandmothers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 60 days.
In **THIS** county ..... years ..... months ..... days.

RECEIVED
OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Robin Idaho
3. **RESIDENCE OF FATHER** (city, state) Robin Ida

4. **FULL NAME OF CHILD** Joseph Neal Armstrong
5. Date of Birth (Month, day, year) 4/1/20
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Bryant Armstrong
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hanover Co. (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Beale
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Bouquet (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead ..... (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 14, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Beale Armstrong, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Joseph Neal Armstrong (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. L. Wooley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Beale Armstrong Name
Robin Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of Oct 1940

(SEAL) Henry J Nelson Notary Public, residing at Arimo Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1 copy made 10/24/40 -- L.B.

491-103-042-769

300032

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300032

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** OCT 14 1940
(a) County Twin Falls (b) City.....
(c) Street Address or R F.D No. Route 2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1½ years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oklahoma (b) County Blaine
(c) City Watonga
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Buhl
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gorman Fern Draper
5. Date of Birth (Month, day, year) May 3, 1920
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fern Montie Draper
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Newton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Alta Gorman
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Blaine (county) (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Joy Gorrell, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) Gorman Fern Draper (Name of person on certificate above) as Nephew (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Keith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Joy Gorrell ..... Name
1338 San Gabriel River Pkwy ..... P. O. Address

Subscribed and sworn to before me on this 12th day of October 1940.

(SEAL) E. T. Oakes Notary Public, residing at El Monte Calif.

Notary Public in and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-101-010-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

300082 - 300082

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D No. 14th St
(d) Name of Hospital or Maternity Home: delivery at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Rt 4 Whitney
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Rt 4
3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Fred Cyril Ulrich
5. Date of Birth (Month, day, year) April 1, 1920
6. Sex. male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Carl Ulrich
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Auto Top trimmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ione Baker
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Ashton (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ione B. Ulrich, being first duly sworn, say that I am related (Related to (or) acquainted with) Fred Cyril Ulrich (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rogers (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Ione B. Ulrich Name
Rt 4 Boise Idaho P.O. Address

Subscribed and sworn to before me on this 19 day of October 1940

(SEAL) Herman Redlike Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 301204

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Firth Ida
No. 815-127006-418 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leonard W. Nyelin

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term Yes

7. Legitimate? yes

8. Date of birth Sept 27 1940 (Month, Day, Year)

FATHER

9. Full name Oscar Nyelin

10. Residence (usual place of abode) (If non-resident, give place and State) Firth Ida

11. Color or race W | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Sweeden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Elva Dahlgren

19. Residence (usual place of abode) (If non-resident, give place and State) Firth Ida

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Del

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Arg No 3

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) J C Roberts, M. D.
or ....., Midwife
Address Shelley Ida

Filed 10/21/40 193.. Mae D. Atwood Registrar.
Bureau of Vital Statistics

cc 10/28/40

651 125010-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301210 301210

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No.....
(d) Name ~~of Hospital or Maternity~~ Home:
.....
(e) Mother's stay **BEFORE** delivery: Hotel
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Earl Raymond Weaver
5. Date of Birth (Month, day, year) 4/25/20
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Maxwell Archibald Weaver	16. **FULL MAIDEN NAME** Birdie Margaret Simpson
11. Color or Race White	12. Age at time of THIS birth 28 yrs.
17. Color or Race White	18. Age at time of THIS birth 23 years
13. Birthplace Lincoln, (City or town) Nebraska (State or foreign country)	19. Birthplace Yakima, (City or town) Washington (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business Contracting	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Birdie Weaver (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Dec 29 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Dead M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Birdie Beslin, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elsie Weaver (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Formerly Mrs Birdie M. Weaver — Mrs Birdie M. Beslin — Name
602 E 72nd Seattle, Wash. — P. O. Address

Subscribed and sworn to before me on this 16th day of October 1940

(SEAL) Notary Public in and for the State of Washington residing at Seattle. Notary Public, residing at Seattle

Use only BLACK Ink; or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-103-040-281

B01244 **301244**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F D No. 140 King St.
(d) Name of Hospital or ~~Maternity Home~~: Wallace Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat. Home~~ 11 days.
In **THIS** county 4 years 6 months ~~days~~. OCT 22 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 140 King
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Donald Gregory Donahoe

5. Date of Birth (Month, day, year) Aug. 3 - 1940

6. Sex. Male

7. ~~Twin or~~ Triplet If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. ~~Legitimate?~~ Yes

FATHER OF CHILD

10. **FULL NAME** Dennis Gregory Donahoe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ishpeming (City or town) Michigan (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Catharine Sharp
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Butte (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Sharp Donahoe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 23, 1940 (Date received) (b) Mae G Steward (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mae T. Smith M.D. M.D. or (D.O., Midwife, etc.)
and address Wallace Idaho Date 10-17-40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1966

MAY 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 717 010-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

NOV 1 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address Idaho Falls, Ida

3. RESIDENCE OF FATHER (city, state) Ida Falls

4. FULL NAME OF CHILD Maurice Reuel Taylor

5. Date of Birth (Month, day, year) Feb 17 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuel Vivian Taylor
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Mae Peterson
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.) Mae G. Atwood

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature H. Spencer M.D. or.....(D.O., Midwife, etc.) and address Idaho Falls Idaho Date 11/3/40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Reuel Vivian Taylor, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Maurice Reuel Taylor (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Spencer (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Reuel Vivian Taylor Name

P. O. Address

Subscribed and sworn to before me on this 30" day of October, 1940

(SEAL) Helen E. Ripping Notary Public, residing at Oroville California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued NOV. 13, 1940. I.S.H.

316-113 002217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301559

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Adams (b) City New Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City New Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Vernon Parker La Ray

5. Date of Birth (Month, day, year) June 17 1928

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Le Ray
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wis. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Bagshaw
17. Color or Race W.
18. Age at time of THIS birth 29 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. C. La Ray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Parker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [illegible] Craig (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. C. La Ray Signature

New Meadows Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of November, 19 40.

(SEAL) Retta Pendlebury Notary Public, residing at Boise, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-112 002-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County adams
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? b m 2 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Esther mary Etta Mc Laren
5. Date of Birth (Month, day, year) April 12 - 1920
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fraser allen Mc Laren
11. Color or Race W
12. Age at time of THIS birth 22 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation shovel runner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Helen Dafoe
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 6.00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

25. Attendant's **OWN** signature Mrs. C. La Day M.D. (D.O., Midwife, etc.)
and address New Meadows Date

26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am (Related to (or) acquainted with) ..... (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-121-034-818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301730
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minadoka (b) City Paul
(c) Street Address or R F.D No. R F D # 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years 2 months X days.

NOV 13 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minadoka
(c) City Paul
(d) Street Address or R.F.D. No. R F D # 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kay Shiba

5. Date of Birth (Month, day, year) 12/21/20

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ushizo Shiba
11. Color or Race Orential
12. Age at time of THIS birth 42 yrs.
13. Birthplace Shimizu Miho (City or town) Japan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kiku Hayakawa
17. Color or Race Orential
18. Age at time of THIS birth 39 years
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

Mae G. Atwood

26. (a) Nov. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Kay Shiba (Name of person on certificate above) as Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Patterson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dean L Brown Name
Ogden Utah P. O. Address

Subscribed and sworn to before me on this 8th day of November

(SEAL) [signature] Notary Public, residing at Ogden, Utah

See letter attached to certificate 71725.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/22/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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435-111 040-434

United States
Department of Commerce
Bureau of the Census

NOV 22 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302814
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Wendell Edward McEachern
5. Date of Birth (Month, day, year) April 11-1920
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy —
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wendell Joseph McEachern
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Quartz Mill man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret McMally
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bravo Mont (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyral 10% Sol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Wendell Joseph McEachern (First name) (Last name), who is related to this child as Father (Mother, etc.) Mae G. Atwood

26. (a) Nov. 22, 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's OWN signature F W Rolfs M.D. (D.O., Midwife, etc.)
and address Mullan Ida Date Nov 18-1940

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1968

JUN 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy Issued Nov. 28, 1940. E.W.

253120 035 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No. 402-7 Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 402-7 Ave
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address 402-7 Ave Same

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Rufus Gordon Belcher

5. Date of Birth (Month, day, year) Dec 20-1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Rodolphus Belcher

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Indiana (City or town) (State or foreign country)

14. Exact Occupation Student at Lewiston

15. Industry or Business State Normal

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Gladys Watrous

17. Color or Race White

18. Age at time of THIS birth 31 years

19. Birthplace Pharisburg (City or town) Ohio (State or foreign country)

20. Exact Occupation House mother

21. Industry or Business Boy's Dormitory

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) NOV 22 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington } ss.
County of Spokane }

I, Mrs. Beulah G. Belcher, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rufus Gordon Belcher as Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Keller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Beulah G Belcher Name
W. 1719½ - 11th, Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 19 day of November, 1940

(SEAL) Kenneth MacPherson Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 28, 1910. D.W.

845 215 044 - 285

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Midvale
No. ____ St.
at home
(If born in hospital or institution give name.)

NOV 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

302931

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Virginia Irene Hunt

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature No Full term Yes
7. Legitimate? Yes
8. Date of birth Sept 15, 1940 (Month, Day, Year)

FATHER

9. Full name Thomas Madison Hunt
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale
11. Color or race White
12. Age at last birthday 65 (years)
13. Birthplace (city or place) (State or Country) Bushnell Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Foundry
16. Date (month and year) last engaged in this work Dec, 1910
17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Edna Gladys Sheley
19. Residence (usual place of abode) (If non-resident, give place and State) Midvale
20. Color or race White
21. Age at last birthday 61 (years)
22. Birthplace (city or place) (State or Country) Bushnell Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation no — months or weeks —
30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)

(Signed) Thomas Madison Hunt, M. D. Father
or Edna Gladys Hunt-Mother Midwife
Address Midvale Idaho
Filed NOV 28 1940, 193 Mae D. Atwood Registrar.

W. F. Goodnight Registrar.
Notary Public for Idaho
at Midvale Ida. Nov. 28-1940

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Washington
City of Midvale, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Virginia Irene Hunt

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term full
7. Legitimate? Yes
8. Date of birth Sept 15, 1920 (Month, Day, Year)

FATHER

9. Full name Thomas Madison Hunt
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale Ida.
11. Color or race White 12. Age at last birthday 65 (years)
13. Birthplace (city or place) (State or Country) Bushnell Ill
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Foundry
16. Date (month and year) last engaged in this work Mch 11, 1911
17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Edna Gladys Sheley
19. Residence (usual place of abode) (If non-resident, give place and State) Midvale Ida
20. Color or race White 21. Age at last birthday 62 (years)
22. Birthplace (city or place) (State or Country) Bushnell Ill.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work all my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from - - a supplemental report ____ (Date of)

(Signed) Thomas M Hunt, M. D.
or ____ Midvale Idaho, Midwife
Address Mrs Thos M Hunt

Filed Midvale, 193 Idaho

Registrar. Registrar.

STATE OF IDAHO

COUNTY OF WASHINGTON

On this 9th day of April 1941 before me J.H.Goodnight a Notary Public in and for said State, personally appeared Thomas M.Hunt and Mrs Thos.M. Hunt who are personally known to me and acknowledged to me that they executed the within instrument and subscribed their names thereto.

Sworn to and ~~XXXXXXXX~~ subscribed to before me this 9th day of April 1941 at Midvale Idaho

J H Goodnight

... Public for State of Idaho
Residing at Midvale, Idaho
Commission Expires May 24, 1943

c.c. 4/25/41. w.h.

861-231028-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 29 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Worley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Worley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Worley, Idaho

3. **RESIDENCE OF FATHER** (city, state) Worley, Ida.

4. **FULL NAME OF CHILD** Alene Hoag

5. Date of Birth (Month, day, year) July 31, 1920

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Hoag
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Joliet (City or town) Illinois (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Myrtle Bricker
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Geneva (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Hoag (First name) (Last name), who is related to this child as mother (Mother). Mae G. Atwood

26. (a) Nov. 29, 1940 (Date received by Bureau of Vital Statistics) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** L Clanton L. Clanton M.D. or (D.O., Midwife, etc.)
and address Rockford Wn Date 12/23/40

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 5, 1940. [illegible]

512-115-026 742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302950
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Roberts
(c) Street Address or R F D No. R 7 B 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 9 years 2 months 27 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. R 7 B 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Roberts, Idaho

3. **RESIDENCE OF FATHER** (city, state) Roberts, Ida.

4. **FULL NAME OF CHILD** Thomas Gerald Yisterciel

5. Date of Birth (Month, day, year) April 15 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred J. Yisterciel
11. Color or Race white
12. Age at time of THIS birth 42+ yrs.
13. Birthplace Schuyler Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie M. Guatin
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Lexington, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Yisterciel (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Nov. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

Attendant's **OWN signature** Kate Palmer M.D. or ~~(D.O.~~ Midwife, ~~etc.~~
and address Roberts, Ida Date Apr. 15 - '20

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-113-010-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 1940

State File No. 302987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~: Born at Home
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ..... days.
In **THIS** county 17 years 1 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Do not recall
(e) How long has **MOTHER** lived in Idaho? 17 yrs. mo
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Jack Merlin Larsen
5. Date of Birth (Month, day, year) Feb 13 1920
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elijah Larsen
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Elizabeth Sommers
17. Color or Race White
18. Age at time of THIS birth 17 years
19. Birthplace Ammon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not no
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living one
(c) ~~Born alive and~~ now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) December 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Mae G. Atwood
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Elizabeth Sommers, being first duly sworn, say that I am the Mother of Jack Merlin Larsen (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Elizabeth Sommers Name
4214 Telegraph Ave. P. O. Address
Oakland Cal.

Subscribed and sworn to before me on this 2nd day of December, 1940

(SEAL) Notary Public in and for the County of Alameda, State of California
M. M. Busset Notary Public, residing at Oakland, Calif.

My Commission Expires November 25, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 12-7-40 mp

JUN 21 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-214009-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 303162

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

DEC 11 1940

1. **PLACE OF BIRTH:**
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. Route I
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State ..... (b) County .....
   (c) City .....
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Arlene Faith Shields

5. Date of Birth (Month, day, year) Jan. 14, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Fremont Shields
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Walsenberg, Colo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Lillian Shaw
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid water
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Arthur F. Shields (First name) (Last name), who is related to this child as father (Mother, etc.)

Mae G Atwood

26. (a) Dec. 11, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN** signature Arthur F. Shields M.D. (D.O., Midwife, etc.)
and address Sandpoint, Ida. Date Dec. 9, 1940

father

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued Dec. 18, 1940. E.W.

533-11C 030849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30426 1
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** DEC 18 [illegible]
(a) County Lemhi Co. (b) City May
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Children was born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years 3 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Carey Ida
3. **RESIDENCE OF FATHER** (city, state) Carey, Ida

4. **FULL NAME OF CHILD** Gordon Mark Elliott.
5. Date of Birth (Month, day, year) Nov 10, 1920
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Jerome Elliott
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer & Stock Raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Belle Hurst
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Arco, (City or town) Idaho (State or foreign country)
20. Exact Occupation School Teacher.
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. H. Atwood

26. (a) Dec. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Hazel Elliott, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gordon Mark Elliott (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gilman (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hazel Elliott Name
Carey, Idaho P. O. Address

Subscribed and sworn to before me on this 16 th day of December 1940. , Idaho.
(SEAL) Hilda Hurst Notary Public, residing at Carey

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 30, 1940. E.W.

853 117 010 629

United States
Department of Commerce
Bureau of the Census

JAN 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No. R. F. D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D
(e) How long has MOTHER lived in Idaho? 21 Y yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD EUGENE BURTON HECKER

5. Date of Birth (Month, day, year) 8-17-1920

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Burton Hecker
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Marcella Obrey
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2;30 A M. on the date and at the place stated above, and that personal particulars were furnished by Marcella Hecker (First name) (Last name), who is related to this child as Mother (Mother) Mae G. Atwood

26. (a) 1/9/41 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature x Elizabeth Obrey M.D. or (D.O., Midwife, etc.)
and address 1414 Alamitos Ave. Long Beach, Cal. Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marcella Hecker, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eugene Burton Hecker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Obrey (Name of attendant at birth), who attended said birth (Signed above) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Marcella Hecker Name
1933 Orange Avenue, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 28th day of December, 1940.

(SEAL) Elizabeth C. Plant Notary Public, residing at Long Beach Calif

My Com-Ex 6/18/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/9/41 L. B.

1933 Orange Ave.
Long Beach, Cal.
January 6, 1941

Bureau of Vital Statistics,
Boise, Idaho.

In reply to your inclosed letter, the error made in the information sent in for birth certificate of Eugene Burton Hecker, was on the part of the notary. She did not add the surname of Hecker to Elmer Burton the natural blood father of Eugene the son.

Elmer Burton is the full given name of father and Hecker the surname of both Elmer and Eugene.

Elmer Burton Hecker the father's full name and

Eugene Burton Hecker the son's full name.

RECEIVED
JAN 7 1941

Hoping this information will prove satisfactory I am,

Mrs. Marcella Hecker.

619 101 036 793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City
(c) Street Address or R.F.D. No. R.F.D. 1 Vanias
(d) Name of Hospital or Maternity Home: Was at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
In THIS county 9 years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No. R.F.D. 1 Vanias
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Vanias Idaho

3. RESIDENCE of FATHER (city, state): Vanias Idaho

4. FULL NAME OF CHILD Golden Forsberg

5. Date of Birth (Month, day, year) Sept 1-1920

6. Sex M

7. Twin or Triplet twin If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Frank Louis Forsberg	16. FULL MAIDEN NAME Margretha Gilgen
11. Color or Race White 12. Age at time of THIS birth 40 yrs.	17. Color or Race White 18. Age at time of THIS birth 39 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)	19. Birthplace Bern Switzerland (City or town) (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation home wife
15. Industry or Business Was Farming	21. Industry or Business?

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank L. Forsberg (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 1/6/41 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature Midwife M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank L. Forsberg, being first duly sworn, say that I am the Father of (Related to (or) acquainted with) Golden Forsberg (Name of person on certificate above) as Mr son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rae Newhouse (Name of attendant at birth) who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank L. Forsberg Signature
292 Crocket Ave Logan Utah P.O. Address

Subscribed and sworn to before me on this 23 day of December, 1940

(SEAL) Leon Fonnesbeck Notary Public, residing at Logan, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-101-036-793

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City
(c) Street Address or R.F.D. No. RFD 1 Vanils
(d) Name of Hospital or Maternity Home: Wal at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home how days.
In THIS county 9 years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No. RFD 1 Vanils
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Vanils Idaho

3. RESIDENCE of FATHER (city, state): Vanils Idaho

4. FULL NAME OF CHILD Sylvan Forsberg
5. Date of Birth (Month, day, year) Sept 1 - 1920
6. Sex M
7. Twin or Triplet twin If so 2 born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Louis Forsberg
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business was Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margretha Gilgen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bern (City or town) Schwytzeland (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank L. Forsberg (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) 1/6/41 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature Midwife M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank L. Forsberg, being first duly sworn, say that I am the Father of (Related to (or) acquainted with) Sylvan Forsberg (Name of person on certificate above) as My son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rose Newhouse (Name of attendant at birth), who attended said birth can be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank L. Forsberg Signature
292 Crocker Ave Logan Utah P. O. Address

Subscribed and sworn to before me on this 23 day of December, 1940
(SEAL) Leon Fonnebeck Notary Public, residing at Logan Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-124 022-691

RECEIVED JAN 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304661

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of Squirrel
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Frederick Jessen Jr. (called Jack)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 24, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name John F. Jessen	18. Full maiden name Ida Frangi
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 40 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Mt. Pleasant Utah	22. Birthplace (city or place) (State or Country) Jeffersonville Indiana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work Twenty	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work Twelve

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) E. R. Frangi, M. D.
or ....., Midwife
Address Ashton Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Jan. 13, 1941 Clyde A. Bridger, Acting
Clyde A Bridger Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 2 1960

1/17/41/ 43

304738

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 16 1941

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of St Anthony – Heman Ward
No. R F D 2 St.
A959-406-022619
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Everett Clinton Reid

3. Sex male
If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth 8
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Jan 6, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jesse Ormus Reid	18. Full maiden name Georgia Alice Smith
10. Residence (usual place of abode) Heman Ward (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Heman Ward (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Kelton, Utah	22. Birthplace (city or place) (State or Country) Caswell County Virginia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 21 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) 10:00 at A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Warren G. West (now dead), M. D.
or Jesse O. Reid, Midwife
Address father 4445 Dunham st
Filed 1-16-41, 193 Clyde A. Bridges Acting Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Georgia Alice Reid being first duly sworn says that she is the mother (Relationship of child)* of Everett Clinton Reid born January 6th, 1920 (Date of birth) at Heman Ward, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Everett Clinton Reid hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Warren G. West, M. D., was the Midwife medical attendant at the birth of said Everett Clinton Reid and that the said medical attendant is dead (Now deceased (or) cannot be located)

Name of Affiant Georgia Alice Reid

P. O. Address 4445 Dunham St. Los Angeles Calif.

Subscribed and sworn to before me this 13th day of January, 1941

[signature]
Notary Public.

My Commission Expires October 24, 19[illegible]

Residing at Los Angeles Calif, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Certified Copy issued Jan. 27, 1941. E.W.

SEP 16 1942

363-105-4-653

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Co... Bureau of the C...

(Be sure the information is as of date of birth of THIS child)

JAN 1 5

State File No. 304815

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Copy.

1. PLACE OF BIRTH:
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hosp. or Mat. Home ..... days.
   In THIS county 2 years 11 month 15 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 3 yrs.
   (f) Mother's mailing address Paris Idaho

3. RESIDENCE of FATHER (city, state): Paris Idaho

4. FULL NAME OF CHILD Charles Feller Collings

5. Date of Birth (Month, day, year) June 5 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Rich Collings
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Feller
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lake Point (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1/2%
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4:35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles Rich Collings (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) JAN 15 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

25. Attendant's OWN signature R. J. Sutton M.D. (D.O., Midwife, etc.)
and address Oakley Ida. Date 1-10-41

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 28, 1941. E.W.

316-102-8003-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 304816

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Bannock.
City of Pocatello.
No. 505 So. 12th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wesley John Lawerence.

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes.

7. Legitimate? Yes.

8. Date of birth Nov. 2. 1920 (Month, Day, Year)

FATHER

9. Full name Jessie W. Lawrence.

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shops R.R.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shops R.R.

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work 4 years

MOTHER

18. Full maiden name May Agnes Ward.

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

20. Color or race White. | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Missouri.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife.

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 6P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

(Signed) J. N. Lyman, M. D.

or Phy & Surgeon, Midwife

Address Pocatello, Idaho.

Filed JAN 17 1941, 193__ Clyde A. Bridger, Acting

Clyde A. Bridger

Registrar.

Certified Copy issued Jan. 28, 1911. E.W.

165 - 131 - 042 - 367

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305921
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 11 months 23 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Filer (P.O.)
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? over 2 yrs.
(f) Mother's mailing address Filer, Idaho
3. **RESIDENCE OF FATHER** (city, state) Filer Idaho

4. **FULL NAME OF CHILD** Georgy Darnell Jones
5. Date of Birth (Month, day, year) 1 - 31 - 21
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Jones
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sarcoxie, Jasper Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Opal Logsdon
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Grenola, Elk County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 21 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** S. W. Hawkins M.D. or D.O. (D.O., Midwife, etc.)
and address Filer Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended (Name of attendant at birth) said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 30, 1941. E.M.

168-108-03-114

305952

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305952
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Mothers Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Nez Perce, Idaho

3. RESIDENCE of FATHER (city, state): Nez Perce, Ida

4. FULL NAME OF CHILD Russell Clifford Johnson

5. Date of Birth (Month, day, year) June 8, 1920

6. Sex Male

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnancy (9)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Clifford Johnson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Garrison (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Ellen Damon
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bradford (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 5:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Charles Clifford Johnson (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Jan. 29, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Charles Clifford Johnson M.D. (Dr., Midwife, etc.)
and address R#2 Nampa, Ida. Date 1-29-41

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Clifford Johnson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Russell Clifford Johnson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gist (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Clifford Johnson Signature
R.#2 Nampa, Idaho. P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1941

(SEAL) E. M. Budell Notary Public, residing at Nampa, Idaho.

My Commission Expires April 26, 194

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-110-025-383

United States
Department of Commerce
Bureau of the Census

JAN 2 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ✓ years ✓ month ✓ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Now deceased.

3. RESIDENCE of FATHER (city, state) Dallas, Oregon

4. FULL NAME OF CHILD Ralph LeRoy York

5. Date of Birth (Month, day, year) March 10, 1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bernard Ray York

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Oklahoma (Indian Territory) (City or town) (State or foreign country)

14. Exact Occupation Sawmill laborer

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Rachel Lytle

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Mount Carroll, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living Yes
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 24 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ✓ by ..... (Registrar's signature)

25. Attendant's OWN signature ✓ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bernard Ray York, being first duly sworn, say that I am The father of (Related to (or) acquainted with) Ralph LeRoy York (Name of person on certificate above) as ✓ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mabel Grace Lytle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bernard Ray York Signature
108 Washington St. Dallas Ore. P.O. Address

Subscribed and sworn to before me on this 22 day of January 1941.

(SEAL) Charles Gregory Notary Public residing at Dallas, Oregon
My comm. expr. July 23, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-124-007769

United States Department of Commerce Bureau of the Census

RECEIVED JAN 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306041

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County BLAINE (b) City Ketchum.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. At Home.
In THIS county ... years ... month ... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BLAINE.
(c) City Ketchum
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Deceased
3. RESIDENCE of FATHER (city, state): Ketchum.

4. FULL NAME OF CHILD ANDREW SORENSON
5. Date of Birth (Month, day, year) Jan 24th 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th.
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene SORENSON
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace GUNNISON (City or town) Utah. (State or foreign country)
14. Exact Occupation CARPENTER.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith JORGENSON
17. Color or Race W
18. Age at time of THIS birth 39 yrs.
19. Birthplace Provo (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, stillborn) at 8 AM. M. on the date and at the place stated above, and that personal particulars were furnished by FATHER. (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Ella Bowring M.D. (D.O., Midwife, etc.) and address Hailey Idaho Date Jan 24 1920

State of IDAHO
County of BLAINE. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ANDREW SORENSEN, being first duly sworn, say that I am FATHER. (Related to (or) acquainted with) ANDREW SORENSEN (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eugene Sorenson Signature

P. O. Address

Subscribed and sworn to before me on this 27 day of JAN. 1941

(SEAL) ..... Notary Public, residing at Bellevue Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1944

DEC 2 1946

2/7/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-231-035-793 RECEIVED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306061

Local Reg. No.

Reg. Dist. No. 220

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 320 12th St.
   (d) Name of Hospital or Maternity Home: St. Joseph Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 320 12th St.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address 320 12th St.

3. **RESIDENCE of FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Pauline Jeanne Nelson

5. Date of Birth (Month, day, year) Jan. 31, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Justin Nelson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Confectionary
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Mae Gildea
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Spangle Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) January 20, 1941 (Date received) (b) Patricia Burke Deputy (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** O. C. Carsson MD (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Tillamook }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. W. J. Nelson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Pauline Jeanne Nelson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. C. Carsson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs. W. J. Nelson Signature

Tillamook Oregon P. O. Address

Subscribed and sworn to before me on this 18th day of January, 1941

(SEAL) E. L. McKee Notary Public, residing at Tillamook Oregon

my Comm. expires 6/26/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-226-001-395

United States Department of Commerce
Bureau of the Census

RECEIVED
JAN 20 194

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1817 N. 13th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Katherine Margaret Bailey

5. Date of Birth (Month, day, year) April 26, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin F. Bailey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Engineer Telephone
15. Industry or Business Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Tinsley
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11: P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 29, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

25. Attendant's **OWN signature** Kate Tinsley-Grandmother M.D. (D.O., Midwife, etc.)
and address 1817 N. 13th Date Dec 17, 19

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-106-009-453

United States Department of Commerce Bureau of the Census

RECEIVED FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306191

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bonner (b) City Laclede
   (c) Street Address or R.F.D. No. Laclede Ida.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 18 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Laclede
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.
   (f) Mother's mailing address Laclede Idaho

3. **RESIDENCE of FATHER** (city, state): Laclede Ida.

4. **FULL NAME OF CHILD** Donald R. Salesky

5. Date of Birth (Month, day, year) Oct. 6, 1920

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Max E. Salesky
11. Color or Race W.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Saginaw Mich. (City or town) (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business Merct.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Ina. Decker
17. Color or Race W.
18. Age at time of THIS birth 26 yrs.
19. Birthplace Marshfield Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna Salesky (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Frederick W Dibble M.D. (D.O., Midwife, etc.) and address Wheatland Co Date Jan 31 1941

26. (a) FEB 3 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-13-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup 34 1120-4434

DELAYED

795-123-003-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1941

State File No. 306240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Lava Hot Springs Ida

3. RESIDENCE of FATHER (city, state): Lava Hot Springs Ida

4. FULL NAME OF CHILD Joseph Piedmont Jr.

5. Date of Birth (Month, day, year) Dec. 23, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Piedmont
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Belgrade (City or town) Serbia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Coal industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Anne Tomich
17. Color or Race W.
18. Age at time of THIS birth 45 yrs.
19. Birthplace Belgrade (City or town) Serbia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Piedmont (First name) (Last name), who is related to this child as Father (Mother, etc.)

No Dr. or Midwife in attendance

26. (a) FEB 8 1941 (Date received) (b) Clyde A Bridger Act'g (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Joe Piedmont ~~M.D.~~ Ida (D.O., Midwife, etc.)
and address Lava Hot Springs Date 2-5-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C. A. RICH, M. D.
PHYSICIAN AND SURGEON

DOROTHY RICH, M. D.
PHYSICIAN TO CHILDREN

The Rich Hospital

Lava Hot Springs, Idaho

Feb. 7, 1941

Bureau of Vital Statistics

Please register the enclosed birth certificat, which is ~~signed by~~ signed by the boys father who attended at his birth. At that time there was no M. D. in this locality

C. A. Rich M. D.

FEB 15 1945

582 - 224-01K-623

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306278
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 807 10th Ave So
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county years 11 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 807 10 Ave So
(e) How long has **MOTHER** lived in Idaho? 11 Mo. yrs.
(f) Mother's mailing address 807 10 Ave So

3. **RESIDENCE of FATHER** (city, state): Nampa, Ida.

4. **FULL NAME OF CHILD** Elsa Victoria Nystrom

5. Date of Birth (Month, day, year) May 24, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Wilhelm Nystrom
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vendla Vicktoria Ostring
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vendla V Nystrom, being first duly sworn, say that I am related (Related to (or) acquainted with)
Elsa Victoria Nystrom as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr H C Robinson, who attended said birth (Name of attendant at birth) is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Vendla V Nystrom Signature
Nampa Ida P. O. Address

Subscribed and sworn to before me on this 4 day of February 1941

(SEAL) R W Gilbert Notary Public, residing at Nampa Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 18, 1941. E.W.

25-129.028-239

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306279

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Koot (b) City Coeur d'Alene
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County.....
(c) City Dalkeena
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? few days yrs
(f) Mother's mailing address Dalkeena Wash

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Clyde Hamilton Knaggs

5. Date of Birth (Month, day, year) 1-29-20

6. Sex. M

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** C. H. Knaggs
11. Color or Race wh.
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wausau (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Grader
15. Industry or Business Lumber yard.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Stivers
17. Color or Race wh.
18. Age at time of THIS birth 23 years
19. Birthplace Tomahawk (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 - 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by C.H.Knaggs (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by Acting (Registrar's signature)

25. Attendant's **OWN** signature Alexander Barclay M.D. or (D.O., Midwife, etc.)
and address Coeur d'Alene Date 1-6-41

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 18, 1941. E.M.

235-122-034-244

306336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county years 7 month 0 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Paul, Idaho

3. **RESIDENCE of FATHER** (city, state): Paul, Ida.

4. **FULL NAME OF CHILD** Roy Albert Stewart

5. Date of Birth (Month, day, year) August 22, '20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert A. Stewart
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Claire County, Missouri (City or town) (State or foreign country)
14. Exact Occupation highway employee ~~at the time~~
15. Industry or Business ~~of this birth, he is now deceased~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Amanda Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tuscarora, Nevada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 19 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Nellie Clark being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Mrs (Name of person on certificate above) as Roy Albert Stewart (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Harry Adams (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Nellie Clark Signature
Paul Minidoka Co P. O. Address

Subscribed and sworn to before me on this 18th day of February 1941

(SEAL) H E Clark Notary Public, residing at Paul Idaho

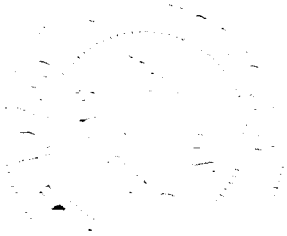
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/19/41 L.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-114-001-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise Ida.
(c) Street Address or R F D No. 16th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 2 months ..... days.

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State Ore (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 9728 S.E. Reedway

3. **RESIDENCE OF FATHER** (city, state) In Burn

4. **FULL NAME OF CHILD** Edward Frank Austin

5. Date of Birth (Month, day, year) Dec 14 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Steve Edward Austin

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace York (City or town) Nebraska (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lisette Pauline Bridemeier

17. Color or Race White

18. Age at time of THIS birth 36 years

19. Birthplace Minden (City or town) Nebraska (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A. Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lisette Pauline Austin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Frank Austin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Bruffy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lisette Pauline Austin Name
9728 SE Reedway Street, Portland O. Address

Subscribed and sworn to before me on this 10th day of February, 1941 Oregon

(SEAL) E M O'Bryan Notary Public residing at Portland, Oregon
Notary Public for Oregon My commission expires April 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 21, 1941. E.H.

113-116-006-43

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED FEB 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306370

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Richfield Idaho

3. **RESIDENCE of FATHER** (city, state) Richfield

4. **FULL NAME OF CHILD** Harry Lorenzo Jackson

5. Date of Birth (Month, day, year) Feb. 16, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George G Jackson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Wellington (City or town) Zealand (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Lyon Jackson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Whitney (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 11 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Lyon Jackson, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Harry R Jackson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Quick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lottie Jackson Signature

Richfield Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of February, 1941

(SEAL) George V Stevenson Notary Public, residing at Richfield Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

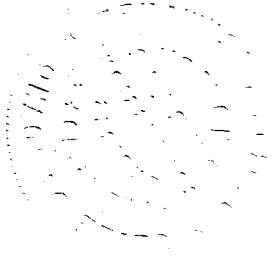
1941 JUL 9

MAY 21 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816-120-042-619

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Twin Falls (b) City. Twin Falls
(c) Street Address or R F D No. 320-2 Ave East
(d) Name of Hospital or Maternity Home: At. Home, 320-3rd
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Twin Falls
(c) City. Twin Falls.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address. Seattle Wash.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida.

4. **FULL NAME OF CHILD** Frank Herald Hafer.

5. Date of Birth (Month, day, year) Nov 20 - 1920

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy. 9

9. Legitimate? yes,

FATHER OF CHILD

10. **FULL NAME** Carl Leanord Hafer.
11. Color or Race white.
12. Age at time of THIS birth 28 yrs.
13. Birthplace. Council Grove (City or town) Kansas (State or foreign country)
14. Exact Occupation. Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Milvina Starr
17. Color or Race White.
18. Age at time of THIS birth. 26 years
19. Birthplace. Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation. Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 3 (c) Born alive and now dead. 1 (d) Stillborn. no

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. E. L. Hafer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Dr J R Morgan M.D. or M.D. (D.O., Midwife, etc.) and address - Dead. - Date Nov 20 - 1920

26. (a) FEB 11 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington
County of King } ss.

I, Mrs. Emma Steger, being first duly sworn, say that I am related to Mother (Related to (or) acquainted with) Frank Herald Hafer (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J R Morgan (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Emma Steger Name
Assembly Hotel, Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 10 day of February, 1941

(SEAL)

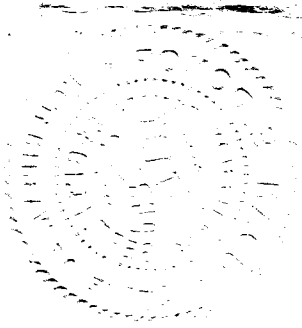
Joan E. Douglas Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued Feb. 20, 1941. I.W.

455-215-03K-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306383

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Minidoka (b) City Acequia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 13 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Acequia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~4~~ yrs.
   (f) Mother's mailing address Rupert, Idaho.

3. **RESIDENCE of FATHER** (city, state): Deceased.

4. **FULL NAME OF CHILD** Hulda Marie Deno

5. Date of Birth (Month, day, year) Jan. 15, 1920

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Spiller Deno
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Davis City, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hulda Clista Hunter
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Hollyville, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
    (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/13/41 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hulda Clista Deno, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hulda Marie Deno (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth) attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hulda Clista Deno Signature

Rupert, Idaho. P. O. Address

Subscribed and sworn to before me on this 5th day of February, 1941

(SEAL) A C DeMary Notary Public, residing at Rupert, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Acequia

No. ..... St.

(If born in hospital or institution give name.)

RECE... FEB ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. 451 Local Registrar's No. 8

2. FULL NAME OF CHILD Hulda Marie Heno

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Jan 15th 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wm Spiller Heno	18. Full maiden name Elista Hulda Hunter
10. Residence (usual place of abode) (If non-resident, give place and State) Acequia	19. Residence (usual place of abode) (If non-resident, give place and State) Acequia
11. Color or race White 12. Age at last birthday 59 (years)	20. Color or race ..... 21. Age at last birthday 60 (years)
13. Birthplace (city or place) (State or Country) Davis City Iowa	22. Birthplace (city or place) (State or Country) Hollyville Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 32	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 41

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 am 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elista Hulda Heno, M. D.

or ..... Midwife

Address Rupert, Ida mother

Give name added from a supplemental report .....

(Date of)

Filed 1-30, 1941 E H Elmore

Registrar. Registrar.

2/19/41 L. B.

MAY 12 1960

319-103-042-395

306425

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 1 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Buhl General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 14 years – month – days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Buhl Idaho

3. **RESIDENCE of FATHER** (city, state). Buhl Idaho

4. **FULL NAME OF CHILD** Duane Donald Carlson

5. Date of Birth (Month, day, year) March 3 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edward Samuel Carlson.
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Manson (City or town) Iowa (State or foreign country)
14. Exact Occupation Hide and wool buyer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Lindstrom
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Louise (City or town) Texas (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 3 1941 (Date received) (b) Clyde A. Erickson (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amanda Gardinier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Duane Donald Carlson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true. ~~to the best of my knowledge.~~ I further state that the Dr. (cannot be found) (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.** Have no knowledge

Have signed name - Thomas Gardinier.

Amanda Gardinier, Signature
2402 Estes St., Baker, Oregon P. O. Address

Subscribed and sworn to before me on this 17th day of February, 1941

(SEAL) C. J. Sadlon Notary Public, residing at Baker, Oregon

Comm. Exp. Nov. 16 - 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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cc 2/28/41 rmf

396-119-042-466

United States Department of Commerce Bureau of the Census

FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306431

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D No. 451-3 Ave So
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 17 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Compton
(d) Street Address or R.F.D. No. 2213 San Mateo
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 2203 San Mateo Compton
3. **RESIDENCE OF FATHER** (city, state) Calif, Compt

4. **FULL NAME OF CHILD** CLARENCE JUNIOR CROWLEY
5. Date of Birth (Month, day, year) JUNE 19-1920
6. Sex. MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** KARA MORTON CROWLEY
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace LOOKOUT CALIF. (City or town) (State or foreign country)
14. Exact Occupation SOLDIER IN REG. ARMY
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEONA IOWN MOON
17. Color or Race WHITE
18. Age at time of THIS birth 19 years
19. Birthplace OSARK MO. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.... 1 ....
(c) Born alive and now dead..... 1 ... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 830 M. on the date and at the place stated above, and that personal particulars were furnished by Leona Reck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridges acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leona Reck, being first duly sworn, say that I am Mother. (Related to (or) acquainted with)
Clarence Junior Crowley as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Van Cook (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leona V. Reck Name
2203 San Mateo Compton P. O. Address

Subscribed and sworn to before me on this 11th day of February.

(SEAL) Irene McQuarn Notary Public, residing at 1141 W Compton Blvd

MY COMMISSION EXPIRES APR. 22 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1959

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-106-006-197

306440

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306440
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Simmons Private Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. 3 hrs.
In **THIS** county years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Blackfoot, Ida. R.D. #1

3. **RESIDENCE of FATHER** (city, state): Blackfoot, Ida.

4. **FULL NAME OF CHILD** Marvin Argyle Soderberg

5. Date of Birth (Month, day, year) Mar. 6, 1920

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arnold Willard Soderberg
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Midvale (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virgie Izetta Argyle
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lake Shore (City or town) Utah (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California }
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Virgie A. Soderberg, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Marvin Argyle Soderberg (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Simmons (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Virgie A. Soderberg Signature

3464-25th St., S.F., Calif. Apt. 9 P. O. Address

Subscribed and sworn to before me on this 2nd day of February, 1941.

(SEAL) Chas. L. Evans Notary Public residing at 3169-21st St. S.F., Calif.

NOTARY PUBLIC

MY COMMISSION EXPIRES DECEMBER 26, 1943 in and for the City and County of San Francisco, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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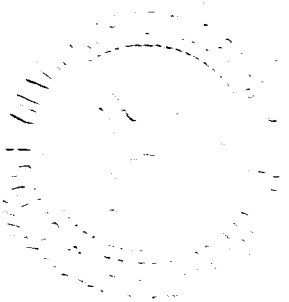

842-122-025-231

United States
Department of Commerce
Bureau of the Census

REC (Be sure the information is as of date of birth of THIS child)

FEB 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306443
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. RFD-3
(d) Name of Hospital or Maternity Home: (Army home)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. RFD-3
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address RFD-3 Grangeville

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Richard Samuel Huston
5. Date of Birth (Month, day, year) Sept. 22 1920
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Riley E Huston
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Gertrude Stauffer
17. Color or Race White American
18. Age at time of THIS birth 40 yrs.
19. Birthplace Montana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A Bridger acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Riley E. Huston, being first duly sworn, say that I am related (Related to (or) acquainted with) Richard Huston (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E Huston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R E Huston Signature
5094 Olive P. O. Address

Subscribed and sworn to before me on this 10 day of February, 1941

(SEAL) Lorraine C. Kreeberger Notary Public, residing at 130 HARVARD Fresno Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

P. 219-124 028-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306490
Local Reg. No. 45
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1616 Sixth Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 22 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1616 Sixth Street
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address —

3. RESIDENCE of FATHER (city, state): Coeur d'Alene, Ida.

4. FULL NAME OF CHILD Cyrus Herbert Bailey
5. Date of Birth (Month, day, year) October 24, 1920
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace H. Bailey
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud O. Bittleston
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2-13-1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud O. Bailey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cyrus Herbert Bailey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Siler (Name of attendant at birth), who attended said birth cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maud O Bailey Signature
1721-7th, Coeur d'Alene, Ida P. O. Address

Subscribed and sworn to before me on this 13 day of Feb. 1941

(SEAL) Jas A. Foster Clerk of District Court Notary Public, residing at
By Elsa M. Feil, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-131-037-445

RECEIVED
FEB 20 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307647
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Grand View
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rose Grace Cullen Ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 26 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Grand View Ida
3. **RESIDENCE of FATHER** (city, state): Grand View Ida

4. **FULL NAME OF CHILD** Wenzel George Turmes
5. Date of Birth (Month, day, year) Mar. 31, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wenzel Turmes
11. Color or Race American
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ger Grand View Ida (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dunning
17. Color or Race American
18. Age at time of THIS birth 32 yrs.
19. Birthplace Shaniko Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Turmes (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 20, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's **OWN** signature Mrs Wenzel Turmes M.D. (D.O., Midwife, etc.)
and address Date mother

27. Given name added on by (Registrar's signature)

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Turmes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wenzel George Turmes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Neiswanger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Wenzl Turmes Signature

Grand View, Idaho P.O. Address

ed and sworn to before me on this 19th day of Feb. 19 41

AL) Elaine Jenkins Notary Public, residing at Grand View

e only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in velope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. n certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1947

2/26/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141725 006-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307660
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 7 days.
   In **THIS** county 13 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Larry Blaine Adamson
5. Date of Birth (Month, day, year) Sept 25, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Blaine Adamson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genevieve Cutler
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Glendale, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Genevieve Adamson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 19 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature Edwin Cutler, M.D. (D.O., Midwife, etc.) and address Shelley, Idaho Date Feb 5, 41

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DEC 3 1973

DELAYED REGISTRATION LAW

(1941 Session Laws, Chapter 196, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 27, 1941. E.M.

314702022436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. T. Neiland
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home seven days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Lamont, Idaho (b) County Fremont
(c) City Ashton Lamont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? thirty yrs.
(f) Mother's mailing address Lamont, Idaho

3. **RESIDENCE of FATHER** (city, state): Lamont, Idaho

4. **FULL NAME OF CHILD** Dean Mac Lamont

5. Date of Birth (Month, day, year) January 2, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Louis Elmo Lamont
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Preston, Idaho U.S.A. (City or town) (State or foreign country)
14. Exact Occupation farmer & cattleman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mae Mc Farland
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lincoln, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ocular Solution
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Mae Lamont (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 19 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** E. L. Hayes M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 1-16-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 27, 1941. E.W.

154-118.042-453

307770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 433-3rd Ave E
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county 12 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 433-3rd Ave E
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Wilson Quentin Anderson
5. Date of Birth (Month, day, year) Apr-18-1920
6. Sex M
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie T Anderson
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Yamasa (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Post office Clerk
15. Industry or Business U.S. P.O.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma M. Decker
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Scranton (City or town) - Penn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3-1%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 10 Am M. on the date and at the place stated above, and that personal particulars were furnished by Archie T. Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) John H Haughelin (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature John H Haughelin M.D. (M.D., Midwife, etc.)
and address Twin Falls Idaho Date ~~5-4-41~~ 4-18-20

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 2-3-41. E.M.

415-704.035-653

United States Department of Commerce
Bureau of the Census

FEB 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307786
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 15 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Lloyd Avery Davis

5. Date of Birth (Month, day, year) Feb. 9th, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Harrison Davis
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Carpendale (City or town) Illinois, U.S.A. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha J. Welch
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Poplar Bluff, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 25 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by Acting (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin Harrison Davis, being first duly sworn, say that I am ~~father~~ related to Lloyd Avery Davis (Name of person on certificate above) as ~~son~~ father (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wm. Patrick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Benjamin Harrison Davis Signature
Kendrick, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of Feb., 19 41

(SEAL) ..... Notary Public, residing at Kendrick, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 195

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 8-3-41. D.H.

766-107.010-453

307807

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
Home, 174-15th Street.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County BOnneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 174-15th St.
(e) How long has **MOTHER** lived in Idaho? ~~30~~ yrs.
(f) Mother's mailing address 174-15th St.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** William Leo Powell

5. Date of Birth (Month, day, year) May 7, 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Powell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hampton Lucy, England (City or town) (State or foreign country)
14. Exact Occupation Auto mechanic & shop owner.
15. Industry or Business Riverside Garage.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanora Julia Decker
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Clyde, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eleanora Powell (First name) (Last name), who is related to this child as Mother (Mother, etc.) Clyde A. Bridger

26. (a) FEB 26 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

28. Attendant's **OWN signature** [signature] M.D. or..... (D.O., Midwife, etc.)
and address Idaho Falls Idaho Date 2/5/41

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

[signature] Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1962

2/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-115-026-633

307816

United States Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Jefferson (b) City Robert Idaho
(c) Street Address or R.F.D. No. R 7 home
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. In **THIS** county Idaho years 1930 month apr days. 15

USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Spanish Fork

3. **RESIDENCE of FATHER** (city, state): Utah

4. **FULL NAME OF CHILD** Oral Alva Barney

5. Date of Birth (Month, day, year) apr 15 1920

6. Sex ~~male~~ boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alva J Barney
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah LeOtteson
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Spanish Fork (City or town) (State or foreign country)
20. Exact Occupation farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Sara E Barney (Mother, etc.)

26. (a) ~~Feb 14 1941~~ (Date received) (b) Clyde A Briggs acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Dr Lucken M.D. (D.O., Midwife, etc.) and address dead Date

State of Utah } ss.
County of Utah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Alton McClain, being first duly sworn, say that I am Mrs. Alton McClain (Related to (or) acquainted with) Oral Alva Barney (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lucken (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Alton McClain Signature
Spanish Fork, Utah R.7 B#1. P. O. Address

Subscribed and sworn to before me on this 21 day of Feb. 1941

(SEAL) Ethel Hales Notary Public, residing at Spanish Fork Utah

Com Expires 1-15-1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391.122.0 40-433

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address ~~328 Cherry St~~ Kellogg

3. RESIDENCE of FATHER (city, state): Kellogg Ida

4. FULL NAME OF CHILD Georgena Rose Craig

5. Date of Birth (Month, day, year) 2/22/1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Leon Craig over.
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Joplin Mo. (City or town) (State or foreign country)
14. Exact Occupation Truck driver
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Mary McCoy
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:30 a M. on the date and at the place stated above, and that personal particulars were furnished by Beatrice (First name) Craig (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) FEB 24 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G. R. Mason M.D. (D.O., Midwife, etc.)
and address Kellogg Date 2/21-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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This body lives in Wenatchee. Wash. Mason.

753-222-006-331

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or Town Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Shelley Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Peterson

5. Date of Birth (Month, day, year) Feb. 22, 1920

6. Sex. F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Wilford Peterson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Glenwood, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Oral Clawson
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Oral Peterson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) FEB 27 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Edwin Potter M.D. (D.O., Midwife, etc.)
and address Shelley, Ida Date 2-19-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/4/41 rmf

DELAYED REGISTRATION LAW

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DECEASED

238-128014-869

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307937
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell.
(c) Street Address or R.F.D. No. 914 Everett, St.
(d) Name of Hospital or Maternity Home: Mynatt Maternity Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 9 years 2 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon.
(c) City Houston
(d) Street Address or R.F.D. No. Rt. 22
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Rt 22.

3. **RESIDENCE of FATHER** (city, state): Houston, Idaho.

4. **FULL NAME OF CHILD** Joseph Francis Schmidt.

5. Date of Birth (Month, day, year) August 28, 1920.

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry Phillip Schmidt, Sr.
11. Color or Race wh.
12. Age at time of THIS birth 25 yrs.
13. Birthplace Harlem, (City or town) Missouri. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business own farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Horrace.
17. Color or Race wh.
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pegram, (City or town) Idaho. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Vera Schmidt (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) Clyde A Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vera Schmidt, being first duly sworn, say that I am related To (Related to (or) acquainted with) Joseph Francis Schmidt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Guce (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vera Schmidt Signature
1620 Filmore St. Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of February, 1941

(SEAL) Mrs H J Thompson Notary Public, residing at Caldwell Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/7/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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383-126-044-819

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Midvale

3. RESIDENCE of FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Vidona Eugene Lytle

5. Date of Birth (Month, day, year) January 26, 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Brewster Lytle
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Maxine Harper
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at M. on the date stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature F. E. Schmidt M.D. (D.O., Midwife, etc.)
and address Vivian Date 1-26-41

26. (a) MAR 3 1941 (Date received) (b) Clyde A Bridges Actg (Registrar's signature)

27. Given name added on (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ... being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said ... recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now ...) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/7/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-116-022-391

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. residence
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Gerald Lee Roseborough
5. Date of Birth (Month, day, year) 12/16/1920
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Delbert Samuel Roseborough
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Topeka Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Alice Crabb
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Heman, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Susan Crabb (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Emma Maupin M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 1 day of March, 1941

(SEAL) E J Rumsey, by K Coffin ~~Notary Public~~, residing at .....

Clerk of District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-109-022-291

308022

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED MAR 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. ×
(d) Name of Hospital or Maternity Home: Mrs. Eli Kirkham Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 19 days. ×
In THIS county years month 38 days. ×

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Felt
(d) ~~Street Address or~~ R.F.D. No. 1 - Box 12
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Felt, Idaho

3. RESIDENCE of FATHER (city, state): Felt, Idaho

4. FULL NAME OF CHILD Robert Barker Walsh

5. Date of Birth (Month, day, year) Feb. 9 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Raymond Eugene Walsh
11. Color or Race White American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Chadron (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Ethel Brack
17. Color or Race White American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Basin (City or town) Montana (State or foreign country)
20. Exact Occupation Rural House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Maude Walsh (First name) (Last name), who is related to this child as Mother (Mother, etc.)

MAR 5 1941

26. (a) ____ (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature D. L. Hanson M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 3-8-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/11/41 MF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-102-010-847

308100

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308100
Local Reg. No.
Reg. Dist. No.

MAR 19 1941

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. RFD # 2 Idaho
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay **BEFORE** delivery: 16 hours
In Hosp. or Mat. Home 11 days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. RFD # 2
(e) How long has **MOTHER** lived in Idaho? 9 mos. yrs.
(f) Mother's mailing address RFD # 2

3. **RESIDENCE of FATHER** (city, state): Idaho Falls RFD # 2

4. **FULL NAME OF CHILD** Robert Allen Hughes

5. Date of Birth (Month, day, year) Dec 2, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Hughes
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bloomington Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Edna Hughes
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Park Rapids Minnesota (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Edna Hughes (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 19 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D.
and address Idaho Falls, Ida (D.O., Midwife, etc.) Date 3/14/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-11 3 · 027141

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308315
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Farm Home
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month 17 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Willis Eugene Helms

5. Date of Birth (Month, day, year) Jan 13-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Phillip Eugene Helms
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Cado (City or town) Color (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Adams
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Rocky Ford - Color (City or town) (State or foreign country)
20. Exact Occupation Farmers-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Fanny Helms (First name) (Last name), who is related to this child as mother (Mother, etc.) the mother is now dead

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature Mrs. G. B. Power M.D. (R.N., Midwife, etc.)
and address Hagerman Date Feb 21/1941

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phillip Eugene Helms, being first duly sworn, say that I am the father (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-201-010-844

RECEIVED

MAR 17 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308332

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 20 the Emerson
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
   (f) Mother's mailing address Gen. Del.

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Dulcie Louise Knight

5. Date of Birth (Month, day, year) April 1, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orvel Dewey Knight
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace Evening Shade, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Coal & Ice hauler
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Bernice Humphrey
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pierce, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Knight (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Bertha Moran M.D. (D.O., Midwife, etc.)
and address Idaho Falls Date March 14

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355-213-022-184

30 9361

309361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Squirrel

3. **RESIDENCE of FATHER** (city, state): Squirrel

4. **FULL NAME OF CHILD** Marion Katherine Lenz

5. Date of Birth (Month, day, year) July 13 - 1920

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Herman H. Lenz
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Concordia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Margaret Abernathy
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Alma (City or town) Missouri (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 4 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 9-21-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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384-131-022-669

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 18 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Max Thurman
5. Date of Birth (Month, day, year) Mar. 31 — 1920
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Harry Lee Thurman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Vandalia Mo (City or town) (State or foreign country)
14. Exact Occupation Train Thresher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Caroline Worrell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St Anthony Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel Caroline Thurman, being first duly sworn, say that I am Dont know when Dr is at now related to (Related to (or) acquainted with) Max Thurman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not remember name of Dr. (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel Caroline Thurman Mother Signature

P. O. Address

Subscribed and sworn to before me on this 24 th. day of March, 19 41

(SEAL) Lambert Cole Notary Public, residing at MONROVIA, CAL.

Commission Expires March 15, 40

NOTARY PUBLIC
THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-105-022-319

309581

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county 4 years 7 months 22 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice): Ashton Idaho (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Robert Carter Nieland

5. Date of Birth (Month, day, year) April 5, 1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Charles Nieland

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Souix Center (City or Town) Iowa (State or foreign country)

14. Exact Occupation Tractor Operator

15. Industry or Business Fremont County (Roads)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linda Carter

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Henderson (City or Town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Linda (First name) Nieland (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7/22/41 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 5-20-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

386-130-016249

309647

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 335 S Oakley Ave
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 335 S. Oakley Ave
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE of FATHER** (city, state): Burley, Idaho

4. **FULL NAME OF CHILD** Oran Wayne Lyons

5. Date of Birth (Month, day, year) Sept 30, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Lyons
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter, Contractor
15. Industry or Business Home Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julina L. Smith
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Farmington Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 2 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Florence Cooper, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Oran Wayne Lyons as Sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Geo. H. Cooper (Name of attendant at birth), who attended said birth (~~is now deceased~~ (or) ✓ cannot be located) and that this birth **has not been previously recorded.**

Florence Cooper Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of March, 1941

(SEAL) Mack W. Crouch Notary Public, residing at Burley, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1969

4/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

536-110-033-89 RECEIVED

United States Department of Commerce Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309739

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. R 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Jack L. Stoddard

5. Date of Birth (Month, day, year) April 10th 1920

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Sheldon William Stoddard
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Elizabeth Hillman
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Clarkston Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 alive (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Maud E Stoddard (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Hazel Bertha Hillman M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-108-044-142 309775

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 7th & Butterfield
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Kenneth Marvin Hetrick

5. Date of Birth (Month, day, year) Sept 8 ~~1920~~ # 1920

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes yes

FATHER OF CHILD

10. FULL NAME Everett Warren Hetrick

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Mt Sterling (City or town) Illinois (State or foreign country)

14. Exact Occupation Depot Agent(freight)

15. Industry or Business U?P.RRY

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Ann Amburgy

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace London (City or town) Kentucky (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 14, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Ann Hetrick, being first duly sworn, say that I am ~~mother of~~ related to (Related to (or) acquainted with) Kenneth Marvin Hetrick (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W.R.Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie Ann Hetrick Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of April, 1941

(SEAL) D F Carter Notary Public, residing at Weiser

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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856-218-032 - 1943

RECEIVED
APR 7 1941

309823

United States Department of Commerce
Bureau of Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Lincoln (b) City or Town Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State ~~Ida~~ Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Shoshone

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Geneva Elizabeth Hewitt
5. Date of Birth (Month, day, year) 1/18/40
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Edgar Hewitt
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Claremont, N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Anna Mills
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Casnovia, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11:4 M. on the date and at the place stated above, and that personal particulars were furnished by Carrie A. Hewitt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel Heller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs John Mills M.D. (D.O., Midwife, etc.)
and address Shoshone Date 4/3/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-126-003389

309827

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ___ days.
In THIS county Yes years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 545 So Hayes
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address W. Yellowstone Hwy

3. RESIDENCE of FATHER (city, state): same as above

4. FULL NAME OF CHILD Carole Peter Christensen
5. Date of Birth (Month, day, year) Sept 26-1920
6. Sex Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Michael Christensen
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Swan Lake (City or town) Idaho (State or foreign country)
14. Exact Occupation Laundry Driver
15. Industry or Business Ldy.

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Laura Christensen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Arimo (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature A. M. Newton M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ___ by ___ (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Christensen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Carole Peter Christensen (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ___ (Name of attendant at birth), who attended said birth ___ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Ruth Christensen Signature
9309 Inglewood ave P. O. Address

Subscribed and sworn to before me on this 3 day of April, 1941
(SEAL) Myrle Shambeau Notary Public, residing at Inglewood Calif.

My Commission Expires Nov. 8, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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811-120-039-954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 8 1941

309935

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address American Falls, Ida.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Richard William Haak

5. Date of Birth (Month, day, year) June 20th, 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ferdinand Haak
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Reder
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr 8 - 1941 (Date received) (b) Mabel F Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Matilda Haak Isaak, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard William Haak (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Rast (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Matilda Haak Isaak Name

536 W. Bonneville, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me on this 5th day of April, 1941

(SEAL) Russell A. Anderson Notary Public, residing at Pocatello, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-003418

309941

United States
Department of Commerce APR 14 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Samuel John Smith

5. Date of Birth (Month, day, year) July 25, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred E. Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie D. Dayley
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie D Dayle Smith, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Smauel John Smith (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie D Dayley Smith Signature
..... P. O. Address

Subscribed and sworn to before me on this 12th day of April, 1941

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

633124 010-813 RECEIVED

United States
Department of Commerce
Bureau of Census

APR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

310140

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Peoples Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Ucon

4. FULL NAME OF CHILD Hubert Earnest Ottesen
5. Date of Birth (Month, day, year) Mar. 24. 1920
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Earnest Joseph Ottesen	16. FULL MAIDEN NAME Erma Ruth Hatch
11. Color or Race white 12. Age at time of THIS birth 34 yrs.	17 Color or Race white 18. Age at time of THIS birth 24 yrs.
13. Birthplace Salem (City or town) Utah (State or foreign country)	19. Birthplace Salem (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel F. Eldy (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ernest Joseph Ottesen being first duly sworn, say that I am related father (Related to (or) acquainted with) Hubert Earnest Ottesen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Earnest Joseph Ottesen Signature
Salem, Utah P. O. Address

Subscribed and sworn to before me on this 18 day of April 1941

(SEAL) James P. Christensen Notary Public, residing at Salem, Utah
My commission expires July 18, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/25/41. mh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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311177

United States
Department of Commerce
Bureau of the Census

JUN 27 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R. I
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
In **THIS** county 23 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R I
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Murray Kaye Christensen

5. Date of Birth (Month, day, year) June 16th 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chris Christensen

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Denmark.
(City or Town) (State or foreign country)

14. Exact Occupation Spud Com. Merchant,

15. Industry or Business Personally Owned

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carolyn Monroe

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Blackfoot
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper,

21. Industry or Business At home,

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mercurochrome 2%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0,

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Carolyn M. Christensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel H Eddleman (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** Edwin Carter M.D.
(D.O., Midwife, etc.)
and address Shelley Date 6-5-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC 1 1944

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIAN, MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No.

(4) Signature of Physician:

Edwin Cutler M.D.

[illegible]-125 007 314

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Unit[illegible] States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Amended May 13, 1948

State File No. 311227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. North Star Mines
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. North Star Mines
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey

4. FULL NAME OF CHILD FRANK DONALD MOORE

5. Date of Birth of Child (Month, day, year) Dec. 25, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Moore
11. Color or Race Wht.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Goodland, Kansas (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Campbell
17. Color or Race Wht.
18. Age at time of THIS birth 29 yrs.
19. Birthplace Broadford, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Moore (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature H.H. Dutton M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that H.H. Dutton (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Moore Signature
Bellevue, Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1941.

(SEAL) Myrna L. Brawer, Notary Public, residing at Boise.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by John W. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. North Star Mine
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. North Star Mine
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Hailey

3. RESIDENCE of FATHER (city, state) Hailey

4. FULL NAME OF CHILD Donald Frank Moore
5. Date of Birth (Month, day, year) Dec 25, 1920
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Moore	16. FULL MAIDEN NAME Mary Elizabeth Campbell
11. Color or Race White — 12. Age at time of THIS birth 31 yrs.	17. Color or Race White — 18. Age at time of THIS birth 29 yrs.
13. Birthplace Goodland Kansas (City or town) (State or foreign country)	19. Birthplace Broadford Idaho (City or town) (State or foreign country)
14. Exact Occupation Teamster	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 2, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Sta. Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Frank Moore (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. H. Dutton (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Moore Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me on this 2d day of May, 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

6/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 311287
County of Blaine } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Frank Moore (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1920 (Date of Event)
in at North Star Mine, Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on of his mother, affiant herein. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Donald Frank Moore	Frank Donald Moore

Subscribed and sworn to before me this 27th day of February, 1948
Joseph McFadden
Notary Public, residing at Hailey, Idaho
My commission expires April 12, 1951
(Seal)

Signed Mary E. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bellevue, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1948.
B. P. Thamm CLERK OF THE DISTRICT COURT
~~Notary Public~~, residing at Hailey, Idaho.
My commission expires
(Seal)

Signed Mrs Leon Comstock
(Signature of Any Credible Person)
2025 S. Melrose
(Street Address, City, State)
Anaheim Calif

MAY 1948

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311232

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Pocatello, Idaho.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Robert Clyde Stone

5. Date of Birth (Month, day, year) Feb. 20, 1920.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Marrol Stone
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Ogden, Weber Co., Utah. (City or town) (State or foreign country)
14. Exact Occupation Railroad Clerk.
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Nova Davis
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mercur Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Victor Stone (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) May 3, 1941 (Date received) (b) Mark H Feller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Victor Stone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Clyde Stone (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Howard Simons (Name of attendant at birth), who attended said birth cannot be found (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Victor Marrol Stone Signature

1169 Sunnyside Ave, Salt Lake City Address

Subscribed and sworn to before me on this 21 day of May 1941

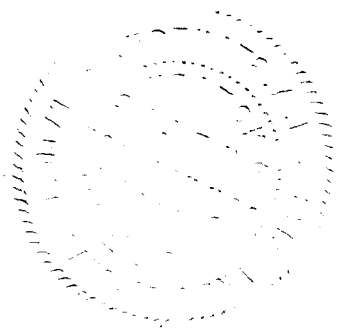
(SEAL) J. Stanton Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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311249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bingham
City of
No. Basalt, Idaho St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elaine Andrus

3. Sex Girl | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth July 24, 1940 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Orel Telford Andrus	18. Full maiden name Vogel Adlia Berg
10. Residence (usual place of abode) (If non-resident, give place and State)	Rexburg, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Basalt, Idaho
11. Color or race	White	20. Color or race W.
12. Age at last birthday	25 (years)	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country)	Preston, Utah	22. Birthplace (city or place) (State or Country) Basalt, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Road Constructor	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Rented Home
16. Date (month and year) last engaged in this work	July —, 1940	25. Date (month and year) last engaged in this work June, 1940
17. Total time (years) spent in this work	4 yrs	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ars

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Edwin Carter, M. D.
or ____, Midwife
Address Shelley Idaho

Filed May 9, 1941, 193__ Mabel F. Elder Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

5/9/41 L. B.

JAN 5 1970

632-203010-863 RECEIVED

311259

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 2, now Route 1
   (d) Name of Hospital or Maternity Home: at mother's home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 2, now 1
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.
   (f) Mother's mailing address RFD 1

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Bernice Marie Olson

5. Date of Birth (Month, day, year) 12-3-1920

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? 9

FATHER OF CHILD

10. **FULL NAME** Andrew William Olson
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace ~~RFD~~ Millville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Elizabeth Holton,
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Murray, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho } ss.
County of Bonneville }

I, Ethel Elizabeth Olson, formerly Holton, being first duly sworn, say that I am related (Related to (or) acquainted with) to Bernice Marie Olsom (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. C. McAlister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ethel Elizabeth Olson Signature

RFD 1, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of April 19 41

(SEAL) A. E. Wade Notary Public, residing at Idaho Falls Ida.

c.c. 4/29/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793110-010-113

United States
Department of Commerce
Bureau of Census

RECEIVED
APR 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311338
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address ~~or R.F.D. No~~ 340 Eastern Ave.
   (d) Name of Hospital or Maternity Home: Parents Residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month 25 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 340 Eastern Ave.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.
   (f) Mother's mailing address Eastern Ave.

3. **RESIDENCE of FATHER** (city, state) Ida. Falls Ida.

4. **FULL NAME OF CHILD** Vaun J. Pickett

5. Date of Birth (Month, day, year) Aug. 10-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theron Ray Pickett
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City (City or town) — Utah (State or foreign country)
14. Exact Occupation RR Warehouse Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jacobs
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Martha J. Pickett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr 26-1941 (Date received) (b) Mabel T Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature H. L. Willson M.D. (D.O., Midwife, etc.)
and address 147 Ash St Date 8-10-20

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

AUG 7 1972

c.c. 5/2/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner Hospital.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Kellogg, Idaho.

3. **RESIDENCE of FATHER** (city, state) Kellogg, Idaho.

4. **FULL NAME OF CHILD** Wilson Steward Brian.

5. Date of Birth (Month, day, year) April 14-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Brian
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Prescott (City or town) Washington (State or foreign country)
14. Exact Occupation Accountant.
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel D. Steward
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Chandler (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Brian (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mable F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** W. C. Lindsay M.D. (D.O., Midwife, etc.) and address Kellogg Idaho Date 4-28-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

K (SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-128-003-795

United States
Department of Commerce
Bureau of Census

MAY 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City POCATELLO
(c) Street Address or R.F.D. No. COR. YOUNG + HARRISON
(d) Name of Hospital or Maternity Home: ST. ANTHONY HOSPITAL
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City POCATELLO
(d) Street Address or R.F.D. No. COR. YOUNG + HARRISON
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address HOOD RIVER, OREGON

3. RESIDENCE of FATHER (city, state) HOOD RIVER, ORE

4. FULL NAME OF CHILD WARREN WILLARD HARDING

5. Date of Birth (Month, day, year) SEPT. 28, 1920

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME RALPH ALLEN HARDING
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace The DALLES, OREGON (City or town) (State or foreign country)
14. Exact Occupation FARMING, PART TIME IN
15. Industry or Business HIGHWAY CONSTRUCTION

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL ANNIE PIERCY
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace COURTENAY, BRITISH COLUMBIA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date

State of OREGON
County of HOOD RIVER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ralph Allen Harding, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WARREN WILLARD HARDING (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. WRIGHT (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ralph Allen Harding Signature
HOOD RIVER, OREGON P. O. Address

Subscribed and sworn to before me on this 30th day of April 1941

(SEAL) [signature] Notary Public, residing at Arlington, ORE.

My Commission Expires 8/4/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/7/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436 119 014-141

United States Department of Commerce
Bureau of Census

RECEIVED MAY 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311563
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Parma
   (c) ~~Street Address or~~ R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Parents Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 14 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address Parma, Idaho

3. **RESIDENCE of FATHER** (city, state) Parma, Ida

4. **FULL NAME OF CHILD** Bill Eugene McFadden

5. Date of Birth (Month, day, year) Jan. 19, 1920.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry W. McFadden
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Weiser, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Adams
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Troy (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia McFadden (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) May 6-1941 (Date received) (b) Mabel Fields (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Mary C Powers, M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C Powers being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Bill Eugene McFadden (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1917 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no doctor (Name of attendant at birth), who attended said birth (~~Is~~ now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary C Powers Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of May 1941

(SEAL) Howard L. Rackland Notary Public, residing at Parma Idaho

c/c/ 5/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 125027 128

United States
Department of Commerce
Bureau of the Census

...ED
MAY 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home no Street address
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Jerome

3. **RESIDENCE of FATHER** (city, state): Jerome Idal

4. **FULL NAME OF CHILD** Ray Darold Harper

5. Date of Birth (Month, day, year) June 25, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jess Everett Harper
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Craig, (City or town) Missouri (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertude Eva Ashenfelter
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Turner, (City or town) Oregon. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead No (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 6 - 1941 (Date received) (b) Mairl F. Zeller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Eva Harper, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ray Darold Harper. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Zeller. (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gertrude Eva Harper Signature

5448 Lee St. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 3rd day of May, 19 41

(SEAL) G.E.Megeon Notary Public, residing at Los Angeles County Los Angeles California

My Comm ex Mch 5, 1942.

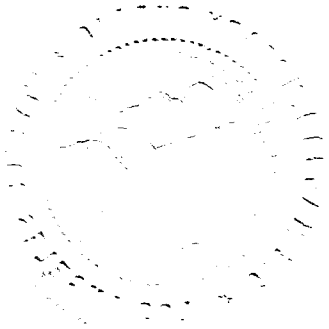
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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311568

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 25 yrs.
   (f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Firth

4. FULL NAME OF CHILD Emmil Clifford Landon

5. Date of Birth (Month, day, year) May 1st. 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Porter Landon
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Portage (City or town) Utah (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Elizabeth Pulsipher
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Paradise Cash Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 45p M. on the date and at the place stated above, and that personal particulars were furnished by Leaota Rockery (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) May 6-1941 (Date received) (b) Mabel T. Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leaota Rockery, being first duly sworn, say that I am related (Related to (or) acquainted with) Emmil Clifford Landon (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Quick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Leaota Rockery Signature

4957 O'Sullivan Dr. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 5th day of May, 1941

(SEAL) Mabel Ballinger Notary Public residing at 1312 Van Pelt Los Angeles California

c.c. 5/13/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193 105026 157

United States
Department of Commerce
Bureau of the Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311569
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No. Roberts Star Route
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No. Roberts StarRoute
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.
   (f) Mother's mailing address Roberts Star Route

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Joseph Merrl Aitken

5. Date of Birth (Month, day, year) June 5, 1920

6. Sex M.

7. Twin or Triplet single Birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin E. Aitken
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lake Shore (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eleanor Angus
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lake Shore, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Living on Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead ---- (d) Stillborn ----

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 5 1941 (Date received) (b) Maird F Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Eleanor Aitken, being first duly sworn, say that I am related (Related to (or) acquainted with) Joseph Merrl Aitken (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Charles Moody (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Eleanor Aitken Signature

Roberts Star Route. Idaho. P. O. Address

Subscribed and sworn to before me on this 28th day of April, 19 41

(SEAL) George M Linsen Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943.

JUN 21 1943

JUN 29 1943

c.c. 5/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-826048

963-120-010-942

RECEIVED
MAY 7 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311602
Local Reg. No.
Reg. Dist. No. 6

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? All Life yrs.
(f) Mother's mailing address Iona Idaho
3. RESIDENCE of FATHER (city, state) Iona Idaho

4. FULL NAME OF CHILD Herbert Rushton Rockwood
5. Date of Birth (Month, day, year) Dec. 20, 1920
6. Sex
7. Twin or Triplet —
If so, born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Carros Warren Rockwood
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD
16. FULL MAIDEN NAME Melissa Rushton
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20% sol.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Iona M. on the date and at the place stated above, and that personal particulars were furnished by Father & Mother (First name) (Last name) who is related to this child as Parents (Mother, etc.)

25. Attendant's OWN signature John O. Mellor M.D. (D.O., Midwife, etc.)
and address P.O. Box 227-9 Idaho Falls, Ida. Date Feb. 5 1941

26. (a) Feb 12th 1941 (Date received) (b) Blanche Rounds (Registrar's signature)

27. Given name added on by BLANCHE ROUNDS (Registrar's signature)

State of
County of } ss.

AFFIDAVIT TO be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/12/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-114-025-433

311675

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311675
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho. (b) City Grangeville
(c) Street Address or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 28 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville.
(d) Street address or R.F.D. No. 1.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) 55 yrs.

4. FULL NAME OF CHILD Paul Jones Cone

5. Date of Birth (Month, day, year) April 14 1920

6. Sex Male

7. ~~Twin~~ or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Alvin Fred Cone

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Grangeville Idaho. (City or town) (State or foreign country)

14. Exact Occupation Farming.

15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta E. McCarthy

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Monroe Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argos

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alvin F. Cone (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Wesley F. Orr M.D. (D.O., Midwife, etc.) and address Cottonwood Date 4-19-1920

26. (a) Was registered (Date received) (b) Mabel Hatcher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/15/41. w.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-101-004-769

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Parents Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state) Ovid Idaho

4. FULL NAME OF CHILD Veriel C. Beck

5. Date of Birth (Month, day, year) 6/1/1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Leon Anders Beck	16. FULL MAIDEN NAME Jennie Louise Porter
11. Color or Race White — 12. Age at time of THIS birth 24 yrs.	17. Color or Race White — 18. Age at time of THIS birth 22 yrs.
13. Birthplace Lanark (City or town) Idaho (State or foreign country)	19. Birthplace Fairview (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation House Wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leon Anders Beck, being first duly sworn, say that I am father of (Related to (or) acquainted with) Veriel C. Beck (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo F. Ashley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leon Anders Beck Signature

Ovid, Idaho P. O. Address

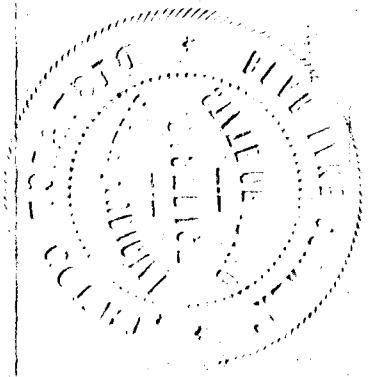
Subscribed and sworn to before me on this 8 day of May, 1941.

(SEAL) Sam T. Trunks Notary ~~Public, residing at~~

Clerk, District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/16/41. w.h.



912-119-036-963

RECEIVED APR 17 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City American Falls
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City American Falls
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Fortuna -Calif.

3. RESIDENCE of FATHER (city, state) Fortuna-Calif.

4. FULL NAME OF CHILD Willis Max Rakestraw

5. Date of Birth (Month, day, year) Feb. 19, 1920

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Melvin C. Rakestraw	16. FULL MAIDEN NAME Ruth S. Rothgeb
11. Color or Race white 12. Age at time of THIS birth 47 yrs.	17 Color or Race white 18. Age at time of THIS birth 34 yrs.
13. Birthplace Ridgeway (City or town) Missouri (State or foreign country)	19. Birthplace Waverly (City or town) Washington (State or foreign country)
14. Exact Occupation farmer	20. Exact Occupation Housewife
15. Industry or Business farming	21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Ruth S. Rakestraw (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature V. G. Logan M.D. (D.O., Midwife, etc.) and address Date

State of California } ss.
County of Humboldt }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth S. Rakestraw, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Willis Max Rakestraw (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Logan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth S. Rakestraw Signature
Fortuna - Calif. P. O. Address

Subscribed and sworn to before me on this 14 day of April, 1941

(SEAL) Fred W. Shock Notary Public, residing at Fortuna - Calif.

Commission expires Feb. 15, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

131-225-014-419

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311733
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Rte 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 16 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Rte 1
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address Rte 1, Nampa

3. **RESIDENCE of FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** HELEN ELIZABETH McAnulty

5. Date of Birth (Month, day, year) 4/25/1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lee McAnulty
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Glenns Ferry (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Luetta Marks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Beattie (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mabel V. Eisley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Lee McAnulty, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Elizabeth McAnulty (Name of person on certificate above) as the Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein ~~are~~ true to the best of my knowledge. I further state that Dr. Robinson (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Lee McAnulty Signature
123-A N. Elena Ave. Redondo Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 8th day of May, 1941

(SEAL) Gladys Downing Notary Public, residing at Torrance, Calif.

My Commission Expires September 27th 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2B 102-023 895

3118 3.1

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Gem (b) City Letha
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Letha
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Letha Idaho

3. **RESIDENCE of FATHER** (city, state) Letha Idaho

4. **FULL NAME OF CHILD** John Charles Battan

5. Date of Birth (Month, day, year) March 2, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Roy Battan
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Grove City (City or town) Illinois (State or foreign country)
14. Exact Occupation Service Station Operator
15. Industry or Business Motor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Hinchliff
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Rio (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ~~5~~ 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Battan (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 13 - 1941 (Date received) (b) Maud M Felker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W T Onysdale M.D. (D.O., Midwife, etc.)
and address Hood River. Date May 8 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-102-034-695

311848

RECEIVED

MAY 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Minnedoka
City of Rupert
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 450 State File No. ...
Prim. Registration District No. ..... Local Registrar's No. 79

2. FULL NAME OF CHILD Raymond Franklin Long

3. Sex Male | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth 0 | 6. Premature no; Full term yes | 7. Legitimate? yes | 8. Date of birth May 2 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank M Long	18. Full maiden name Lula Della Fines
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert
11. Color or race W	20. Color or race W
12. Age at last birthday 29 (years)	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Cowles Nebr.	22. Birthplace (city or place) (State or country) Alden Mo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sulesman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Continuously 19..	25. Date (month and year) last engaged in this work Continuously 19..
17. Total time (years) spent in this work 3 yrs.	26. Total time (years) spent in this work 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agnos

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living II (b) Born alive but now dead I (c) Stillborn ...

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth no. | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A R Groom, M. D.
or ..... Midwife
Address Pocatello Ids.

Give name added from a supplemental report ..... (Date of)

Filed 4-14, 1941 E H Elmore
Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Present address:
1140 E. Whitman
Pocatello, Idaho

c.c. 6/18/41. w.h.

DELAYED

Dup of 1920-79143

355-228-042-253

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311894

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R F D No. 1216 8th ave east
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No. 1216 8th ave east
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) T.F. Idaho

4. **FULL NAME OF CHILD** Shirley Della Leedom
5. Date of Birth (Month, day, year) May 28th 1920
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Roy Charles Leedom
11. Color or Race W
12. Age at time of THIS birth 22 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Comm. Photography
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Belle Bassford
17. Color or Race W
18. Age at time of THIS birth 19 years
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at 8:10 A M. on the date and at the place stated above and that personal particulars were furnished by Roy Leedom (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) May 15 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. or.....(D.O., Midwife, etc.)
and address Twin Falls, Idaho Date 5/15/41.

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....as.....(State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-106-022-864

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313006
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Lamont.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 16 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lamont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Lamont Idaho

3. **RESIDENCE of FATHER** (city, state) Lamont Idaho

4. **FULL NAME OF CHILD** Marvin Jay Moore.

5. Date of Birth (Month, day, year) July 6 - 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lester Thomas Moore
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dexter (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rana House
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Pierce (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child, [illegible] (b) Born alive and now living
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Rana Moore (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Alice M. House ~~M.D.~~ (D.O., Midwife, etc.)
and address Ashton Ida Date July 6 1920

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/31/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-808160

282-214-010-319

United States
Department of Commerce
Bureau of Census

MAY 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 198-15th St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 198-15th St.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address 198-15th St.

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Eva Bybee

5. Date of Birth (Month, day, year) Oct. 14, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Floyd Allen Bybee
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Westweber (City or town) Utah (State or foreign country)
14. Exact Occupation Truck-driver
15. Industry or Business Standard Oil Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jeanetta Carter
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 24-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jeanetta Bybee, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Eva Bybee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jeanetta Bybee Signature
1010. S. street Sacramento. Calif P. O. Address

Subscribed and sworn to before me on this 23rd day of May, 1941

(SEAL) Horace F. Frye Notary Public, residing at Sacramento, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-206-039-155

United States
Department of Commerce
Bureau of the Census

MAY 29 '41

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313131
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power.
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Rockland
3. **RESIDENCE of FATHER** (city, state): Idaho.

4. **FULL NAME OF CHILD** Thelma Lodema Darling.
5. Date of Birth (Month, day, year) Feb. 6-1920
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Earl N Darling.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ellenburg. (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion J. Jensen.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rockland (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.
(c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** U G Logan M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1971

6/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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546-111-2015-719

RECEIVED

MAY 31 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313216
Local Reg. No.
Reg. Dist. No. 570

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county 4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City
   (d) Street Address or R.F.D. No. Soda Springs
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address (For registration notice):
   Bancroft (Street or R. F. D.) Ida (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** William Earl Edwards

5. Date of Birth (Month, day, year) April 11, 1920

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum S. Edwards

11. Color or Race W

12. Age at time of THIS birth 22 yrs.

13. Birthplace Malad Idaho (City or Town) (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business Blacksmith Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Garner

17. Color or Race W

18. Age at time of THIS birth 19 yrs.

19. Birthplace Soda Utah (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Garner (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Dr Russell Tingey (Registrar's signature)

25. Attendant's **OWN signature** Russell Tingey M.D. (D.O., Midwife, etc.)
and address Soda Spgs. Ida Date 5-28-41

27. Given name added on by (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

cc 6-11-41

665-217-006-859

313-252

United States Department of Commerce
Bureau of the Census

RECEIVED JUN 5 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313252
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice):
Blackfoot Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Id

4. **FULL NAME OF CHILD** Ella Clara Wanenberg

5. Date of Birth (Month, day, year) July 17, 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Wanenberg
11. Color or Race W 12. Age at time of THIS birth 35 yrs.
13. Birthplace Blackfoot Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Hawkins
17. Color or Race W 18. Age at time of THIS birth 31 yrs.
19. Birthplace Blackfoot Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Wanenberg (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 5, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)
Mabel E. Elder
27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** F. W. Mitchell M.D. (D.O., Midwife, etc.)
and address Blackfoot Ida Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

464-211-009-693

313260

313260

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Clarks Fork

3. **RESIDENCE of FATHER** (city, state) Clarks Fork, Idaho

4. **FULL NAME OF CHILD** Patricia Ann Daugharty

5. Date of Birth (Month, day, year) 11-11-20

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gordon Daugharty Jr.
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Clarks Fork, Idaho (City or town) (State or foreign country)
14. Exact Occupation woodsman
15. Industry or Business logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Eileen Wilson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 12-1941 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Mead Carter, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Patricia Ann Daugharty (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Kate Mead (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Mead Carter Signature
Clarks Fork Idaho P. O. Address

Subscribed and sworn to before me ~~in this~~ 10th day of June, 1941

(SEAL) Charles H Wolf Notary Public, residing Clarks Fork Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC 6-14-41 hec

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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853-128-007468

3.3266

313266

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313266

Local Reg. No.

Reg. Dist. No. 410

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE of FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Elbert Adolph Heckert

5. Date of Birth (Month, day, year) 8-28-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar William Ferdinand Heckert

11. Color or Race white

12. Age at time of THIS birth 21 yrs.

13. Birthplace Groten (City or town) South Dakota (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Johnson

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace Carson City (City or town) Nevada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argos

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn Heckert (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6-16-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Blaine.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Evelyn Johnson Heckert, being first duly sworn, say that I am Related (Related to (or) acquainted with) Elbert Adolph Heckert (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dutton (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Evelyn Johnson Heckert Signature

Hailey Idaho. P. O. Address

Subscribed and sworn to before me on this 16 day of June, 1941

(SEAL)

R. N. McCoy Notary Public, residing at Hailey Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1945

6/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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6/16/41 L. B.

356 126 024 994

United States
Department of Commerce JUN 4 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. Wyoming Str.
(d) Name of Hospital or Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. Wyoming Str.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Gooding

3. RESIDENCE of FATHER (city, state) Gooding Ida

4. FULL NAME OF CHILD William Edward Lewis Jr.
5. Date of Birth (Month, day, year) March 26-1920
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Lewis
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Clarksburg (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Agnes Zimmerman
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Troy (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 4-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of GOODING } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, PEARL A. LEWIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILLIAM EDWARD LEWIS JR. (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. F. T. CAREY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl A. Lewis Signature
GOODING, IDAHO P. O. Address

Subscribed and sworn to before me on this 3 day of JUNE, 1941

(SEAL) Bert Bowler, Clerk ~~Notary Public~~, residing at GOODING, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/16/41. w.h.

DELAYED REGISTRATION LAW

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753-113-010-419

United States
Department of Commerce
Bureau of Census

RECEIVED JUN 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313329
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gen Hospital Idaho Falls
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ✓ days. IN THIS county 1½ years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ✓ yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Walter Bramwell Peterson
5. Date of Birth (Month, day, year) April 13-1920
6. Sex White
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Arthur Peterson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Poscell (City or town) Russia (State or foreign country)
14. Exact Occupation Salvation Army Officer
15. Industry or Business ✓ ✓

MOTHER OF CHILD
16. FULL MAIDEN NAME Myrtle Edith Martin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Salvation Army Officer
21. Industry or Business ✓ ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4-13-1920 at 6⁰⁰ A M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Walter Bramwell Peterson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) June 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Charles Arthur Peterson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Walter Bramwell Peterson (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ? ? (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Arthur Peterson Signature
1019 Alton ave P. O. Address

Subscribed and sworn to before me on this 31st day of May, 1941

(SEAL) Claud Gentry Notary Public, residing at Wilmington California

My Commission Expires July 19, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

JUN 9 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313414
Local Reg. No. 44
Reg. Dist. No. 205

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City Bovill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City Bovill
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) Bovill Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bovill Ida.

4. **FULL NAME OF CHILD** Llewelyn Byron Stearns

5. Date of Birth (Month, day, year) April 2 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace W. Stearns
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Terrebonne (City or Town) Minn. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Mary Bates
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Winona (City or Town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 29th 1941 (Date received) (b) Mrs F C Gibson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

029

STATE OF IDAHO

RECE

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 9 1941

State of Idaho }
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I H. W. Sleams & Mrs. H. W. Sleams being first duly sworn says that I am the Parents (Relationship of child)* of Llewelyn Byron Sleams born April 2nd 1920 (Date of birth) at Bovill, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Luella Austin, ~~M. D.~~ / Midwife was the medical attendant at the birth of said Llewelyn Byron Sleams and that the said medical attendant is

(~~Now deceased (or)~~ cannot be located)

Name of Affiant H. W. Sleams

P. O. Address Avery Ida.

Subscribed and sworn to before me this 13 day of May, 1941

Arthur Harrington
Notary Public.

Residing at NOTARY PUBLIC for the State of Idaho
Residing at Avery, Idaho, Idaho.
My commission expires April 15, 1944

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

c.c. 6/17/41. w.h.

355-210023959 R[illegible]

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United States
Department of Commerce JUN 2 1941
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 3 X'
Local Reg. No. 6
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. RFD #
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 2 yrs
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Loretta Lee
5. Date of Birth (Month, day, year) June 10 - 1920
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy 2
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Bryant Lee
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Clenton Kentucky (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General farm work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Reitz
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Utah (City or Town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business General House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nit.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9-20 A M. on the date and at the place stated above, and that personal particulars were furnished by Frank B Lee (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 5-31-41 (Date received) (b) J L Reynolds (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J L Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 5-31-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

c.c. 6/20/41. w.h.

Year of birth made more clear at request of Registrant 9-27-84 as per fc by dl

645707 039-234

313483

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born on the farm
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month born at farm home days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address American Falls, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Leonard Erwin Funk

5. Date of Birth (Month, day, year) June 7, 1920

6. Sex male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy seven

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gottfried Funk
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Veri Sn Bornaise, Russia now Roumania (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Sculz
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Beri Seno, Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farm housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by myself, the mother (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) June 10, 1941 (Date received) (b) Mabel H Geeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho } ss.
County of Power }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Funk, being first duly sworn, say that I am ~~the mother of~~ related (Related to (or) acquainted with) Leonard Erwin Funk (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Rast (Name of attendant at birth), who attended said birth moved away, haven't been able to see her (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Funk Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of June, 19 41

(SEAL) W C Loofbourrow Notary Public, residing at American Falls, Ida.

c.c. 6/20/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 10 1941

State File No. 313486
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. R 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county at home

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Salmon Ida

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Lynn Johnson

5. Date of Birth (Month, day, year) 7-29-1920

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas. Nephi Johnson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Bear Lake Ida
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Bitman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above and that personal particulars were furnished by Mrs Frieda Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 10-1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 5-30-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/20/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Boyd Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home x days. IN **THIS** county 15 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Route 2 Twin Fa

3. **RESIDENCE of FATHER** (city, state) Twin Fall

4. **FULL NAME OF CHILD** James Andrew Savage

5. Date of Birth (Month, day, year) June 10, 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Damon Savage
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Albany, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gwendelene Batty
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Toquerville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 10, 1941 (Date received) (b) Mabel Y Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gwendelene Savage, being first duly sworn, say that I am the mother (Related to (or) acquainted with) James Andrew Savage (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Truman Boyd (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gwendelene Savage Signature

Route 2, Nyssa, Oregon P. O. Address

Subscribed and sworn to before me on this 9th day of June, 1941

(SEAL) Aubrey L. Fletcher Notary Public residing at Nyssa, Oregon.

My commission expires act 14-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/20/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-120-006-252

United States
Department of Commerce
Bureau of the Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Goshen

4. FULL NAME OF CHILD Charles Wynn Landon
5. Date of Birth (Month, day, year) June 20, 1920
6. Sex M.
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Charles Arthur Landon	16. FULL MAIDEN NAME	Gladys Helen Sessions
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	27 yrs.	18. Age at time of THIS birth	25 yrs.
13. Birthplace (City or town)	Portage Utah (State or foreign country)	19. Birthplace (City or town)	Afton, Wyoming (State or foreign country)
14. Exact Occupation	farming	20. Exact Occupation	housewife
15. Industry or Business		21. Industry or Business	in home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 13-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Ravalli } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles A. Landon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Wynn Landon (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Marie Landon (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles A. Landon Signature
Hamilton, Mont. P. O. Address

Subscribed and sworn to before me on this 10th day of March 1941

(SEAL) Anthony Hark Notary Public residing at

COUNTY CLERK AND RECORDER
IN AND FOR RAVALLI COUNTY,
STATE OF MONTANA.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 6-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-205016 366

RECEIVED

JUN 17 1941

313641

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. Box 9
(d) Name of Hospital or Maternity Home: at my own home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. Box 9
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address Albion Idaho

3. RESIDENCE of FATHER (city, state) X, X

4. FULL NAME OF CHILD Roma Josephine Sorensen

5. Date of Birth (Month, day, year) Jan 5 - 1920

6. Sex female.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wilford Oliver Sorensen

11. Color or Race white

12. Age at time of THIS birth 25 yrs. 25

13. Birthplace Montpelier, Idaho. (City or town) (State or foreign country)

14. Exact Occupation Farming.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cherub Genevieve Cook.

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Albion Idaho. (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alice (born alive, stillborn) at 3 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Inez (First name) Jolley (Last name), who is related to this child as aunt. (Mother, etc.)

RECEIVED JUN 17 1941

26. (a) ..... (Date received) (b) Mabel Y. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr. G. R. Smith M.D. (D.O., Midwife, etc.) and address Reno, Nevada Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 104 001 331

313672

United States
Department of Commerce
Bureau of Census

JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years 9 month ~~X~~ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Twin Falls Ida

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lewis Raymond Holloway
5. Date of Birth (Month, day, year) May 4, 1928
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ray Holloway
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Conway Springs Kans (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Alpha Clark
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Conway Springs Kans (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Holloway (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUN 18 1941 (Date received) (b) Mabel K Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Dolly E. Holloway M.D. (D.O., Midwife, etc.) and address Hazelton Ida. Date June 4.

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ray Holloway, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lewis Holloway (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S. J. Coleman M.D. (Name of attendant at birth), who attended said birth [redacted] (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ray Holloway Signature
R#2 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of June 1941

(SEAL) F W Black Notary Public, residing at Twin Falls, Ida

My Commission Expires Jan. 16 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 17 1956

695-121-006-315

313685

United States
Department of Commerce
Bureau of Census

JUN 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley Ida
(c) Street Address or R.F.D.No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No. I
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Shelley Ida

3. RESIDENCE of FATHER (city, state) Shelley Ida

4. FULL NAME OF CHILD Ralph E. Fielding

5. Date of Birth (Month, day year) Sept. 21st 1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nephi Fielding

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Hooper Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Cannon

17. Color or Race W

18. Age at time of THIS birth 30 yrs

19. Birthplace Hooper Utah (City or town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No3

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10.35 P M. on the date and at the place stated above, and that personal particulars were furnished by Nephi Fielding (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F. E. Roberts M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date June 18th 41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-220 005 319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313687
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county 3 years 5 month 19 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Plummer, Idaho

3. **RESIDENCE of FATHER** (city, state) Plummer, Ida.

4. **FULL NAME OF CHILD** Vern Georgiarose Carum

5. Date of Birth (Month, day, year) Sept. 20, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Earl Carum
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pomeroy, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Effie Carter
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pomeroy, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Carum (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mabel V. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W. E. Abegglen D.O. M.D. (D.O., Midwife, etc.) and address Tekoa, Wash. Date 6/16/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce
Bureau of Census

JUN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314771
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Worley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Worley
(d) Street Address or R.F.D.No
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Worley, Idaho

3. RESIDENCE of FATHER (city, state) Worley, Idaho

4. FULL NAME OF CHILD Ethel Irene Lacy

5. Date of Birth (Month, day year) April 20, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gurshum Frank Lacy
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wileyville, Michigan (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nancy Yocom
17. Color or Race white
18. Age at time of THIS birth 21 yrs
19. Birthplace Rockford, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mary Lacy (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mabel F Kelley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature L Blanton M.D. (D.O., Midwife, etc.)
and address Rockford, Wash Date 6-19-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

MAR 8 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314780
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address R.F.D #2 Burley

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD John Burdell Adams

5. Date of Birth (Month, day year) Feb.20th 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Cleve Adams
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christy Eldora Flanders
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Big Timber Mont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Christy Eldora Adams (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mabel F. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ###### Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christy Eldora Adams, being first duly sworn, say that I am mother (Related to (or) acquainted with) John Burdell Adams (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ross (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Christy Eldora Adams Signature
R.F.D. #2 Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of June 1941

(SEAL) J C Haskell Notary Public, residing at Burley Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314781

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 20 1941

1. PLACE OF BIRTH

County of Power

City of Roy

No. ..... St.

Private Home

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Waldon Clyde Holloway

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 9, 1920 (Month, Day, Year)

FATHER

9. Full name Clyde Sterling Holloway

10. Residence (usual place of abode) (If non-resident, give place and State) Roy Ida

11. Color or race White 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Rhea Springs Tenn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Upto Present 19.....

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Leda Margaret Powell ~~Holloway~~

19. Residence (usual place of abode) (If non-resident, give place and State) Roy Ida

20. Color or race White 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Oconomowoc Waukesha Co Wis

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, ~~nurse~~, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. High School

25. Date (month and year) last engaged in this work June 21, 1917

26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4:15 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. G. Logan, M. D.

or ..... Midwife

Address American Falls Idaho

Give name added from a supplemental report ..... (Date of)

Filed June 27, 1941 Mabel Fleifer Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

695-07-015-717

314845

United States
Department of Commerce
Bureau of the Census

JUN 23 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 59
now Reg. Dist. No. 570

1. PLACE OF BIRTH:
(a) County Caribou (b) City near Soda Spgs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City
(d) Street Address or R.F.D. No. Soda Springs
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice): Riverton, Utah
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Riverton, Ut

4. FULL NAME OF CHILD William Thomas Freeman

5. Date of Birth (Month, day, year) Dec. 7, 1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joseph Freeman	16. FULL MAIDEN NAME Harriett Page
11. Color or Race White 12. Age at time of THIS birth 33 yrs.	17. Color or Race White 18. Age at time of THIS birth 33 yrs.
13. Birthplace Utah (City or Town) (State or foreign country)	19. Birthplace Utah (City or Town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farm	21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Freeman (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) June 21, '41 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Spgs Ida Date 6-21-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

64 30741

JUN 7 1940

231 107-022-795

United States Department of Commerce
Bureau of the Census JUN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314948
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address St. Anthony Idaho

3. **RESIDENCE of FATHER** (city, state): St. anthony Id

4. **FULL NAME OF CHILD** Grant Melburin Blake

5. Date of Birth (Month, day, year) March 7th 1920

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Grant McMurrin Blake
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leola LaVon Green
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Farnum (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Maud V Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature J Frank Hattenin MD (D.O., Midwife, etc.)
and address 5414 N. Figueroa, Los Angeles, May 20-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 124, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in [illegible] of the New Mexico Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553118-001212

RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. South Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 9 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. South Boise
(e) How long has MOTHER lived in Idaho? 3/4 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ralph Alvin Nelson Jr.
5. Date of Birth (Month, day year) Sept. 18-1920
6. Sex Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Ralph Alvin Nelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace not known (City or town) (State or foreign country)
14. Exact Occupation Cement worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecelia Mae Baker
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Yelville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUN 24 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cecelia Mae Baker, being first duly sworn, say that I am the mother of (Related to (or) acquainted with)
Ralph Alvin Nelson as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McClellan, who attended (Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Cecelia Mae Robinson Signature
2052 Central Ave. Alameda Cal. P.O. Address

Subscribed and sworn to before me on this 19th day of June 1941
(SEAL) [signature] Notary Public, residing at Alameda California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

249-220-044-453

RECEIVED

315135

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Midvale

3. RESIDENCE of FATHER (city, state) Unknown

4. FULL NAME OF CHILD Beulah Rosalee Smith

5. Date of Birth (Month, day year) Feb 20, 1920

6. Sex girl 7. Twin or Trip'let 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Clarence Smith
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elney Oelzell
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Johnson Washington (City or town) (State or foreign country)
20. Exact Occupation Johnson housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2. A. M. on the date and at the place stated above and that personal particulars were furnished by Elney Smith Campbell (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) July 7 - 1941 (Date received) (b) Mabel H Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. W. P. Allen M.D. (D.O., Midwife, etc.) and address Emmett Ida. Date July 3. 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

OCT 1 0 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

243-106-040-392

RECEIVED

315136

United States
Department of Commerce
Bureau of Census

JUL 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Gold Avenue
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Kellogg Idaho

3. **RESIDENCE of FATHER** (city, state) Kellogg Idaho

4. **FULL NAME OF CHILD** Edward Carl Kuchenbecker

5. Date of Birth (Month, day, year) July 6, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Carl Kuchenbecker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oshkosh, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Millman (Mining)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Viola Likely
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salina, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Kuchenbecker (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 1 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W. C. Lindsay, M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

APR 3 1946

APR 9 1946

APR 1 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

644-23-007437

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315139
Local Reg. No.
Reg. Dist. No.

RECEIVED JUL 1 1941

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years 4 month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Lewis Hailey Fudge

5. Date of Birth (Month, day, year) June 23, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Lewis Fudge
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Colorado Springs Colo. (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Delphine McGown
17. Color or Race French
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pincher Creek Canada (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 1 1941 (Date received) (b) Mabel T Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Della X McGowan M.D. (D.O., Midwife, etc.)
and address Challis Date Idaho

State of Calif. } ss.
County of Kern. }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu Judge, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Lewis Hailey Judge (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dutton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Lulu Judge Signature
1021 Kern Bakersfield Calif. Address

Subscribed and sworn to before me on this 20 day of June, 1941

(SEAL) Irene Oldenkamp Notary Public, residing at Bakersfield Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-109-042-454 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315199
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Twin Falls Co. Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Declared

3. RESIDENCE of FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Robert James Hallatt

5. Date of Birth (Month, day year) 2-9-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Geo Hallatt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Denver (City or town) Colo. (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Gertrude Medd (Medden)
17. Color or Race White
18. Age at time of THIS birth 2 yrs
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 2 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Texas }
County of Harris } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Geo Hallatt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert James Hallatt (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scott (Name of attendant at birth), who attended said birth, Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Geo Hallatt (Signature)
5862 Cerritos Long Beach Calif (P. O. Address)

Subscribed and sworn to before me on this 1st day of July, 1941

(SEAL)

R. C. Stuart (Robert C. Stuart) Notary Public, residing at Houston, Texas

7-10-41

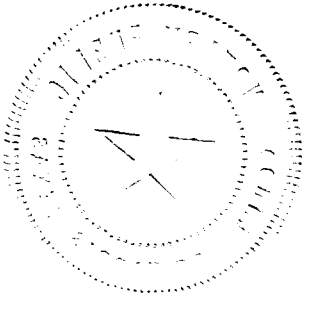
DEC 1 1948

MAR 13 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



947-127-203-363

RECEIVED

JUN 30 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315261
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D.No. none
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address Grace Idaho

3. **RESIDENCE of FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Fred Paul Gugaire

5. Date of Birth (Month, day year) June 27, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emile Joseph Gugaire
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Metenval, Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Forrest Collins
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Lago Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Vera (First name) Gugaire (Last name), who is related to this child as mother (Mother, etc.).

26. (a) JUN 30 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Russell Tegard M.D. (D.O. Midwife, etc.)
and address Soda Springs, Ida. Date 6-25-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

BOTH DELAYED

Dup of 1920-316884

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315261
Local Reg. No. 89
Reg. Dist. No. 511

1. PLACE OF BIRTH:
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address (For registration notice): 346 N. Buchanan, Pocatello, Ida.
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Paul Gregoire
5. Date of Birth (Month, day, year) June 27, 1920
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Emil Joseph Gregoire	16. FULL MAIDEN NAME Vera Forest Collins
11. Color or Race White 12. Age at time of THIS birth 32 yrs.	17. Color or Race White 18. Age at time of THIS birth 25 yrs.
13. Birthplace Actorale Co., Canada (City or Town) (State or foreign country)	19. Birthplace Lago, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farm	21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was 3:30 (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Vera F. Gregoire (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July-21-41 (Date received) (b) Mrs G. G. Fitz (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs, Ida. Date 7-11-41.

(Carbon Copy of Original - Dr. Russell Tigert)

699-220-010-143

315269

United States Department of Commerce
Bureau of Census

RECEIVED JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Canal Ave
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Fall

4. FULL NAME OF CHILD Patricia Ann Wright

5. Date of Birth (Month, day, year) Jan. 20, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles A. Wright
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Abstract Office
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Austin
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 11:35 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bernice Wright (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1972

FEB 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-127-010-243

RECEIVED JUL 2 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315316
Local Reg. No. 455
Reg. Dist. No. 611

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ~~none~~ days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address~~ or R.F.D.No. 4
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Idaho Falls RD 4

3. RESIDENCE of FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Gaylen Neri Wootton

5. Date of Birth (Month, day year) 12-27-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Vincent Fredrick Wootton	16. FULL MAIDEN NAME Sarah Pearl Butler
11. Color or Race W	17. Color or Race W
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 38 yrs
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)	19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer Operator	20. Exact Occupation Housewife
15. Industry or Business Agriculture	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 28-1941 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Idaho Falls Ida Date June 30-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

155 130 010-219

315317

United States
Department of Commerce JUN 27 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonville (b) City Idaho Falls
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home:
Born in Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Charles Kesner Jenkins

5. Date of Birth (Month, day year) July 30, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles David Jenkins
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace ~~Idaho~~ Illinois, Polk Co. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Barger ~~Jenkins~~
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Polk Co Illinois U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Look up the English name — ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Barger Jenkins, being first duly sworn, say that I am the mother (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Opperley (Name of attendant at birth), who attended said birth is Charles Kesner Jenkins (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Barger Jenkins Signature
..... P. O. Address

Subscribed and sworn to before me on this 26th day of June 1941

(SEAL) Alex Allardyce Notary Public, residing at Spokane, Wa.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

263-124-028-246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUL 7 1941 STATE OF IDAHO

315392

State File No. 233
Local Reg. No.
Reg. Dist. No. 120

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D No. 1319 Gov Way
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 19 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1319 Gov Way
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Route 1. Coeur d'Alene

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Oliver Morton Solsvik

5. Date of Birth (Month, day, year) Feb 24. 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Raymond Solsvik
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvilde Krone
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....., M. on the date and at the place stated above, and that personal particulars were furnished by Alvilde Solsvik (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 30, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or Deceased (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Alvilde Solsvik, being first duly sworn, say that I am related to (Related to (or) acquainted with) Oliver Morton Solsvik (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Olaus Krone (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Alvilde Solsvik Name
Coeur d'Alene, Idaho Rt 1 P. O. Address

Subscribed and sworn to before me on this 30th day of June, 1941

(SEAL) Jas A. Foster Clerk of the District Court Notary Public, residing at
By Elsa M. Teil, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

JUL 8 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-205044469

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Midvale

3. RESIDENCE of FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Lorene Etta Evans.

5. Date of Birth (Month, day year) Nov. 5-1920

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Oliver Wolscot Evans.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Midvale (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Omera Belle Morris Evans
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Montezuma (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Oliver Evans (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Oliver Wolscot Evans Signature
Midvale Ida. P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

364 214 007 314

315411

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 410

RECEIVED JUL 12 1941

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE of FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Elsie May Comstock

5. Date of Birth (Month, day, year) 5-14-1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Harrison Comstock
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ketchum (City or town) Idaho (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Gertrude Campbell
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bellevue (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) 3A M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Comstock (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-8-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Gertrude Comstock, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elsie May Comstock (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H.H.Dutton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Gertrude Comstock Signature
919 E. Broadway, Anaheim, California P. O. Address

Subscribed and sworn to before me on this 8th day of July 1941

(SEAL) Joseph W Bald Notary Public, residing at Hailey, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155108 004395

315422

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 14 1941

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Montpelier, Ida.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Montpelier, Ida.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Montpelier, Ida.

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Allen Elmo Jensen

5. Date of Birth (Month, day, year) 9/8/20

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Orvile
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mary Lindbergh
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malmo (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ellen M. Jensen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Allen Elmo Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen M. Jensen Signature

509 S. 9th St. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of July, 1941

(SEAL) Anna Keefe Clerk Dist Court

Notary Public, residing at Pocatello Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

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SEP 26 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993/123 003-993

United States Department of Commerce
Bureau of Census

JUL 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county 14 years 8 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 325 N. Johnson
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address 325 N. Johnson

3. RESIDENCE of FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Harold Ernest Rice

5. Date of Birth (Month, day year) Jan. 23, 1920

6. Sex male

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Henry Rice
11. Color or Race American
12. Age at time of THIS birth 48 yrs.
13. Birthplace Williamsburg, Mass. (City or town) (State or foreign country)
14. Exact Occupation Supply Train Storekeeper, Union
15. Industry or Business Pacific Railroad Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Rice
17. Color or Race American
18. Age at time of THIS birth 35 yrs
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% ag NO3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead - - (d) Stillborn - -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:35 P.M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Rice (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) JUL 15 1941 (Date received) (b) Mabel H. Fisher (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho Date Jan. 23, 1920

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as , whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

412-129-010955

315532

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. R.R. ~~Hwy~~ Taylorville
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. Misc. Record

2. FULL NAME OF CHILD Max Edwin Wadsworth

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature No Full term yes | 7. Legitimate? yes | 8. Date of birth June 29, 1920 (Month, Day, Year)

FATHER

9. Full name Lester Wadsworth
10. Residence (usual place of abode) (If non-resident, give place and State) Taylorville
11. Color or race W | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Taylorville Ida Bonneville Co

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ruby Reese
19. Residence (usual place of abode) (If non-resident, give place and State) Taylorville Ida
20. Color or race W | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Benson Ward Cache Co Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Mch. 1927
26. Total time (years) spent in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Ag No 3
28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F E Roberts, M. D.
or ....., Midwife
Address Shelley Ida

Give name added from a supplemental report .....
(Date of)

Filed Aug 6, 1931 Mabel F Eeefer
Registrar. (over) Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Please mail Birth Certificate
to Lester Wadsworth at 2350 Ripple
St Los Angeles Cali

DEC 5 1961

666-217-006-217

Delayed

315533

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bingham
City of Shelley Ida
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 601 Local Registrar's No. Misc Record

2. FULL NAME OF CHILD Beulah Gayle Woodward

3. Sex Female | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ..... | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 17, 1930 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Woodward	18. Full maiden name Ida Sage
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Shelley Ida
11. Color or race W | 12. Age at last birthday 42 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sel Ag No 3

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F E Roberts, M. D.
or ....., Midwife
Address Shelley Ida
Filed June 28, 1931 Wm Walter E Fature
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 18 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

315537

CERTIFICATE OF BIRTH

JUL 8 1941

1. PLACE OF BIRTH
County of Bannock
City of Turner
No. 141-216-003-299 St.
(If born in hospital or institution give name.)

Registration District No. 511 State File No. 511
Prim. Registration District No. Local Registrar's No. 74

2. FULL NAME OF CHILD Leona Edith Adams

3. Sex | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? | 8. Date of birth 4 16, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ivan S. Adams	18. Full maiden name: Lucy Ann Kirby
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Preston, Idaho	22. Birthplace (city or place) (State or Country): Franklin, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrat of Silver

28. Number of children of this mother (At time of this birth and including this child): Four
(a) Born alive and now living yes (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Karch, M. D.
or , Midwife
Address Sade Spring Ida

Give name added from a supplemental report
(Date of)
Registrar.

Filed July 1, 1941 Mrs. G. G. Fitz
Registrar.

K

...THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 2 1972

386-203028-236

315560

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315560
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** JUL 15 1941
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D.No. 205 Indiana
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 18 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'alene
(d) Street Address or R.F.D.No 205 Indiana
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address 1818-N-4th

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Edna June Thornton

5. Date of Birth (Month, day year) March 3rd 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Judson Thornton
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Au Sable Mich. (City or town) (State or foreign country)
14. Exact Occupation Stage Driver
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Myrtle Stoddard
17. Color or Race white
18. Age at time of THIS birth 19 yrs
19. Birthplace Desmete S. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. none (b) Born alive and now living yes (c) Born alive and now dead no (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Viola M. Thornton (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) JUL 15 1941 (Date received) (b) Mabel H. Reed (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Myrtle Stoddard Thornton being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna June Thornton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1917 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. H. Holden (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Viola Myrtle Stoddard Thornton Signature
1818 4th St Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of July 1941

(SEAL) Notary Public, residing at Coeur d'Alene

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

BEFORE THE DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

BOISE, IDAHO

In the matter of: State File No. 315560

EDNA JUNE THORNTON.

AFFIDAVIT

STATE OF IDAHO)
ss.
COUNTY OF KOOTENAI)

VIOLA MYRTLE THORNTON, nee STODDARD and JUYNE EDNA THORNTON, being each first duly sworn, each deposes and says:

That in the making of the application for the certificate of birth above mentioned, Juyne Edna Thornton was erroneously named in the application and affidavits as Edna June Thornton, the affiants herein being, respectively, the natural mother of and the person to whom said birth certificate was issued.

Viola Myrtle Thornton

Juyne Edna Thornton

Subscribed and sworn to, before me, this 17th day of August, 1944.

J. Ward Arney
Notary public for Idaho, residing at
Coeur d'Alene. Com.exp. 11/1/47.

AUG 2 2 1944

389 106 019 114

United States
Department of Commerce
Bureau of Census

JUL 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315565

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Challis
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Challis.
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years 8 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer.
(c) City Challis
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 8 mos.
(f) Mother's mailing address Challis Idaho.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Harvey DeVon Christensen.

5. Date of Birth (Month, day year) April 6, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, ~~2nd, 3rd~~ 1st

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HAIRELD. HANS CHRISLENSEN.
11. Color or Race WHITE. AMERICAN.
12. Age at time of THIS birth 21 yrs.
13. Birthplace CHESTER UTAH (City or town) (State or foreign country)
14. Exact Occupation FARM. HAND.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL S. JAMES ~~CHRISTENSEN~~
17. Color or Race WHITE AMERICAN
18. Age at time of THIS birth 21 yrs
19. Birthplace MEXICO (City or town) (State or foreign country)
20. Exact Occupation HOUSE. WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) ~~Stillborn~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at Challis (born alive, stillborn) Ethel S. Christensen M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Rodgers (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X Mrs. Mary Rodgers (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bannock, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ~~Mary Rodgers~~ Ethel S. James-Christensen, being first duly sworn, say that I am ~~not acquainted~~ related. The Mother of Harvey DeVon Christensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kerkley (Name of attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Christensen. Signature

Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of July, 1941

(SEAL) F. E. Tydeman Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/22/41

DEC 30 1963

MAY 2 4 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-77868

419 110-003-231

315595

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County BANOCK (b) City POCATELLO
(c) Street Address or R.F.D.No. UNKNOWN
(d) Name of Hospital or Maternity Home: POCATELLO
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANOCK
(c) City POCATELLO
(d) Street Address or R.F.D.No. UNKNOWN
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME OF CHILD JEROME FRANCIS MARTELL

5. Date of Birth (Month, day year) FEB. 10, 1920

6. Sex MALE

7. Twin or Triplet NEITHER

If so—born 1st, 2nd, 3rd 1ST

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MERTON FRANCIS MARTELLE
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace PULASKI, WISCONSIN (City or town) (State or foreign country)
14. Exact Occupation HOTEL MANAGER
15. Industry or Business HOTEL

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL NANCY SLACK
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs
19. Birthplace HUBBARD, IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 15 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of MINNESOTA
County of HENNEPIN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EMMA L. SLACK, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) JEROME FRANCIS MARTELL (Name of person on certificate above) as AUNT (LEGAL GUARDIAN) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that UNKNOWN (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma L. Slack Signature

3217 - Freeport S. Minneapolis, Minn. Address

Subscribed and sworn to before me on this 17th day of JULY, 1941

(SEAL) [signature] Notary Public, Hennepin County, residing at Minneapolis, Minn.

Notary Public, Hennepin County, Minn.
My Commission Expires Feb. 8th 1941.

7/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

381 121023-556

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316765
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Ola
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D.No. Gem, Del.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Ola, Ola, Id.

3. RESIDENCE of FATHER (city, state) ~~deceased~~

4. FULL NAME OF CHILD Julius Edwin Chandler

5. Date of Birth (Month, day year) Nov. 21, 1920

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius Elison Chandler
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer & stockgrower
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Josephine Newell
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Enterprise Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Laura McKay (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura McKay, being first duly sworn, say that I am mother (Related to (or) acquainted with) Julius Edwin Chandler (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A Byrd (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura McKay Signature
Montour Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of July, 1941

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

299-110-022-156

316802

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 2 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D.No
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address St Anthony Idaho

3. RESIDENCE of FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Ross Gerald Birch

5. Date of Birth (Month, day year) May 10, 1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Verness Birch
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Milford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Larina Jeffs
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Castledale (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) David H Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. Larina Birch being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ross Gerald Birch (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Melton (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H Larina Birch Signature

St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of July, 1941

(SEAL)

O Peterson Notary Public residing at St Anthony
Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

362-116-016-415

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316819
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Yale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. own home
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Yale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Yale, Idaho

3. RESIDENCE of FATHER (city, state) Yale, Ida.

4. FULL NAME OF CHILD Raymond Everett Cobb

5. Date of Birth (Month, day year) Oct. 16 1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Calvin Cobb
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Prescott (City or town) Wash (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Dilferna Davis
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Cobb (Last name), who is related to this child as Mother (Mother, etc.).

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Mavel F Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. E. C. Cobb Sr ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~) and address Burley Ida Date 10/16 '20

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

515-106-209 RECEIVED

317051

United States Department of Commerce
Bureau of Census 168

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317051
Local Reg. No.
Reg. Dist. No.

Priest River,

1. PLACE OF BIRTH
(a) County Bonner (b) City Priest River,
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
He was Born at My Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Bonner,
(c) City Priest River,
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 25- yrs.
(f) Mother's mailing address Priest River
3. RESIDENCE of FATHER (city, state) Priest River

4. FULL NAME OF CHILD Wallace Hanson,

5. Date of Birth (Month, day year) January 6th. 1920.

6. Sex Male

7. Twin or Triplet No, If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John E. Hanson,
11. Color or Race White
12. Age at time of THIS birth ~~59~~ 39 yrs.
13. Birthplace Sweden, (City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business Farming,

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Johanson,
17. Color or Race White
18. Age at time of THIS birth ~~57~~ Yrs 36 yrs
19. Birthplace Sweden, (City or town) (State or foreign country)
20. Exact Occupation Farmer,
21. Industry or Business Farming,

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was had none (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) REC'D JUL 30 '41 (Date received) (b) Mabel H. Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature We had none, M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho. }
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Hanson, Mother, being first duly sworn, say that I am The Mother, (Related to (or) acquainted with)
of Wallace Hanson, (Name of person on certificate above) as in this Birth Certificate (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Emma Hanson Signature
Priest River, Idaho. P. O. Address

Subscribed and sworn to before me on this 26th. day of June, 1941.

(SEAL) Rieka M. Lee. Notary Public, residing at Priest River, Idaho
My Com. Ex. [illegible] May 15-43.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1947
MAR 1 4
1-1-41
DEC 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

256-128-040-796

317075

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Kellogg, Idaho

3. RESIDENCE of FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD William Snoey Jr

5. Date of Birth (Month, day year) July 28, 1920

6. Sex Male

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~ 9th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Snoey

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Rockanje (City or town) South Holland (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Groeneveld

17. Color or Race White

18. Age at time of THIS birth 29 yrs

19. Birthplace Rockanje (City or town) South Holland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 yes
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel M. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Snoey, being first duly sworn, say that I am related to (Related to (or) acquainted with)
William Jr Snoey, Jr. (Name of person on certificate above), as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kenneth (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth Snoey Signature
Rt 1 Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 30 day of July 1941

(SEAL)

Winnifred McPherson Notary Public, residing at Spokane

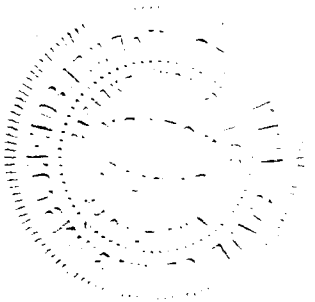
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



891-130-006-259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317110
Local Reg. No.
Reg. Dist. No.

JUL 31 1941

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Clifton Keele Hiatt.

5. Date of Birth (Month, day year) Dec. 30, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joel Walter Hiatt.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Mt Airy (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara M Keele
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Salem (City or town) Utah (State or foreign country)
20. Exact Occupation Home maker.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child ..... (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Maud F Keele (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joel W. Hiatt Clifton K. Hiatt (Name of person on certificate above), being first duly sworn, say that I am Father of (Related to (or) acquainted with) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Cox (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clifton K Hiatt Signature
Vale Oregon P. O. Address

Subscribed and sworn to before me on this 26 day of July, 1941

(SEAL) ..... Notary Public, residing at Vale Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-184-010-697

317135

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. None
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Harold Rothwell Hendrickson

5. Date of Birth (Month, day year) 1-4-20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Iver Rothwell Hendrickson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Gunnison Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Ardis Wilson
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Eau Claire Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Stenographer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 1 - 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Iver Rothwell Hendrickson being first duly sworn, say that I am father (Related to (or) acquainted with) related to Harold Rothwell Hendrickson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Iver Rothwell Hendrickson Signature

Drummond, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of July 1941

(SEAL) Thos B Fargo Notary Public, residing at Dubois, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

316-101-040-221

317145

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Murray Idaho

3. RESIDENCE of FATHER (city, state) Murray Ida

4. FULL NAME OF CHILD Charles Alexander Lafon

5. Date of Birth (Month, day year) Oct 1st 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Morton Booher Lafon
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Harrisonville Mo. (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Skalisky
17. Color or Race white
18. Age at time of THIS birth 33 yrs
19. Birthplace Palacky Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Lafon (First name) (Last name), who is related to this child as mother (Mother, etc.)

AUG 2 1941

26. (a) (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Annie Lafon M.D. (D.O., Midwife, etc.) and address Murray Ida Date 7-30-41

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Lafon, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Charles Alexander Lafon (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Lafon Signature

Murray Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of July, 1941

(SEAL)

Helen C McPhee Notary Public, residing at Murray Idaho

Com Expires 4-19-42

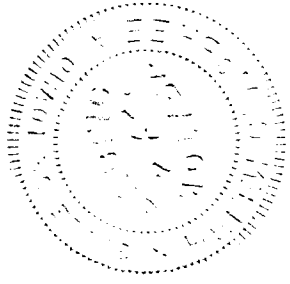
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



#19-121-042-793

317151

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Twin Falls County Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 14 days. IN THIS county years 2 month days

AUG 4 1941

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D.No. Rogerson Hotel
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address 11505 State St. Lynwood-Calif.

3. RESIDENCE of FATHER (city, state) Lynwood-Calif

4. FULL NAME OF CHILD Robert Leslie Hartley

5. Date of Birth (Month, day year) March 21-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9-

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Hill Hartley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hoehne (City or town) Colorado (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business Twin Falls Hy. Dist.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Elvira Gillespie
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Sombrerete Zacatecas (City or town) Mexico (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Two (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel M. Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry Hill Hartley, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Robert Leslie Hartley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander (Name of attendant at birth), who attended said birth Last Known Address Twin Falls Idaho (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harry Hill Hartley Signature

11505 State St. Lynwood Calif. P.O. Address

Subscribed and sworn to before me on this 25th day of July 1934

(SEAL) F. L. Young Notary Public, residing at Lynwood, Calif

My Commission expires 1-14-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

854-107-025-854

317181

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 4 1941

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D.No. #3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeurd Alene
(d) Street Address or R.F.D.No. R3
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address R3 Coeurd Alene

3. RESIDENCE of FATHER (city, state) Coeurd Alene Ida

4. FULL NAME OF CHILD Alfred J. Hedal

5. Date of Birth (Month, day year) Jan 7th 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

Alfred Edward

FATHER OF CHILD

10. FULL NAME A. E. Hedal
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Twin Valley (City or town) Minn (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Virginia Hedal
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Roscoe (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Bedell, being first duly sworn, say that I am an Aunt (Related to (or) acquainted with) Alfred J. Hedal (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I acted as nurse (Name of attendant at birth) who attended said birth that Dr Dwyer (Is now deceased ~~(or) cannot be located~~) and that this birth has not been previously recorded.

Myrtle Bedell Signature
Coeurd'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of July 1941

(SEAL) E. H. Miles U.S. Notary Public residing at Coeur d'Alene

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1952

SEP 17 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

K44-128-042-239 # 317298 317298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County Twin Falls (b) City ~~Twin Falls~~ Amsterdam
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 3 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state) Amsterdam, Ida

4. FULL NAME OF CHILD Amos Jesse Human

5. Date of Birth (Month, day, year) June 28th 1930

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy x

9. Legitimate? x

FATHER OF CHILD

10. FULL NAME Charlie Arthur Human
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Clinton, Tenn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Celesta Ruth Sligar
17. Color or Race W
18. Age at time of THIS birth 27 years
19. Birthplace Stillwater Okla (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6.00 A M. on the date and at the place stated above, and that personal particulars were furnished by C A Human (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 8/16/41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C A Human, being first duly sworn, say that I am related to (Related to (or) acquainted with) Amos Jesse Human (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Father ~~was~~ the attendant (Name of attendant at birth) who attended said birth..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. A. Human Name

Eden, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August 1941

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-119-019-462

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. at home
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Stanley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.
(f) Mother's mailing address Stanley Idaho.

3. RESIDENCE of FATHER (city, state) Stanley Idaho

4. FULL NAME OF CHILD Lawrence Ivan Niece

5. Date of Birth (Month, day year) June 19th 1920

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Oscar David Niece	16. FULL MAIDEN NAME Lela Pearl Mosier
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 35 yrs.	18. Age at time of THIS birth 26 yrs
13. Birthplace Lapeer (City or town) Michigan (State or foreign country)	19. Birthplace Barry Co (City or town) Michigan (State or foreign country)
14. Exact Occupation Rancher.	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

AUG 15 1941

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Michigan
County of Kent } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lela Pearl Niece, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lawrence Ivan Niece (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lela Niece Signature
2129 Darwin Grand Rapids, Mich. P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1941

(SEAL) J. Ortiz Notary Public, residing at Grand Rapids, Mich.
my commr. expires Feb. 12, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815-112-002-364

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317392
Local Reg. No.
Reg. Dist. No.

AUG 8 1941

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Neitner
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City In country
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Fruitvale, Idaho

3. RESIDENCE of FATHER (city, state) Deceased.

4. FULL NAME OF CHILD George Fredrick Yantis

5. Date of Birth (Month, day year) Jan. 12, 1920

6. Sex Boy

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Ralph Yantis
11. Color or Race White
12. Age at time of THIS birth 50 yrs
13. Birthplace Shedd, Oregon (City or town) (State or foreign country)
14. Exact Occupation Rancher
15 Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Tomlinson
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Greeley, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Hamil (First name) (Last name), who is not related to this child as but a neighbor. (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel H. Edley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Hamil, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) George Fredrick Yantis (Name of person on certificate above) as a neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Brown M. D. (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Hamill Signature
Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of June, 19 41

(SEAL) H. A. Carr Notary Public, residing at Council Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

999-131-od-194

317406

United States
Department of Commerce
Bureau of Census

AUG 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Boise, Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
St. Lukes Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 3 days.
IN THIS county Boise years 1920 month Jan. 31st. days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Delbert Wayne Irion

5. Date of Birth (Month, day year) Jan. 31st. 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	George Knight Irion	16. FULL MAIDEN NAME	Donna Gaynell Armstrong
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	31 yrs.	18. Age at time of THIS birth	30 yrs
13. Birthplace	Desmoines, Iowa (City or town) (State or foreign country)	19. Birthplace	Nevada, Missouri (City or town) (State or foreign country)
14. Exact Occupation	Miner and prospector	20. Exact Occupation	Housewife
15. Industry or Business	Prospecting for gold	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by George Knight Irion (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) AUG 9 1941 (Date received) (b) Maud F. Geefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Knight Irion, being first duly sworn, say that I am the father (Related to (or) acquainted with) Delbert Wayne Irion (Name of person on certificate above) as Doctor who delivered dead (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nurses in maternity home (Name of attendant at birth) who attended said birth do not know if living, persume not (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Knight Irion Signature
La Porte Calif. P. O. Address

MY COMMISSION EXPIRES APRIL 12th, 1943

Subscribed and sworn to before me on this 4th day of August, 1941

(SEAL) C. H. O'Rourke Notary Public, residing at La Porte Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

552-105-024-255

RECEIVED

317452

United States Department of Commerce
Bureau of Census

AUG 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Gooding Co. Hospital Co
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
IN **THIS** county 30 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Ramon Ensunsa

5. Date of Birth (Month, day year) March 15-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gregorio Ensunsa
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Eneguchia (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ignacia Senega Ensunsa
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Elenchove (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead 6 ~ (d) Stillborn 2 ~

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel V. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ensunsa, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ramon Ensunsa (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. T. Cary (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ensunsa Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of August, 19 41

(SEAL) M. F. Ryan Notary Public, residing at Gooding, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

469 108 033 895

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

AUG 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Hibbard
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 32 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Hibbard
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Rexburg Ida R 3

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Sheldon J. Morris

5. Date of Birth (Month, day year) Sept. 8, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Conway Morris
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Morgan City, Morgan Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Hinckley
17. Color or Race white
18. Age at time of THIS birth 32 yrs
19. Birthplace Rexburg Madison Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Mdison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel H. Morris, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sheldon J. Harris (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lorin F. Rich (Name of attendant at birth), who attended said birth is deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel H Morris Signature

Rexburg, Idaho R D 3 P. O. Address

Subscribed and sworn to before me on this 4th day of August, 19 41

(SEAL) ____ Notary Public, residing at Rexburg, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

434-222010-318

317547

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: BORN AT RESIDENCE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD KATHERINE VIRGINIA McMILLAN

5. Date of Birth (Month, day year) JUNE 22, 1920

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME LELAND JAY McMILLAN
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace IDAHO FALLS, IDAHO (City or town) (State or foreign country)
14. Exact Occupation CONFECTIONER
15. Industry or Business CONFECTIONARY BUSINESS

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA KATHRINE TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs
19. Birthplace SALT LAKE CITY UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Clara K Taylor McMillan being first duly sworn, say that I am mother of (Related to (or) acquainted with)
Katherine Virginia McMillan (Name of person on certificate above), whose birth certificate (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. F. O'Donnell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara K. Taylor McMillan Signature
133 Ryon Lt Bellflower Calif Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) W. A. Johnson Notary Public, residing at Bellflower, Calif

My Commission Expires May 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

255724014719

United States
Department of Commerce
Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

318717 318717

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa,
(c) Street Address or R.F.D.No. 224 11th Ave.No.
(d) Name of Hospital or Maternity Home:
Born at parental home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ---- days.
IN THIS county ----years----month-----days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa No.
(d) Street Address or R.F.D.No. 224 11th Ave.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address 224 11th Ave.No.

3. RESIDENCE of FATHER (city, state) Nampa, Idaho.

4. FULL NAME OF CHILD William James Bever

5. Date of Birth (Month, day year) Dec. 24,1920

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Liston Bever

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Kearney, Nebraska. (City or town) (State or foreign country)

14. Exact Occupation Storekeeper

15. Industry or Business Grocer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Edna Garton

17. Color or Race White

18. Age at time of THIS birth 34 yrs

19. Birthplace Wellsburg, West Virginia. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoral

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Maurice F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho,
County of Canyon. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Blanche Edna Bever, being first duly sworn, say that I am the mother of the (Related to (or) acquainted with) said William James Bever, (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. J. Neely (Name of attendant at birth), who attended said birth is now dead, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Blanche Edna Bever Signature

504 13th Ave. So., Nampa, Idaho. P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941

(SEAL) [signature] Notary Public, residing at Nampa, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 20 1941

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home of Mother's parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. IN **THIS** county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address R. F. D. No. 2

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Allen Earl Makin

5. Date of Birth (Month, day year) Oct. 7 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Clifford Makin
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Enterprise (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Ruth Lolley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wheaton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum name used not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Lolley (Last name), who is related to this child as Grandmother (Mother, etc)

26. (a) AUG 20 1941 (Date received) (b) Mabel V. Eby (Registrar's signature) on 25

27. Given name added on ..... by ..... (Registrar's signature)

Attendant's **OWN** signature Ida Lolley M.D. (D.O., Midwife, etc.)
and address Portland, Ore Date 8-19-41

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Viola Makin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Allen Earl Makin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Marshall (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Viola Makin Signature

P. O. Address

Subscribed and sworn to before me on this 19th day of August, 19 41.

(SEAL)

E W Harris Notary Public residing at Portland, Ore

Notary Public for Oregon

My commission expires May 25, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K-32-41

MAY 28 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 113 001 254 # 318874

United States
Department of Commerce
Bureau of Census

SEP 2 1941 (Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1912 Harrison
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home 12 days.
IN **THIS** county 11 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1912 Harrison
(e) How long has **MOTHER** lived in Idaho? ~~22~~ 11 yrs.
(f) Mother's mailing address 1912 Harrison

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD John J. McCue

5. Date of Birth (Month, day year) Sept 13, 1920 ~~May 14 1873~~

6. Sex Mall
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Joseph McCue
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Buffalo N.Y. (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Atella L. ~~McCue~~ Bedard
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Maywood Ill (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Atella McCue (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP - 2 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Atella L. McCue, being first duly sworn, say that I am related to (Related to (or) acquainted with) John J. McCue (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. L. B. McCalla (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Atella L. McCue
Atella L. McCue Signature
1912 Harrison Blvd. P. O. Address

Subscribed and sworn to before me on this 2nd day of September, 1941
(SEAL) Charles F. Reddock Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1 1943

DEC 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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318876

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318876

Local Reg. No.

Reg. Dist. No.

SEP - 2 1941

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 20 month 6 days 13

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. Rt 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Hansen Ida.

3. RESIDENCE of FATHER (city, state) Twin Falls Co. Idaho

4. FULL NAME OF CHILD Harold Edwin Walton

5. Date of Birth (Month, day year) Sept. 15. 1920

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Simeon Arlie Walton
11. Color or Race Wh **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Isabel Larsen
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Rock Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 27 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Twin Falls }

I, Florence Isabel Walton, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Harold Edwin Walton as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Morgan, who attended
(Name of attendant at birth)
said birth is deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Florence Isabel Walton Signature
Rt. 2 Hansen - Ida. P. O. Address

Subscribed and sworn to before me on this 27th day of August, 1941
(SEAL) John B. Robertson Notary Public, residing at Twin Falls - Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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318891

318891

United States
Department of Commerce
Bureau of the Census

SEP - 4 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Pinteloss
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Oregon (b) County Malheur
   (c) City Ontario
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.
   (f) Mother's mailing address (For registration notices) Oregon
   Melba Montgomery (Street or R. F. D.) Ontario (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ontario Oregon

4. **FULL NAME OF CHILD** Jerold Clifford Montgomery

5. Date of Birth (Month, day, year) May 3rd 1930

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jerold Stevens Montgomery
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Boise (City or Town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melba Angelene Clifford
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ennis (City or Town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 A— M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) Maud H Keller (Registrar's signature)

25. Attendant's **OWN signature** H. D. Jones M.D. (D.O., Midwife, etc.)
and address Idaho Falls Idaho Date Sept 3-41

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

319107006-29 SEP - 4 1941 # 318895

318895

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. At home
IN **THIS** county 10 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Shelley, Rt. 2

3. RESIDENCE of FATHER (city, state) Goshen, Ida.

4. FULL NAME OF CHILD Don B. Larsen

5. Date of Birth (Month, day year) April 7, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Raphael Larsen

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming & live stock

15. Industry or Business Farming & live stock

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Bradley

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Moroni, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jacob Raphael Larsen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, Jacob Raphael Larsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Don B. Larsen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jacob Raphael Larsen Signature
2510 Regan St P. O. Address

Subscribed and sworn to before me on this 5th day of Sept, 1941
(SEAL) [signature] Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286 114 015 318

#318904

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou, (b) City Soda Springs
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home:
Rasmussen Maternity Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Bancroft, Idaho.

3. RESIDENCE of FATHER (city, state) Bancroft, Id

4. FULL NAME OF CHILD David Sanford Short

5. Date of Birth (Month, day year) Sept. 14, 1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William LaFayette Short
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cortland, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Taylor
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace Watertown, So. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Russell Tigert M.D. (D.O. Midwife, etc.)
and address Soda Springs Idaho Date 9-3-41

State of Oregon
County of Polk } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mable Taylor Short, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Sanford Short (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Taggert (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Taylor Short Signature

Independence, Oregon. P. O. Address

Subscribed and sworn to before me on this 13th day of August, 19 41

(SEAL)

E. K. Retsloff Notary Public, residing at Dallas, Oregon.

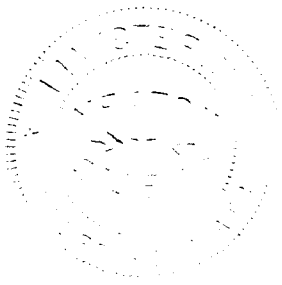
Notary public for Oregon. My commission expires Sept. 20, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



285711004-356

United States Department of Commerce
Bureau of Census

AUG 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318928
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County BEAR LAKE (b) City MONTPELIER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BEAR LAKE
   (c) City MONTPELIER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) LIBERTY

4. **FULL NAME OF CHILD** WILLIAM GEORGE SHEPHERD

5. Date of Birth (Month, day year) 9-11-1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE. EDWARD SHEPHERD
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace PARIS (City or town) IDAHO (State or foreign country)
14. Exact Occupation CREAMERY
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCY BLANCHE LEWIS
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace dlingle (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Aug 22-1941 (Date received) (b) Mary T Eller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Geo. E. Shepherd, being first duly sworn, say that I am Related (Related to (or) acquainted with) William George Shepherd (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 of 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. E. Ashby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George E. Shepherd Signature

P. O. Address

Subscribed and sworn to before me on this 22 day of August, 19 41

(SEAL) Leon Adams Notary Public, residing at Montpelier

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census
993-205027-713

DELAYED
(the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318929
Local Reg. No.
Reg. Dist. No.

AUG 20 1941

1. PLACE OF BIRTH
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D.No. 3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D.No. 3
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Jerome Idaho.

3. RESIDENCE of FATHER (city, state) Jerome, Idaho.

4. FULL NAME OF CHILD Beverley Joy Rice

5. Date of Birth (Month, day year) Oct. 5th, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Elbert Floyd Rice
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Virginia (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alberta Alta Patrick
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Germania (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Alberta Rice (First name) (Last name), who is related to the child as mother. (Mother, etc.)

AUG 20 1941

25. Attendant's OWN signature Mrs Myrtle Wilson M.D. and address Date (D.O., Midwife, etc.)

26. (a) (Date received) (b) Mavel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED STAMP ADDED TO CERTIFICATE FACE
08/02/2017 AJT

JUL 28 2017

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

992102044-962

United States
Department of Commerce
Bureau of the Census

AUG 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318933
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Weiser
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 11 years 11 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ore (b) County Malheur
(c) City Vale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Vale Ore.

3. **RESIDENCE OF FATHER** (city, state) Vale Ore.

4. **FULL NAME OF CHILD** John Lyle Irby.

5. Date of Birth (Month, day, year) April 2. 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Henery Irby
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Huston (City or town) Texas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth A. Robbins
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Weiser (City or town) Boise (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 19 - 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Oregon,
County of Malheur. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth A. Irby, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ruth A. Irby Name
Box 253, Vale, Oregon. P. O. Address

Subscribed and sworn to before me on this 18th day of August, A. D. 1941.

(SEAL) B. M. Mendive Notary Public, residing at Vale, Oregon.
My Commission Expires 3/13/45.

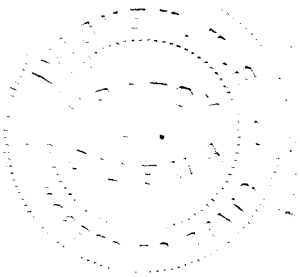
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

F-29-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



342-103 034 693

319110

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319110
Local Reg. No.
Reg. Dist. No.

AUG 29

1. PLACE OF BIRTH
(a) County Minnidoka (b) City Rupert Idaho
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: Same.
In Hosp. or Mat. Home ..... days.
IN THIS county yes years 4 yrs. ... months ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minnidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Rupert Idaho
3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Melvin LaVear Lukins
5. Date of Birth (Month, day, year) 5/3/1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loyd Oscar Lukins
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hutchinson Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Emma Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rockport Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 17:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elva (First name) Lukins (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 29 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Ben Olendorff (D.O., Midwife, etc.)
and address Silver City, Nev. Date 8/27/41

State of Nevada
County of Lyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elva Emma Wilson Lukins, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin LaVear Lukins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elva Emma Wilson Lukins (Signature)
Camp Richarson, Lake Tahoe, Calif. P. O. Address

Subscribed and sworn to before me on this 27 day of August, 1941

(SEAL) [signature] Notary Public, residing at Silver City, Nev.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-226040-369

United States
Department of Commerce SEP 2 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address ~~or R.F.D.No.~~ River St.
(d) Name of Hospital or Maternity Home: Wallace Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home No days. IN THIS county 4 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No. River St
(e) How long has MOTHER lived in Idaho? 31+ yrs.
(f) Mother's mailing address Wallace Idaho

3. RESIDENCE of FATHER (city, state) Wallace Idaho

4. FULL NAME OF CHILD Catherine Jane Wethered
5. Date of Birth (Month, day year) August 26, 1920
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Wethered
11. Color or Race White
12. Age at time of THIS birth 37+ yrs.
13. Birthplace Princeton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cassie May Coram
17. Color or Race White
18. Age at time of THIS birth 31+ yrs
19. Birthplace Grangeville Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Roy Wethered (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 2 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Max V. [signature] M.D. (D.O., Midwife, etc.) and address Wallace, Idaho Date 8/23/41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

759 114032.369

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP - 3 1941

State File No. 319263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D.No. Big Wood River
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 6 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D.No. Big Wood River
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address R.F.D. Shoshone

3. RESIDENCE of FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Sidney Peter Perry

5. Date of Birth (Month, day year) June 14, 1920

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes.

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Manuel Afonso Perry	16. FULL MAIDEN NAME	Mary C. Correia
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	36 yrs.	18. Age at time of THIS birth	33 yrs
13. Birthplace (City or town)	Cervaes, Portugal (State or foreign country)	19. Birthplace (City or town)	Cervaes, Portugal (State or foreign country)
14. Exact Occupation	Farmer	20. Exact Occupation	Housewife
15. Industry or Business	Farmer	21. Industry or Business	Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 3-1941 (Date received) (b) Marvel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of New Jersey
County of Middlesex } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Manuel Afonso Perry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sidney Peter Perry (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no professional attendant (Name of attendant at birth) attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Manuel Afonso Perry Signature
352 Keene Street, Perth Amboy, N.J. P. O. Address

Subscribed and sworn to before me on this 26th day of August, 1941

(SEAL) Samuel V. Conway, residing at Perth Amboy, N.J.
An Attorney ~~at Law~~ of New Jersey

Use only BLACK Ink or BLACK Record typ[illegible]bbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postag[illegible]ate Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

769 225037613 319307

United States
Department of Commerce
Bureau of Census

SEP 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Bruneau, Idaho

3. RESIDENCE of FATHER (city, state) Bruneau, Idaho

4. FULL NAME OF CHILD Amanda Merle Portlock

5. Date of Birth (Month, day year) Nov. 25, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Murrel Portlock
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bruneau, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business In Owyhee County

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Wallace
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Tillamook, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Blanche Portlock (First name) (Last name), who is related to this child as Mother (Mother, etc.)

SEP 8 1941

26. (a) ..... (Date received) (b) Maurice H. Eisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature W. H. Becker M.D. (D.O., Midwife, etc.) and address Times Bldg Portland Or Date 8-26-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-12-41

APR 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the ~~attending physician~~ or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-112-034-219 #319320

United States
Department of Commerce
Bureau of Census

SEP 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City Rupert,
(c) Street Address or R.F.D. No. Just off Scott Ave.
(d) Name of Hospital or Maternity Home: At parents' home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home nil days (not remember exact days.)
IN **THIS** county 13 years 6 month do/ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert, Ave.
(d) Street Address or R.F.D. No. Just off Scott/
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Rupert, Idaho.

3. RESIDENCE of FATHER (city, state) deceased.

4. FULL NAME OF CHILD Elwood Ferrel Hedrick

5. Date of Birth (Month, day year) 1-12-20

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wallace Hedrick
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Genesee, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Mercantile business. Owner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Barber,
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pullman, (City or town) Washington. (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Housewife: [illegible]

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Winnie Hedrick (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) Mary I Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Pocatello Ida Date 9/9/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343129 005-135

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BENEWAH (b) City TENSED
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: At FAMILY HOME ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county [illegible] years 8 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County BENEWAH
(c) City TENSED
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 1 — yrs.
(f) Mother's mailing address TENSED Idaho

3. RESIDENCE of FATHER (city, state) TENSED Idaho

4. FULL NAME OF CHILD HOMER THEODORE LUCAS

5. Date of Birth (Month, day year) October 28-1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CARL J. LUCAS
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace NOEL (City or town) MISSOURI (State or foreign country)
14. Exact Occupation GROCER
15. Industry or Business LUCAS PERLEY HANNA Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DANA GEORGANN ALEXANDER
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace NOEL (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Carl J Lucas (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Sept 11-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature C.B. Clizer M.D. (D.O., Midwife, etc.) and address Zeikoa wn Date Sept 9 41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9 – 11 – 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-124 006-163

SEP 10 1941

319392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home ..... Days
In THIS county 3 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice): Shelley, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Scott Wadsworth

5. DATE OF BIRTH (Month, day, year) 7-24-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles W. Wadsworth

11. Color or Race White

12. Age at time of THIS birth 60 yrs.

13. Birthplace Hooper, Utah,
(City or Town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jolley

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Mt. Carmel, Utah,
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper,

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 a. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elizabeth Wadsworth, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel F. Eeley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D.
(D.O., Midwife, etc.)
and address Shelley Date July 9-3-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances ~~of~~ regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No No..... Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutler M.D.

369109 016 - 719

319624

319624

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 30 1941 **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. 319624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. 3rd & Almo Sts
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. 3rd & ALMO
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address DECEASED

3. **RESIDENCE of FATHER** (city, state) BOISE-IDAHO

4. **FULL NAME OF CHILD** RICHARD NICHOLS CORDELL

5. Date of Birth (Month, day, year) 10-9-20

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ARCHIE ELVEL CORDELL
11. Color or Race AMERICAN
12. Age at time of THIS birth 22 yrs.
13. Birthplace BOISE-IDAHO (City or town) (State or foreign country)
14. Exact Occupation OFFICE MANAGER-
15. Industry or Business DAVIS DEPT STORE BURLEY IDAHO

MOTHER OF CHILD

16. **FULL MAIDEN NAME** REBA VERN PARKER
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace AMERICAN FORK-UTAH (City or town) (State or foreign country)
20. Exact Occupation STENOGRAPHER
21. Industry or Business CASSIA COUNTY RECORDER BURLEY-IDAHO

22. Name prophylactic used to prevent Ophthalmia Neonatorum NA NITRATE 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 11 50 P M. on the date and at the place stated above, and that personal particulars were furnished by ARCHIE CORDELL (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Mabel H Edelen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature H H Cooper M.D. (D.O., Midwife, etc.)
and address Grandview Ida Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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261-121-014-753

320951

United States
Department of Commerce
Bureau of the Census

SEP 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. .....
Local Reg. No. 753
Reg. Dist. No. 36-1

1. **PLACE OF BIRTH:**
   (a) County Gooding (b) City Caldwell
   (c) Street Address or R.F.D. No. Route
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ——— Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) ~~State~~ Idaho (b) County Gooding
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Route
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Brian Edward Bateman

5. **DATE OF BIRTH** (Month, day, year) Jan 21, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Bateman

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Boise Ada Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Katherine Peterson

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 9-1941 (Date received) (b) M. Montgomery (Registrar's signature)

Attendant's OWN signature M. Montgomery M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 9 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

319-121-010-662

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320958
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Edmund F Carter

5. Date of Birth (Month, day year) Oct 21 1920

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Sidney Frank Carter
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Joseph (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elberta Foster
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Twin Bridges (City or town) Mont (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Mont
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Elberta Carter, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Edmund F Carter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hollister (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Elberta Carter Signature
P. O. Address

Subscribed and sworn to before me on this 20 day of Sept 1941
(SEAL) James Dougan Notary Public, residing at Notary Public for the State of Montana, Residing at Butte, Montana.
My Commission Expires Sept. 25, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 25 1961

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

D82-102-026-319

320971

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: 9 miles at my own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. main st.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Gen. Del.

3. RESIDENCE of FATHER (city, state) Rigby

4. FULL NAME OF CHILD Chester Vernell Baybee

5. Date of Birth (Month, day year) Mar 2, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George LeRoy Baybee

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Manti (City or town) Utah (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evaline Larsen

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Ovey (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Evaline Larsen Baybee (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept 22-1941 (Date received) (b) Mabel Heider (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature O. F. Hall M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Wash
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Evaline Baybee Signature
Federal Ave Route 5 P. O. Address

Subscribed and sworn to before me on this 22nd day of September 1941

(SEAL)

..... Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-115-032-391

United States
Department of Commerce
Bureau of the Census

SEP 17 1941 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dill Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ½ days.
In **THIS** county 7 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Ketchum Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address (For registration notice): Ketchum (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Crandall Lane

5. Date of Birth (Month, day, year) March 15th 12-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Pusey Lane

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Stockville Nebr. (City or Town) (State or foreign country)

14. Exact Occupation Merchant & Stockman

15. Industry or Business Gen. Merc.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adeline May Crandall

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Overton Nebr. (City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept 17-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone Idaho Date Sept. 16/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

MAR 11 1953

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations: None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: None

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician:

[signature]

845-104-031-315

320987

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 17 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Lewis (b) City Near Nez Perce
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at home on farm
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City On farm near Nez Perce
   (d) Street Address or R.F.D.No. /
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.
   (f) Mother's mailing address Orofino Idaho

3. **RESIDENCE of FATHER** (city, state) Orofino Idaho

4. **FULL NAME OF CHILD** Jamesie Chester Hunter

5. Date of Birth (Month, day year) October 4 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Milton N. Hunter
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lear Valley (City or town) Wis (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis A. Langdon
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Teakean (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O.,Midwife,etc.) and address ..... Date .....

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Milton N. Hunter, being first duly sworn, say that I am related (Related to (or) acquainted with) Jamesie Chester Hunter (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. M. Farely (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milton N. Hunter Signature

Orofino Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of August, 1941

(SEAL) H. H. Walrath Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 25 1941

469-205-010-345

United States
Department of Commerce
Bureau of Census

SEP 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321130
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1/2 days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. P E St.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address P E St.

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Frances Katherine Morgan

5. Date of Birth (Month, day year) Aug. 5, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert A. Morgan
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Philadelphia Penn (City or town) (State or foreign country)
14. Exact Occupation Auto Mechanics
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Eleanor Cunningham
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace St. Augustine, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Edith Morgan (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) SEP 29 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature H. D. Spencer M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date Sept 27-41

RECEIVED

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-21-41

JUL 11 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 727 014 859

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 1

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321150
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Caldwell
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address 416 Yale ave Nampa Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jack Cliford Fairless

5. Date of Birth (Month, day year) Dec 27 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John William Fairless
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sanpete County Utah (City or town) (State or foreign country)
14. Exact Occupation Rail road work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Herron
17. Color or Race white
18. Age at time of THIS birth 36 yrs
19. Birthplace Lehi City Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Montgomery (Name of attendant at birth), who attended said birth is living in Caldwell Idaho (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau ~~of~~ Vital Statistics ~~for the purp~~oses and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168 128-031-593

321175

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 23 1941

1. PLACE OF BIRTH
(a) County Lewis (b) City Craigmont
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ___ days.
IN **THIS** county 11 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Craigmont

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ernest Johnson

5. Date of Birth (Month, day year) 10-28-1920

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank James Johnson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Morden, Manitoba Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Mary Nichols
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Morden, Manitoba Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none.
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) SEP 23 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Johnson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ernest Johnson (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth — (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Johnson Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to ~~before~~ me on this 19 day of Sept 1941
(SEAL) Eugene Taylor Notary Public, residing at Craigmont Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 29 1951
OCT 29 1951

636 112 034 318

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321278
Local Reg. No. 198
Reg. Dist. No. 450

1. PLACE OF BIRTH
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Burley

3. RESIDENCE of FATHER (city, state) Wash.

4. FULL NAME OF CHILD William [redacted] FORREST Flowers

5. Date of Birth (Month, day year) Feb. 12. 1920

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William HARVEY Flowers
11. Color or Race White **12.** Age at time of THIS birth ..... yrs.
13. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie MARIE TAYLOR.
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace RADICAL Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo Silvol 15 %
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:10 P. M. on the date and at the place stated above and that personal particulars were furnished by William H. Flowers (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Sept 29-41 (Date received) (b) E. O. Edmonds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature E. O. Edmonds M.D. (D.O., Midwife, etc.)
and address Rupert Date Sept 29-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....
(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321320

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Bonneville (b) City Idaho Falls.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wayne Morse Parkison

5. Date of Birth (Month, day year) Aug. 26 - 1920

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Walter Franklin Parkison
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Genoa (City or town) Nebraska (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Morse
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eddyville (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Pakone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Ada Parkison, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Wayne Morse Parkison (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. C. Nattuta (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ada Parkison Signature
Hashmon Creek P. O. Address

Subscribed and sworn to before me on this 8th day of September 1941
(SEAL) [signature] Notary Public, residing at Hashmon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321379

United States
Department of Commerce
Bureau of Census

OCT 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address St. Anthony Idaho.

3. RESIDENCE of FATHER (city, state) St Anthony Ida.

4. FULL NAME OF CHILD Burton Justin Keller

5. Date of Birth (Month, day year) Feb. 3, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Justin Peter Keller
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Mantua (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Furniture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Marion Cox
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Plymouth Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1. (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 a.M. on the date and at the place stated above, and that personal particulars were furnished by Justin (First name) Keller (Last name), who is related to this child as Father (Mother, etc.)
26. (a) OCT 2 1941 (Date received) (b) Mabel Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature) RECEIVED
25. Attendant's **OWN** signature J. Frank Watkins M.D. (D.O., Midwife, etc.) and address 54 14 N. Figueroa Date 9-21-41 Los Angeles, Cal.

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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321416

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1026 No. 3rd St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: Stayed at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 17 years 10 month 8 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1026 No. 3rd.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address 1026 No 3rd St.

3. **RESIDENCE of FATHER** (city, state) Coeur d'Alene Ida.

4. **FULL NAME OF CHILD** Gertrude Idaho Parker

5. Date of Birth (Month, day, year) March 10, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Curtis Ray Parker
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace South Dayton (City or town) New York (State or foreign country)
14. Exact Occupation Millman
15. Industry or Business Winton Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Grace Allen
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Arkwright (City or town) New York (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argopole
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Mabel H Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Curtis Ray Parker, being first duly sworn, say that I am Father (Related to (or) acquainted with) Gertrude Idaho Parker (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr D.D. Drannen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Curtis Ray Parker Signature
3602 So. Ft. Tacoma, Wash. P. O. Address

Subscribed and sworn to before me on this 23 day of September, 1941

(SEAL) R F Preston Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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321483

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNER (b) City CLARKS FORK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City CLARKS FORK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.
(f) Mother's mailing address Clarks Fork, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD LUCILLE CHRISTIE HAYENGA

5. Date of Birth (Month, day year) Dec 16, 1920

6. Sex female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugo Hayenga
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Grundy Center, Iowa (City or town) (State or foreign country)
14. Exact Occupation Lumber-worker
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Christie
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Goodell, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. May Christie Hayenga (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) SEP 19 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO
County of KOOTENAI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MRS. MAY CHRISTIE HAYENGA, being first duly sworn, say that I am related to (Related to (or) acquainted with) LUCILLE CHRISTIE HAYENGA (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Nagel (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs May Christie Hayenga Signature
501 S. 12th St., Coeur d'Alene, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of September, 1941

(SEAL) Jas. A. Foster
By Elsa M. Feil Deputy

CLERK OF DISTRICT COURT
Coeur d'Alene, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 15 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321724

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City Linden
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.
   (f) Mother's mailing address (For registration notice): Southwick
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Fatherdeceased

4. **FULL NAME OF CHILD** Marvin Garner

5. Date of Birth (Month, day, year) Nov-14-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Anderson Garner

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Linden (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Alice McPhee

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Harrisburg (City or Town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mattie (First name) Garner (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Ellen Tarr M.D. (D.O., Midwife, etc.)
and address Southwick, Id. Date Oct-14

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

Dep of 1920 - 350945

249-213-009 455.

321726

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321726
Local Reg. No.
Reg. Dist. No.

OCT 14 1941

1. PLACE OF BIRTH
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Newport Idaho.

3. RESIDENCE of FATHER (city, state) Same as above

4. FULL NAME OF CHILD Betty Loraine Burnham

5. Date of Birth (Month, day year) Dec 13, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hale Grnold Burnham
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country) Michigan
14. Exact Occupation Mill Hand
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Irma May Denham
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Sonia (State or foreign country) Michigan
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was b (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Irma (First name) Kellogg (Last name) who is related to this child as mother (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bonner }

Re 11099.

I, Irma May Denham Burnham, being first duly sworn, say that I am Related (Related to (or) acquainted with) Betty Loraine Burnham (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth address not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irma May Burnham Kellogg. Signature

Sandpoint P. O. Address

Subscribed and sworn to before me on this 13th day of October 19 41

(SEAL) Francis J Long Probate Judge ~~Notary Public~~, residing at Sandpoint Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

MAY 25 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-220-025-295

321747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 9 1941

RECEIVED

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Kamiah Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Harrisburg

4. **FULL NAME OF CHILD** Frances Madeleine Harvey

5. Date of Birth (Month, day, year) 9/20-1920

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Clinton B. Harvey

11. Color or Race W.

12. Age at time of THIS birth 34 yrs.

13. Birthplace Galena Kan.
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera May King

17. Color or Race W.

18. Age at time of THIS birth 27 yrs.

19. Birthplace Harrisonville Mo.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Vera Harvey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9/20-'41 (Date received) (b) Beulah Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C. L. Bryan M.D. (D.O., Midwife, etc.)
and address Kamiah Date 10/6/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

AUG 15 194(

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

OCT 13 1953

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

294108 025466

321749

United States
Department of Commerce
Bureau of the Census

OCT 9 1941

RECEIVED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 11 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address (For registration notice): Woodland Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Woodland

4. **FULL NAME OF CHILD** Chester Glenn Simler

5. Date of Birth (Month, day, year) Apr. 8, 1920

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank Winfield Simler

11. Color or Race W.

12. Age at time of THIS birth 30 yrs.

13. Birthplace Nebraska
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth M. Moon

17. Color or Race W.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Kansas
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Simler (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) Sept. 20 '41 (Date received) (b) Beulah V. Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C. S. Bryan M.D. (D.O., Midwife, etc.)
and address Kamiah Date 9/19/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 14 1944

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

569-209 026-168

321823

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City (country)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home on farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City (home on farm)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address prior to child's birth. mother is deceased

3. RESIDENCE of FATHER (city, state) Terreton, Idaho,

4. FULL NAME OF CHILD Myrtle Sofia Nordstrom (~~now Tracy~~)

5. Date of Birth (Month, day year) Feb. 9, 1920

6. Sex female **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? ~~xx~~Yes

FATHER OF CHILD

10. FULL NAME Charles Nordstrom

11. Color or Race white **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Smedjebacken, Sweden (City or town) (State or foreign country)

14. Exact Occupation farming and stock raising

15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Sofia Johnson

17. Color or Race white **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Ludwicka, Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife. (now deceased)

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature (Dr. Beller was physician, but he is now deceased.) M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Nordstrom, being first duly sworn, say that I am the father of (Related to (or) acquainted with)
Myrtle Sofia Nordstrom (~~now Tracy~~) (father), whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beller, who attended said birth That I was personally present (Name of attendant at birth)
is deceased. and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Chas Nordstrom Signature

Terreton, Idaho. P. O. Address

Subscribed and sworn to before me on this 14th day of October 1941

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-20-44

AUG 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss. Certificate No. 321823
County of Bonneville. } AUG 6 1945 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Myrtle Sophia Nordstrom (Name on Original Certificate) who was born (Was Born or Died) on February 9, 1920, (Date of Event)
in Jefferson County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by home records and father (Bible Record, Insurance Policy, Etc.) prepared ~~XX~~ at the time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Myrtle Sofia Nordstrom	Myrtle Ruth Nordstrom
Legitimacy	No	Yes

Subscribed and sworn to before me this 3rd day of August, 1945

[signature]
Notary Public, residing at Idaho Falls, Idaho
My commission expires March 11, 1946.
(Seal)

Signed Chas Nordstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Terreton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1945

[signature]
Notary Public, residing at Idaho Falls, Idaho
My commission expires March 11, 1946.
(Seal)

Signed Carl A. Nordstrom
(Signature of Any Credible Person)
Terreton, Idaho
(Street Address, City, State)

AUG 1 7 1945

349-22-0042.693

United States
Department of Commerce
Bureau of the Census

OCT 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321866
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R F D No. Route # 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No. Route # 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Murtaugh, Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Verna Delphine Turner

5. Date of Birth (Month, day, year) Feb. 23rd 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy x

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Delphurd Roy Turner
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Berryville (City or town) Ark. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lillian Willis
17. Color or Race W
18. Age at time of THIS birth 25 years
19. Birthplace Henrietta (City or town) Texas (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5. 30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs R.D. Turner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs R.D. Turner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Verna Delphine Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. D.R. Turner .....Name
Murtaugh, Idaho .....P. O. Address

Subscribed and sworn to before me on this 11th day of October 1941

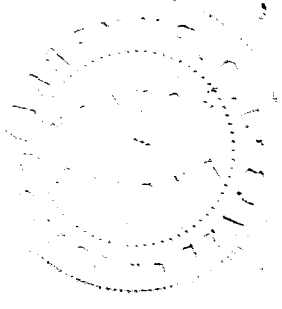
(SEAL) .....Notary Public, residing at Twin Falls, Idaho

1-21-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DUP OF 20-77373

755120 006-713

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321888

Local Reg. No.

Reg. Dist. No.

OCT 20 1941

1. PLACE OF BIRTH

(a) County Bingham (b) City Shelley

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Mrs. Phyllis McKehlle

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 7 days. IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City & Firth R.F.D.

(d) Street Address or R.F.D. No. 4

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

(f) Mother's mailing address Firth R.F.D.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Emile Ernest Gentillon

5. Date of Birth (Month, day year) 10-20-1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isadore Gentillon

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace France (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Palamp

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace France (City or town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above and that personal particulars were furnished by Isadore Gentillon (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature Effie Cullen M.D. (D.O., Midwife, etc.)

and address Shelley Date 10-19-41

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X718 123 006 213

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 20 1941

State File No. 321897
~~Local Reg.~~ No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Twelfth St.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~days~~ 1 hour
IN **THIS** county 20 years month 24 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Twelfth St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address 2814 Alsace Ave. Los Angeles Calif.

3. RESIDENCE of FATHER (city, state) 2814 Alsace Ave. Los Angeles Calif.

4. FULL NAME OF CHILD Richard Cornell Payne

5. Date of Birth (Month, day year) Sept. 22, 1920

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Randolph Franklin Payne (Ave Vance)
11. Color or Race American White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva La Verne Bates
17. Color or Race American White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Milo (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 % (now)
23. Number of children of this mother: (a) At time of birth and including this child ~~none~~ (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Eva L. Payne (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature H. L. Willson M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Ida Date 10-18-'41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Bonneville }

Certificate No. 321897

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or death)
for Richard Cornell Payne (Name on original certificate) who Was born (Was born or died) on Sept 23 1920 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Blessing (Bible record, insurance policy, etc.) prepared on June 5 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Jan. 8, 1899	Sept. 23, 1920

Subscribed and sworn to before me this 1st day of November, 19 41

Greta C. Jacobson
GRETA C. JACOBSON
NOTARY PUBLIC in and for the County of Los Angeles, State of California

Notary Public, residing at [illegible]

My commission expires August 17 1943
[SEAL]

Signed Ezra LaVerne Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 19 41

Greta C. Jacobson
GRETA C. JACOBSON
NOTARY PUBLIC in and for the County of Los Angeles, State of California

Notary Public, residing at [illegible]

My commission expires August 17 1943
[SEAL]

Signed Alice Wood Moore
(Signature of any credible person other than the previous affiant.)

512 No. New Hampshire Ave., Los Angeles, California
(Street Address, City, State)

Received for filing on [illegible] By [illegible]
(Registrar's signature)

465 117 006869

321921

United States
Department of Commerce
Bureau of Census

OCT 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. two
(d) Name of Hospital or Maternity Home: Parents residents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. two
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Shelley, Ida. #2

3. RESIDENCE of FATHER (city, state) Shelley, Ida

4. FULL NAME OF CHILD Lyle Julius Monson

5. Date of Birth (Month, day year) 11/17/1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Julius Neils Monson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Yorgenson
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Odense (City or town) Demark (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at nine A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Monson (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) OCT 20 1941 (Date received) (b) Mabel H Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature F E Roberts M.D. (Dr., Midwife, etc.) and address Shelley Ida Date Oct 17-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-121-064-215 #322893 322893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. do not remember
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
IN **THIS** county 5 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. moved to 2 places in Montpelier
(e) How long has **MOTHER** lived in Idaho? 8 years
(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE of FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Daniel Paul Jones.

5. Date of Birth (Month, day year) April 21 1920.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Rollie Miles Jones
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace unknown (City or town) Illinois (State or foreign country)
14. Exact Occupation Railroad fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Sanoska
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Minnesota (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Lincoln County

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 20-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ✓ M.D. (D.O., Midwife, etc.)
and address ✓ Date ✓

State of Minnesota
County of Lyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emily Sanoska Jones, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Daniel ~~Jones~~ Paul Jones (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Emily Sanoska Jones
Signature
P. O. Address

Subscribed and sworn to before me on this 17 day of October 1941
(SEAL) J. L. Begin, Notary Public, residing at Marshall Minn
Notary Public, Lyon County, Minn.
My Commission Expires August 15th, 1942.

(over)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-125 002-213 #322900

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

322900

County of Adams

City of Council

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child REX SEWELL Wilson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	May 25 1920

	FATHER	MOTHER
FULL NAME	Mr. J. Wilson	FULL MAIDEN NAME Linda Bates
RESIDENCE	Council	RESIDENCE Council
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	34	35
BIRTHPLACE	Ia. Iowa	BIRTHPLACE Colo
OCCUPATION	Farmer	OCCUPATION HW

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 6 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4/21 1920 OCT 23 1941

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH INK

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

322980

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

(If born in hospital or institution give name.)

OCT 23 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rex Sewell Wilson

3. Sex male

If plural births { 4. Twin, triplet, or other ... 5. Number, in order of birth .....

6. Premature ... Full term X

7. Legitimate? Yes

8. Date of birth March 25 1920 (Month, Day, Year)

FATHER

9. Full name William Jesse Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) Council, Ida.

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Greene (State or Country) Butler County, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work now, 19....

17. Total time (years) spent in this work 6 yr.

MOTHER

18. Full maiden name Virda Vera Bates

19. Residence (usual place of abode) (If non-resident, give place and State) Council

20. Color or race W | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Park County, Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work now, 19....

26. Total time (years) spent in this work 11 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ... (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at p m. on the date above stated

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) ....., M. D.

or William Jesse Wilson ~~Mother~~ Father

Address Council, Idaho

Filed ....., 193...

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Adams

Certificate No. 322900
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Rex Sewell Wilson (Name on original certificate) who was born (Was born or died) on March 25, 1920 (Date of event)
in Council, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by — (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wilson	Rex Sewell Wilson

Subscribed and sworn to before me this 5th
day of Nov., 1941
E. W. Ellingson
Notary Public, residing at Council, Idaho
My commission expires May 24, 1942
[SEAL]

Signed Virda V. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Council, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of Nov. 1941, 19
E. W. Ellingson
Notary Public, residing at Council, Idaho
My commission expires May 24, 1942
[SEAL]

Signed W. J. Wilson
(Signature of any credible person other than the previous affiant.)
Council, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUN 2 0 1945

NOV 1 8 1954

393-12-001-449

#322902 322902

United States
Department of Commerce OCT 22 1941
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH** RECEIVED
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. RD 4
   (d) Name of Hospital or Maternity Home: St Alphonsus
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 1 Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. RD 4
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.
   (f) Mother's mailing address (For registration notice): RD 4 Boise
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John. Tillotson

5. **DATE OF BIRTH** (Month, day, year) Sept - 21-1920

6. Sex M.

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Silas Tillotson

11. Color or Race Wh.

12. Age at time of THIS birth 31 yrs.

13. Birthplace ~~Boise Idaho~~ Montana
(City or Town) (State or foreign country)

14. Exact Occupation Rancher.

15. Industry Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Murphy

17. Color or Race Wh.

18. Age at time of THIS birth 27 yrs.

19. Birthplace Pasadena Calif
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Normal (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Murphy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** S W Forney M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 9/21/20

26. (a) OCT 22 1941 (Date received) RECEIVED (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

APR 11 1966

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes + No Pos Neg +

(e) Signature of Physician:

Shirley

174-120-001-769

#322929

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 512 Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years 5 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 512 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address 512 Idaho St.

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Vincent John Aguirre

5. Date of Birth (Month, day year) Oct. 20, 1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Maria Aguirre

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Segura, (City or town) Spain (State or foreign country)

14. Exact Occupation Shoemaker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gabina Josefa Goitia

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Lequeitio, (City or town) Spain (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 28-1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frank M. Aguirre, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vincent John Aguirre (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank M. Aguirre Signature
Box 2243 P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1941.

(SEAL)

James [illegible] Notary Public, residing at Boise

AUG 1 2 1969

MAR 1 6 1942

DEC.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-024-006-491

United States
Department of Commerce
Bureau of Census

OCT 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Mrs W.B. Dial Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Barbara Naomi Handwerk

5. Date of Birth (Month, day year) Oct. 24, 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Joseph Handwerk
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Oberlin Kansas (City or town) (State or foreign country)
14. Exact Occupation Resturant Manager
15. Industry or Business Resturant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Mae Dial
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 16 %
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:15 A M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Gertrude Handwerk (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mabel I Exeter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 10-16.41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

153-182-006-469

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Kimball
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Kimball
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Firth Idaho

3. RESIDENCE of FATHER (city, state) R. 1.

4. FULL NAME OF CHILD Dallas M. Anthony

5. Date of Birth (Month, day year) Sept 2 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Matthew S. Anthony
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Portage (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy A. Mortensen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 22 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Matthew Anthony, being first duly sworn, say that I am Father (Related to (or) acquainted with) Dallas M. Anthony (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Quick, M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Matthew Anthony Signature
RFD. # 1 Firth, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of October, 1941
(SEAL) Jno H Falk ~~Notary Public~~ Clerk of District Court residing at Blackfoot, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-128-026-753

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 9 yrs years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D.No. Rigby
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Rigby

3. RESIDENCE of FATHER (city, state) Rigby

4. FULL NAME OF CHILD Ashland LeRoy Saxton.

5. Date of Birth (Month, day year) July 28th, 1920

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Rodney S. Saxton	16. FULL MAIDEN NAME Annie Marie Peterson
11. Color or Race white 12. Age at time of THIS birth 29 yrs.	17. Color or Race white 18. Age at time of THIS birth 25 yrs
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)	19. Birthplace Glenwood, Utah. (City or town) (State or foreign country)
14. Exact Occupation laborer	20. Exact Occupation housewife
15 Industry or Business laborer	21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8.00 A M. on the date and at the place stated above, and that personal particulars were furnished by Annie Marie Saxton (First name) (Last name), who is related to this child as his mother (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mavel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. (D.O., Midwife, etc.) and address Rigby, Idaho. Date Oct 25, 1941

RECEIVED

State of nIdaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Marie Saxton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ashland LeRoy Saxton (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H.A.Anderson (Name of attendant at birth), who attended said birth is now living in poor health (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Marie Saxton Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of October, 1941

(SEAL) Bash R. Bennett Notary Public, residing at Rigby

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

864-120-009-993

323279

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 29 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Cabinet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Cabinet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 Before birth yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Cabinet Idaho

4. FULL NAME OF CHILD Lauchlen Richardson Hodges

5. Date of Birth (Month, day year) July 20-1920

6. Sex Mal

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ansel Hodges
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Harriett Richardson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Otter tail County (City or town) Minnesota (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Harriett Hodges, being first duly sworn, say that I am mother (related to) (Related to (or) acquainted with) Lauchlen Richardson Hodges (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Will Lloyd (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Harriett Hodges Signature
414 N. 5th Ave. Yakima Wash P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1941
(SEAL) O. F. Barrows Notary Public, residing at Yakima, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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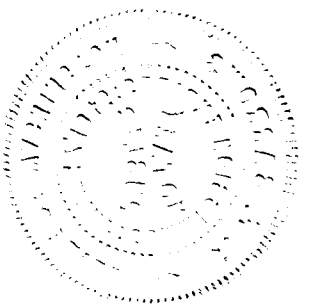


X 844-102-002-959

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Zink Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Meadows Ida

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Donald George Hurd

5. Date of Birth (Month, day year) Jan 2, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Hurd
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Eidson Tenn. (City or town) (State or foreign country)
14. Exact Occupation Ranch Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claire Jesse Reinert
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rushville Neb. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Claire (First name) Hurd (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Claire J. Hurd, being first duly sworn, say that I am related (Related to (or) acquainted with) Donald G. Hurd (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 169, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. & Nurse (Name of attendant at birth), who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Claire J. Hurd Signature
Meadows Ida P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1941
(SEAL) Carl E. Larson Notary Public, residing at New Meadows Idaho

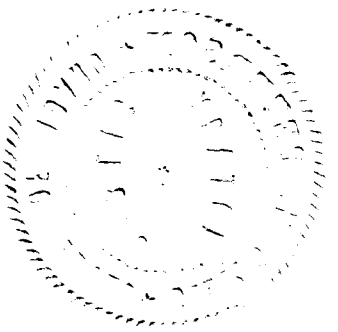
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 0 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-126-003-469

323367

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Thatcher

3. RESIDENCE of FATHER (city, state) Thatcher Idaho

4. FULL NAME OF CHILD Freeman Earl Covert

5. Date of Birth (Month, day year) 12/26/1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Reubin Earl Covert
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Lucile Foreman
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emily (First name) Covert (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Cyril H Elder (Registrar's signature)

25. Attendant's **OWN** signature Dead M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emily Lucile Covert, being first duly sworn, say that I am Related (Related to (or) acquainted with) Freeman Covert (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D.R. Hurtsand (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emily Lucile Covert Signature
Thatcher Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of October 1941

(SEAL) W. J. Mendenhall Notary Public, residing at Thatcher, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-23-027-386

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323371

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 801 W. Main E.
(d) Name of Hospital or Maternity Home: parents home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 Myrs.
(f) Mother's mailing address Jerome Ida.

3. RESIDENCE of FATHER (city, state) Jerome Ida.

4. FULL NAME OF CHILD Leland Grant Ostler

5. Date of Birth (Month, day year) June 29, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Johnathan Platt Ostler
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monar (City or town) Utah (State or foreign country)
14. Exact Occupation Millhand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Alice Thompson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at Jerome M. on the date and at the place stated above and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel H. Ostler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Physician Deceased M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Jerome }

I, Mary A. Thompson, being first duly sworn, say that I am Grandmother (Related to (or) acquainted with) Leland Grant Ostler (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary A. Thompson Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me on this 3 day of October 1941.

(SEAL) William G. Conator Notary Public, residing at Jerome Idaho

Probate Judge & Ex-Officio Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 269-227-022 849

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323417

Local Reg. No.

Reg. Dist. No.

NOV 3 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rose Sorensen

5. Date of Birth (Month, day year) June 27, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Neils Peter Sorensen

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Newton, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Hurd

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Snowville, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Sorensen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rose Sorensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Milton (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Martha L Sorensen Signature

P. O. Address

Subscribed and sworn to before me on this 31st day of October, 1941

(SEAL) Lonnie L Zachary Notary Public, residing at 1455 So Eastern Los Angeles Calif

My Commission Expires July 16, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 692-112 010 343

323421

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Bonneville Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. IN **THIS** county years month days

NOV 5 1941 RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Irwin Ida

3. RESIDENCE of FATHER (city, state) Irwin Ida

4. FULL NAME OF CHILD Henery Alvero Fisher

5. Date of Birth Oct. 12. 1920 (Month, day year)

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lewis Alvero Fisher
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Irwin Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Butler
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho Falls (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7-A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) NOV 5 1941 (Date received) (b) Mary M Elder (Mother, etc.) (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature H D Spence M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date Nov 7-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

+363 119 030 466

United States
Department of Commerce
Bureau of Census

NOV 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 29 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD JOSEPH DANIEL COCKRELL

5. Date of Birth (Month, day year) FEB. 19, 1920

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ORA COCKRELL
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace SALMON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LORA BERNICE MOORE
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace SEDALIA (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) NOV 5 1941 (Date received) (b) Mabel I Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LORA MOORE COCKRELL, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) JOSEPH DANIEL COCKRELL (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. C. E. HANMER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lora Moore Cockrell Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 24th day of OCTOBER, 1941
(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO
MY COMMISSION EXPIRES DECEMBER 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-229-042-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENNIE ELIZABETH CHILTON		2. Date Of Birth (month) (day) (year): MAY 29 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TWIN FALLS; b. City or Town of Birth: TWIN FALLS IDAHO
FATHER	6. Full Name of Father: ALFRED CARL CHILTON		7. State or Country of Father's Birth: ESTILL SPRINGS, TENN.
MOTHER	8. Full Maiden Name of Mother: JENNIE HOUGHTON MULLIKIN		9. State or Country of Mother's Birth: TULLAHOMA, TENN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Elizabeth Chilton	11. Present Address of Registrant: 1304 BEL AIRE DR
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1979	12. Signature of Notary: B R Ganich	13. Notary Commission expires: 5-2 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Jefferson Standard Life Ins.	Date issued: Co. 9/29/44	Date Orig. Entry: Sep.29,1944
	Date of Birth: May29,1920	Birth Place: Idaho	Full Name of Mother: Jennie Mullikin Chilton	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Social Security # application	By whom issued and signed: Social Security Administration	Date issued: Sep.21,1979	Date Orig. Entry: Dec.1939
	Date of Birth: May29,1920	Birth Place: Twin Falls, ID	Full Name of Mother: Jennie Mullikin	Name of Father: Alfred C. Chilton
SUPPORTING RECORD 3.	Type of Document: Employment application	By whom issued and signed: Traffic Department, Telephone	Date issued: Co. Oct.29,1979	Date Orig. Entry: Dec.23,1940
	Date of Birth: May29,1920	Birth Place: Twin Falls, ID	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	NOV 07 1979

FORM BH 56067 2 cc sh Correction of # 323461 6-7-79

Correction Mrs Whitt mother is Jennie Chilton
(Mrs W. H. Whitt mother Jennie Chilton)

389-209-042-443

United States Department of Commerce Bureau of Census

NOV 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323461

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 409-4 ave W
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 409-4 ave W
(e) How long has **MOTHER** lived in Idaho? 3 mo yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jennie Elizabeth Chilton

5. Date of Birth (Month, day year) May 9, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Carl Chilton
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Estill Springs Tenn (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Rock Crusher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Mullikin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Tullahoma Tenn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 5-1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Tennessee } ss.
County of Coffee }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Chilton, being first duly sworn, say that I am Related (Related to (or) acquainted with) Jennie E. Chilton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. M. Little (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jennie M. Chilton Signature

Tullahoma Tenn P. O. Address

Subscribed and sworn to before me on this 1st day of Nov, 1941

(SEAL) J. J. Causer Notary Public, residing at Tullahoma Tenn

my Com Exp. 1/8/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1979

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-101 010-491

United States
Department of Commerce
Bureau of the Census NOV 13 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323501
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH** RECEIVED
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Idaho Falls #1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 6 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) Reporce (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Darwin Albert Sucher

5. Date of Birth (Month, day, year) 10/1/20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Myron Sucher
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Talmadge, Nebraska (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Edith Drake
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Winona Kansas (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 A— M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 13 1941 (Date received) RECEIVED (b) Mabel Keele (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** H. Stephenson M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date Nov 5-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

+419 105 044 212

United States
Department of Commerce
Bureau of Census

NOV 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323581
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD IRA BAKER MARTIN

5. Date of Birth (Month, day year) June 5, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Martin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace London (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Lavina Baker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Custer (City or town) S. Dakota (State or foreign country)
20. Exact Occupation
21. Industry or Business House-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Martin (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Eva Meier R.N. ~~M.D.~~ (D.O., Midwife, etc.) and address Weiser Ida Date Nov. 1-41.

RECEIVED

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora L. Martin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ira Baker Martin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. R. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora L. Martin Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1941
(SEAL) Roberta Raubach Notary Public, residing at Weiser, Idaho

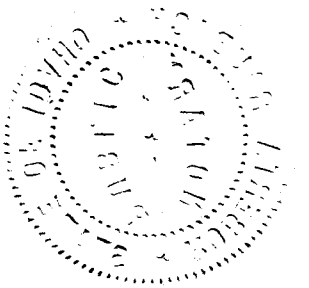
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 4 1949



154 222-626-155

United States
Department of Commerce
Bureau of Census

NOV 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323612
Local Reg. No. 197
Reg. Dist. No. 641

1. PLACE OF BIRTH
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. R. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. R. #2
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Rigby. R#2

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD BLANCHE EILEEN ANDERSON

5. Date of Birth (Month, day, year) 2/22/20

6. Sex F.M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Otto Elmer Anderson.	16. FULL MAIDEN NAME Ivane Christine Jensen
11. Color or Race White 12. Age at time of THIS birth 31 yrs.	17 Color or Race White 18. Age at time of THIS birth 22 yrs.
13. Birthplace Alma, Kansas (City or town) (State or foreign country)	19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation Housewife
15. Industry or Business Farm	21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Ivane C. Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 1, 1941. (Date received) (b) Mrs A B Echeverell (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ivane Christine Anderson being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Eileen Anderson (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sam Price (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ivane Christine Anderson Signature
Rigby-2, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county — years 9 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3/4 yrs.
(f) Mother's mailing address Paul Idaho

3. RESIDENCE of FATHER (city, state) Paul Idaho

4. FULL NAME OF CHILD Frank Ray Parrish

5. Date of Birth (Month, day year) Oct. 4-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Raymond Lindsay Parrish
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Otis (City or town) Colorado (State or foreign country)
14. Exact Occupation Store keeper - Sugar Factory
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Annie Godfrey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Nov 12-1941 (Date received) (b) Mabel F. Elfer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sophia Annie Parrish, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank Ray Parrish (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harry Adams (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sophia Annie Parrish Signature
R 1 Box 161 Kelso Washington P. O. Address

Subscribed and sworn to before me on this 8 day of November, 1941
(SEAL) H. H. DeHart ~~Notary Public, residing at~~
Auditor Cowlitz County, Kelso, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-103-039-789

323657

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323657
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address American Falls, Ida

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Willard Alfred Rowe

5. Date of Birth (Month, day year) May 3, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard Alfred Rowe

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Groton, (City or town) South Dakota (State or foreign country)

14. Exact Occupation Farmer and Stockgrower

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Phillips

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Ferron, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Ross Mitchell (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) Mabel Keller (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Willard Alfred Rowe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willard Alfred Rowe (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McKinnon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Willard A. Rowe
Signature

American Falls, Idaho
P. O. Address

Subscribed and sworn to before me on this 7th day of November, 1941

(SEAL)

Richard Brunson
Notary Public, residing at American Falls, Ida.

My commission expires Dec. 8, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-120-010-614

323658

United States
Department of Commerce
Bureau of the Census

NOV 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Yourk
(c) Street Address or R.F.D. No. 6 Idaho Falls
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City York
(d) Street Address or R.F.D. No. 6 - Idaho Falls
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): 320 - 10th St. Idaho Falls.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Miller S. Dakota

4. **FULL NAME OF CHILD** Norman Elliott Conan

5. **DATE OF BIRTH** (Month, day, year) 1-20-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Raymond Conan

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Miller - South Dakota
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Josephine Wadsworth

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Hooper, Utah.
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping.

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Viola (First name) Conan (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Marvel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley, Ida. Date 11-3-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 2 0 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutler M. D.

X 251 11 7026-259

323676

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH NOV 12 1941
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Rigby, Idaho

3. RESIDENCE of FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Burgis William Seaquist

5. Date of Birth (Month, day year) Jun 17-1920

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel E.Seaquist
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice E.Bertram
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead -- (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Mary T Feller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice E.Seaquist, being first duly sworn, say that I am related to (Related to (or) acquainted with) Burgis William Seaquist (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Price (Sam) (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice E. Seaquist Signature
Rigby--I, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of November 19 41

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idaho.

K

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-707-025-219

323681

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (at home) none
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 16 years 8 month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.
   (f) Mother's mailing address Ferdinand, Ida.

3. **RESIDENCE of FATHER** (city, state) Ferdinand

4. **FULL NAME OF CHILD** ~~Romanus Ambrose Joseph~~ Romanus Ambrose Joseph Roeper

5. Date of Birth (Month, day year) Apr. 7-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	**MOTHER OF CHILD**
10. **FULL NAME** Christopher Roeper,	16. **FULL MAIDEN NAME** Ida Sarbacher
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 32 yrs.	18. Age at time of THIS birth 25 yrs.
13. Birthplace St. Louis, Missouri, (City or town) (State or foreign country)	19. Birthplace Perham, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation housework
15. Industry or Business none.	21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Marie H Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Roeper, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Romanus, Ambrose, Joseph Roeper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sophia Kaus (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Roeper Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of November, 1941

(SEAL) Frank M. Baker Notary Public, residing at Ferdinand, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 231 1006 319

323726

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGHAM (b) City SHELLEY
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT PARENTS' RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county — years 10 months 24 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City SHELLEY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 10 MONTHS yrs.
(f) Mother's mailing address SHELLEY, IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD HELEN LOUISE JOHNSON

5. Date of Birth (Month, day year) JULY 31, 1920

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EMIL WILLIAM JOHNSON
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace SPARREHOLM (City or town) SWEDEN (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business PAINTING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LISA CARLSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace NORRKOPING (City or town) SWEDEN (State or foreign country)
20. Exact Occupation MILK TESTER IN CREAMERY
21. Industry or Business MILK TESTER " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by E. W. Johnson (First name) (Last name), who is related to this child as Father (Mother, etc.)
26. (a) SEP 19 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Edwin Cutler M.D. (D.O., Midwife, etc.) and address Shelley, Ida Date 10-1-41

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, EMIL WILLIAM JOHNSON, being first duly sworn, say that I am ~~related to~~ (Related to (or) acquainted with) the father of Helen Louise as Johnson (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. CUTLER (Name of attendant at birth), who attended said birth ~~is~~ cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emil William Johnson Signature

2704 Marsh St. Los Angeles P. O. Address

Subscribed and sworn to before me on this 17TH day of SEPTEMBER, 1941.

(SEAL)

[signature] Notary Public, residing at Los Angeles, Calif.

MY COMMISSION EXPIRES APRIL 24, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559 114 027 962

323729

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Jerome, Ida

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Harold Harmon Neill

5. Date of Birth (Month, day year) Aug. 14, 1920

6. Sex white

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Dee Neill

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace Hartville, Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosie Adaline Robertson

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Hartville, Missouri (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 00

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Father and mother (First name) (Last name), who is related to this child as father and mother (Mother, etc.)

26. (a) Oct 29-1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature William D Neill Rosie Adaline Neill M.D. (D.O. Midwife etc.)
and address Hermiston, Ore. 10/25/41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon
County of Umatilla } ss.

I, William D Neill, being first duly sworn, say that I am related by (Related to (or) acquainted with) Harold Harmon Neill (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Watt (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William D Neill Signature

Subscribed and sworn to before me on this 23 day of October P. O. Address Hermiston. Ore.

(SEAL) E P Doty Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-103-006-815

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Shelley

No. St.

NOV 13 1941

RECEIVED

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 323742

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Grant Eldon Hanks

3. Sex Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth 7-3-1920 (Month, Day, Year)

FATHER

9. Full name Frank E. Hanks

10. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida. Charleston Utah

11. Color or race White 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Charleston Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Custom

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Leah Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) Shelley

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Montpelier Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10% 6th

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Custer M.D., M. D.

or ..., Midwife

Address Shelley, Idaho.

Give name added from a supplemental report ... (Date of)

Filed NOV 13 1941, 193... Mabel F. Eeles Registrar.

Registrar.

RECEIVED

11-21-41

NOV 24 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449 222 014 119

323817 323817

United States Department of Commerce Bureau of Census — NOV 26 1941 (Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Middleton, Idaho

3. RESIDENCE of FATHER (city, state) Middleton, Id

4. FULL NAME OF CHILD Dorothy Louise Murphy

5. Date of Birth (Month, day year) October 22 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clevan James Murphy

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Clarkston, West Virginia (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Caroline Jarvis

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Laramie, Wyoming (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mabel I Ellen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Canyon } ss.

I, Estella C Murphy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Louise Murphy (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Hamer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Estella C Murphy Signature
Middleton Id Ida P. O. Address

Subscribed and sworn to before me on this 25 day of October, 1941.
(SEAL) J. W. Hamer Notary Public, residing at Caldwell Ida.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-129-016-632

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323897
Local Reg. No.
Reg. Dist. No.

NOV 17 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
IN **THIS** county 4 years 5 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.
(f) Mother's mailing address Elba Idaho

3. RESIDENCE of FATHER (city, state) Elba Idaho

4. FULL NAME OF CHILD Lorenzo Max Darrington

5. Date of Birth (Month, day year) Aug. 29, 1920.

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorenzo Darrington
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Elba (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Marie Olsen
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel Green (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Cassia }

I, Ruby M. Darrington, being first duly sworn say that I am Mother (Related to (or) acquainted with) Lorenzo Max Darrington (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruby M. Darrington Signature
Elba Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of November 1941

(SEAL) Mary Thompson Notary Public, residing at MALTA IDA

NOV 18 1941

MAY 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-105-022-759

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 324031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Marysville Idaho.

4. FULL NAME OF CHILD Max William Bate

5. Date of Birth (Month, day year) July 5, 1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clyde Arthur Bate
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation School teacher & farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leone Perry
17. Color or Race white
18. Age at time of THIS birth 26 yrs
19. Birthplace Perry (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrat
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP - 2 1941 (Date received) (b) Mabel T. Elefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature E. L. Hargis M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leone Perry Bate, being first duly sworn, say that I am Related (Related to (or) acquainted with) Max William Bate (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leone Perry Bate Signature
Ripley, Idaho R.F.D. #1 P. O. Address

Subscribed and sworn to before me on this 30 day of August, 1941

(SEAL) George M Larsen Notary Public, residing at Menan Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

251-221-040-235

324042

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Pine Creek
   (c) Street Address or R.F.D. No. Kellogg Star Route
   (d) Name of Hospital of Maternity Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   4011 W. Verne Ave - Spokane, Washington
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Dorothy May Leaver

5. **DATE OF BIRTH** (Month, day, year) May 21-1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford M. Leaver

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Washington
(City or Town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude E. Stewart

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace England
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Leaver (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** W. C. Lindsay, M.D. (D.O., Midwife, etc.)
and address Kellogg Idaho Date Nov. 1-1941

26. (a) Nov 7-1941 (Date received) (b) Mabel H. Eldredge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

NOV 1941

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

NOV 2 1941

DELAYED

DUP OF 20-84535

469112-025-666

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 24 1941

State File No. 325010
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Canfield.
   (c) Street Address or R.F.D.No. none.
   (d) Name of Hospital or Maternity Home: Own Home.
   (e) Mother's stay **BEFORE** delivery:
   ~~In Hosp. or Mat. Home~~ 10 days.
   IN **THIS** county 39 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho.
   (c) City Canfield.
   (d) Street Address or R.F.D.No. none.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.
   (f) Mother's mailing address Canfield.

3. **RESIDENCE of FATHER** (city, state) Canfield.

4. **FULL NAME OF CHILD** Clarence William Morgan

5. Date of Birth (Month, day year) 9-12-1920.

6. Sex Male

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Clarence Edmund Morgan.
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Brownsville Oregon. (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business none.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Mattie Wood.
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace London, England. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes.
    (c) Born alive and now dead 1 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, AGNES MARTHA MORGAN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CLARENCE WILLIAM MORGAN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR WILSON A. FOSKETT (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Agnes Martha Morgan Signature

13TH AND MAPLE ST. CLARKSTON, WASH P. O. Address

Subscribed and sworn to before me on this 14TH day of OCTOBER 1941

(SEAL)

J. A. Wetzel Notary Public, residing at Lewiston Ida

NOV 26 1941

DEC 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or ~~Maternity Home~~: St Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or ~~Mat. Home~~ 21 days. IN **THIS** county years month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Forest Idaho

3. RESIDENCE of FATHER (city, state) Forest Idaho

4. FULL NAME OF CHILD Walter Leonard Kemp

5. Date of Birth (Month, day year) July 14th 1920

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Walter Kemp
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Maxey Hall (City or town) England (State or foreign country)
14. Exact Occupation
15. Industry or Business Sheep & Wool Grower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Constance Hilda Bent
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Grantham (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 4 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Constance H Kemp (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John N Alley M.D. (D.O., Midwife, etc.) and address Lewiston Ida Date 11-24-41

26. (a) NOV 24 1940 (Date received) (b) Mary H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

MAY 15 1952

JUL 8 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 693 214 019 291

325104

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Ida.

4. FULL NAME OF CHILD Alice Aileen Williams

5. Date of Birth of Child (Month, day, year) March 14-1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clayton S. Williams
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Boulder (City or town) Colorado (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Bradbury
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Dr. C. L. Kirtley (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Bradbury Williams Signature
865 N. Catalina ave Pasadena Calif. P. O. Address

Subscribed and sworn to before me this 24th day of November, 1941.

(SEAL) Robert E. Miller Notary Public, residing at Pasadena Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 27 - 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-110-030-866

#325107

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 26 1941

1. PLACE OF BIRTH
County of Lemhi
City of May, Idaho
No. -- St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 325107
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Douglas Williamson

3. Sex Male | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth ..... | 6. Premature X; Full term ..... | 7. Legitimate? yes | 8. Date of birth Nov. 10, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Robert Penlin Williamson	18. Full maiden name Ruth Cecile Howe
10. Residence (usual place of abode) (If non-resident, give place and State) May, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) May, Idaho
11. Color or race white 12. Age at last birthday 26 (years)	20. Color or race white 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Ashville, N. Carolina	22. Birthplace (city or place) (State or Country) San Jose, California
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch at May, Idaho	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work November, 1920	25. Date (month and year) last engaged in this work at present, 19....
17. Total time (years) spent in this work 6 yrs.	26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Name not recalled

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn --

29. If stillborn, period of gestation -- months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed NOV 26 1941, 193.. Mabel F. Elder Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

GS 217 030 866

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Ada } ss.

Ruth Cecile Williamson being first duly sworn says that she is the mother (Relationship of child)* of John Douglas Williamson born November 10, 1920 (Date of birth) at May, Lemhi County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Douglas Williamson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. J. Gilman M. D. was the ~~Midwife~~ medical attendant at the birth of said John Douglas Williamson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ruth Cecile Williamson

P. O. Address Route 5, Boise, Idaho

Subscribed and sworn to before me this 26th day of November, 19 41

Mabel B. Yarnick
Notary Public.

Com. Exp. 1-22-45 Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of [illegible]

County of [illegible]

AFFIDAVIT

(To accompany a certificate of an unreported birth [illegible] such certificate is not attested by signature of [illegible] attending physician or midwife.)

[illegible] being first duly sworn says that

[illegible] the [illegible] of [illegible] Williamson

(Relationship of child)

[illegible] at [illegible], Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that [illegible] desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said [illegible] Williamson

[illegible] hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that [illegible] M. D. was the [illegible] Midwife

[illegible] at the birth of said [illegible] Williamson and that

[illegible] Not deceased

(Now deceased [illegible] cannot be located)

Name of Affiant [illegible]

P. O. Address [illegible], Boise, Idaho

Subscribed and sworn to before me this [illegible] day of [illegible] 19 41

[illegible]

Notary Public

Com. Exp. 1-[illegible]-45 Residing [illegible] Idaho.

If the father and mother are dead, and the next nearest kin signs the affidavit, [illegible] in the [illegible], indicating the relationship of the affiant, as brother, sister, cousin, etc.

675-128-025-483

325124

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand Ida

4. FULL NAME OF CHILD Raymond Clarence Frei

5. Date of Birth of Child (Month, day, year) 3-28-1920

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clemens C Frei

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Widnau (City or town) Switzerland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Philomina Uhlorn

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Greencreek (City or town) Illnois (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Uhlorn (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 20 years, and that Mary (First name) Uhlorn (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clemens C Frei Signature

Ferdinand Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 1941.

(SEAL)

J. Gilbert JUSTICE OF THE PEACE Notary Public, residing at Ferdinand Ida.

(Note: Perjury is punishable as provided by Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 at Cottonwood Precinct, Idaho County, Idaho by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 12 042155

325134

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325134

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address RT 2 BUHL, IDAHO

3. RESIDENCE of FATHER (city, state) BUHL, IDAHO

4. FULL NAME OF CHILD ARNOLD RAY HOWARD

5. Date of Birth (Month, day year) NOV. 13, 1930

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME NOAH LEWIS HOWARD
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace ROCKY COMFORT, MISSOURI. (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL MAY ANNIS
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Guthrie, Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at a M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by me (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) Dec 1 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature My Mother knows is dead M.D. (D.O., Midwife, etc.)
and address Mrs Ethel Howard Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ethel May Howard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arnold Ray Howard (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E. Annis (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ethel Howard Signature
1004 N. 13th St Boise Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of November 1941

(SEAL) Ira E. High Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-106-003-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 29 1941

State File No. 325245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 11 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Lago, Idaho

4. FULL NAME OF CHILD Clarence Bassett Hansen

5. Date of Birth of Child (Month, day, year) Aug. 6, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Adelia Dubois Bassett
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lago (City or town) Idaho (State or foreign country)
20. Exact Occupation Lived on Farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lutie Swenson ..... Signature

NOV 28 1941 ..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) Chas. Whitelaw ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 8 1973

12-57-21

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5 1941

12-2-11

244-116-001-466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Counts Summers

5. Date of Birth of Child (Month, day, year) May 16 1920

6. Sex m **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Earnest Summers
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Harrison Ark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Moore
17. Color or Race **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Hilltop Ark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that Dr. Dutton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Earnest Summers Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1941

(SEAL) O Mang Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 3-1941 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-115 & 14-315

325333

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Chester Rosco Stoelting

5. Date of Birth (Month, day year) Oct. 15, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Andrew Stoelting
11. Color or Race white
12. Age at time of THIS birth 57 yrs.
13. Birthplace Freelandville, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Lee Lane
17. Color or Race white
18. Age at time of THIS birth 47 yrs.
19. Birthplace Poplar Bluff, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife & Nursing
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Lulu L. Stoelting (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Nampa } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. H. A. Stoelting, being first duly sworn, say that I am related to (Related to (or) acquainted with) Chester Rosco Stoelting (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Lane (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lulu L. Stoelting
Signature
2514 Pine St. Napa, Calif.
P. O. Address

Subscribed and sworn to before me on this 27th day of November 1941
(SEAL) R. A. Dollarhide ~~Notary Public~~, residing at Napa, Calif.

COUNTY CLERK

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-106-006-356

325415

United States
Department of Commerce
Bureau of the Census

DEC 2 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Ida.ho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 15 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address (For registration notice): Shelley (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Keith Killian

5. **DATE OF BIRTH** (Month, day, year) 12-6-1940

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delos Killian

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Goshen, Idaho (City or Town) (State or foreign country)

14. Exact Occupation Car Salesman

15. Industry Business Preston A. Blair Co. Idaho Falls

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Hamel

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Pleasant Grove, Utah (City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11. P. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Killian (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Elbert Cutler M.D. (D.O., Midwife, etc.)
   and address Shelley Idaho Date 11/29/41

26. (a) Dec 4-1941 (Date received) (b) Mabel H. Eddler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

DEC 19 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a ~~misdemeanor, and, upon conviction thereof,~~ shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

Edwin Dutton M.D.

432-106-040-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325496
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Canyon Ave
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Allen Louis McKimmey

5. Date of Birth of Child (Month, day, year) Aug 6-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett M. McKimmey
11. Color or Race W
12. Age at time of THIS birth 27 yrs
13. Birthplace Joplin (City or town) Mo (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Cermak
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hutchinson (City or town) Minn (State or foreign country)
20. Exact Occupation Hwf
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Wallace Ida P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Mabel F. Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-103-015-562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325498
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Alexander
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Alexander
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred Voss Beem

5. Date of Birth of Child (Month, day, year) Sept 3 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Virgil D. Beem
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Stuart (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie [redacted] Voss
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Holland (City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, ~~stillborn~~) at Albion M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Bertha A Beem M.D. Midwife Address Twin Falls Date Dec 3

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9-1941 by Mabel H Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-103-015-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No. 325568

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, I.

4. FULL NAME OF CHILD WALLACE JACKSON LAKEY

5. Date of Birth of Child (Month, day, year) Feb. 3, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vance Tilden Lakey
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Etna (City or town) North Carolina (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Jane Nelson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Minkcreek, Franklin Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Jane Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 12-2-41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9 - 1941 by Mabel E Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effe[illegible] date of [illegible] Chapter 191, 1911 Session Laws, has not been recorded, or [illegible] failure to report any birth which has occurred subseq[illegible] date, such report may be received and filed by the local [illegible] record in the Bureau of Vital Statistics for the pur[illegible] prescribed in Chapter 2, Title 38, Idaho Code Annot[illegible] when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 593-131-042-291

325620

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 10 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. R 1
(d) Name of Hospital or Maternity Home: on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years / months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer R F D 1
(d) Street Address or R.F.D. No. R F D 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Elvin Ira Price

5. Date of Birth of Child (Month, day, year) 1 - 31 - 1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry G. Price
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Morrison (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith L Brookfield
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Gap (City or town) Pa (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Henry G Price (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature L. W. Hawkins M.D. ~~D.O.~~ Midwife Address Filer Idaho Date 12-8-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel H Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

325647

United States
Department of Commerce
Bureau of the Census

DEC 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: At home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 15 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address (For registration notice): Basalt / Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dean Louis Howell

5. **DATE OF BIRTH** (Month, day, year) 1-24-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Preston Howell

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Clifton / Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joyce Elnora Sorenson

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace St. Johns - Arizona
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11. P. M. on the date and at the place stated above, and that personal particulars were furnished by Leo Sorenson (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN signature** Edwin Carter M.D. (D.O., Midwife, etc.)
and address Shelley Date 11-29-41

26. (a) DEC 10 1941 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

DEC 1 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutler M.D

132-108-001-795

325654 325654

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 214 no 13th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 214 no 13th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Arthur Lewis Ackley

5. Date of Birth of Child (Month, day, year) Oct 8 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred John Ackley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Leicester (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Warehouseman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Muriel Ethelind Pinnell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Porterville (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Dr. B. P. French (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fred John Ackley Signature
1314 Colorado St. Boise Ida. P. O. Address

Subscribed and sworn to before me this 12 day of December, 1941.

(SEAL) Cecil Evans Notary Public, residing at Boise Idaho

(Note:- Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel H. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

13-134

145-11-004-113

325 667 325667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Dec 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City SHELLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City SHELLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BOYD WAYNE AMES

5. Date of Birth of Child (Month, day, year) FEBRUARY 11TH, 1920

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES WILLIAM AMES
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace MORONI (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIVIAN A. JACABSON
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace FOUNTAIN GREEN UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by James W. Ames (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edson Cutler M.D. M.D. Midwife Address Shelley Ida Date 12-8-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mamie H. Edwards, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-12-41

154-113-023-795

DEC 13 1941

325672

325672

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325672
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF BIRTH:**
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. 516 Walnut Ave
   (d) Name of Hospital of Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ... years Home months ... days
   In **THIS** county ... years ... months ... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. 516 Walnut Ave
   (e) How long has **MOTHER** lived in Idaho? Several yrs.
   (f) Mother's mailing address (For registration notice):
   324 Riverside Emmett Ida
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Marion Francis Andrews

5. **DATE OF BIRTH** (Month, day, year) May 13-1920

6. Sex Male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Andrews

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Sublett (City or Town) Idaho (State or foreign country)

14. Exact Occupation Saw mill mark

15. Industry Business Manufacturing lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Alice Frost

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Dayton (City or Town) Washington (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nit.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by X Bessie (First name) Frost (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 12-12-41 (Date received) (b) J. E. Reynolds (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** J. E. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 12-12-41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

FILE # 325683

YEAR 1920

IDAHO BIRTH CERTIFICATE

[X] **DELAYED CERTIFICATE**

[X] **VOID DUP OF 1920-77770**

X 719 106-UB-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325726
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 817 Eastern Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Born Here
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Eastern Ave
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Doren Odel Parr

5. Date of Birth of Child (Month, day, year) Nov. 6, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bud Reed Parr
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Tipton (City or town) Iowa (State or foreign country)
14. Exact Occupation Auto Mechanic
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Bell Bybee
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Idaho Falls M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature H. D. Jones M.D. ~~Midwife~~ Address Idaho Falls Ida Date 12/13/41

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-15-41

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United States
Department of Commerce
Bureau of the Census

DEC 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1423 Franklin
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No 1423 Franklin
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address (For registration notice): 502 Ave. D. Boise, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Henry Harvey Jr.

5. **DATE OF BIRTH** (Month, day, year) Feb. 4, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Henry Harvey

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Chicago (City or Town), Ill (State or foreign country)

14. Exact Occupation Shipman

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Charlotte Bicknell

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Toronto (City or Town), Canada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 6:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ethelyne B Harvey (First name) (Last name), who is related to this child as Step-Mother (Mother, etc.)

26. (a) DEC 16 1941 (Date received) (b) Mary Hall (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** James L. Stewart M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date Dec 16 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 1

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

12/20/14 #61

325803

325803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 17 1941

State File No. 325803
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R #4
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 2 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R #4
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Leo Lewis Wissel

5. Date of Birth of Child (Month, day, year) May 20, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Frank Wissel
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Charleston, Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora V. Morgan
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bement, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 21 years, and that Wm. H. C. Robinson (First name) (Last name), who attended this birth has not deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Wissel Mitchell Signat.
512-5th and So. Nampa Ida. P. O. Address

Subscribed and sworn to before me this 16 day of December 19 41

(SEAL) ____ Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 0 7 2006

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389/105 039613

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325835
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) American Fal

4. FULL NAME OF CHILD Lars Christenson

5. Date of Birth of Child (Month, day, year) Nov. 5-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Christenson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Denmark (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Willie Wallace
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Boxville (City or town) Ky. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Willie Morris (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Maria Anderson Midwife Address Rockland, Idaho Date 12.11.41

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Mrs. Maria Anderson (First name) (Last name), who attended this birth has signed above statement (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willie Christenson Morris Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December, 1941.

(SEAL) Notary Public, residing at American Falls, Ida.

(Note; Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex. Dec. 8, 1941.

Received for filing on Dec 16-1941 by Mabel Teeter, Registrar.

JUL 16 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325840

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 10 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Lewisville Ida
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 37 5 yrs.
(f) Mother's mailing address Lewisville Ida

3. RESIDENCE of FATHER (city, state) Lewisville Ida

4. FULL NAME OF CHILD Eldon Frank Boyce

5. Date of Birth (Month, day year) 3rd May 1920

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Frank Boyce
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lewisville Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Bauman
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Bozeman Montana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Geo. F Boyce (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Dec 10-1941 (Date received) (b) Mabel F Geer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. Chas. J. Hurtle M.D. (D.O., Midwife, etc.)
and address 247 No 9 ave Pocatello Idaho Date Nov. 29, 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

369 113 006762

325853

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 15 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home days.
IN **THIS** county 8 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Basalt Idaho

3. RESIDENCE of FATHER (city, state) Basalt Idaho

4. FULL NAME OF CHILD John Keith Furtchell

5. Date of Birth (Month, day year) Nov. 19, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Alonzo Furtchell
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary J. Robinson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. Furtchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mary J. Fuller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Edward Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 12-11-41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19.....

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 325853

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for John Keith Twitchell (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Nov 19 — 1920 (DATE OF EVENT)

in Basalt (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 19 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Year of birth	Nov. 19, 1922	Nov. 19, 1920

Subscribed and sworn to before me this 15th day of January, 1942

Geo. W. Yushwa

Notary Public, residing at Fifth Ida

My commission expires July 7 — 1944

(SEAL)

Signed Alfred Alonzo Twitchell Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Basalt Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By

(REGISTRAR'S SIGNATURE)

MAY 24 1932

215 701 023 413

325868

United States Department of Commerce Bureau of the Census

DEC 12 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: All her life IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Keith McCready Bancroft

5. Date of Birth of Child (Month, day, year) Sept 1, 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester Howard Bancroft
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Clearmont, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Belle Miller
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clearmont, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag nit sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Chester H. Bancroft (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature Burton O. Clark M.D. ~~Midwife~~ Address Veterans Admn Boise, Idaho Date Dec 12, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel F. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-213-014-255

United States Department of Commerce Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325874
Local Reg. No. 358
Reg. Dist. No. 360

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 914 Everett St.
(d) Name of Hospital or Maternity Home: Mynott Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Alice Margaret Hanshaw

5. Date of Birth of Child (Month, day, year) July 13, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Dalis Hanshaw
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Washington, Kansas (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Elizabeth Benning
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Canton, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum carbon dioxide boiled water

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. W. Gue, now dead ~~Midwife~~ M.D. Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that J. W. Gue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hanshaw Signature
Wilder, Ida. R.R. 2 P. O. Address

Subscribed and sworn to before me this 11 day of December, 1941
(SEAL) [signature] Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received ~~and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-81536

698-124 043 432 325920 325920

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City
(c) Street Address or R.F.D. No. Smith's Ferry Rte.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City
(d) Street Address or R.F.D. No. Smith's Ferry, Rte.
(e) How long has **MOTHER** lived in Idaho? 6 & 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Charles Franklin Fry

5. Date of Birth of Child (Month, day, year) April 24, 1930

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd L. Fry
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Nevada (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Janet McKay
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Fergus Falls (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at three A. M. on the date and at the place stated above, and that personal particulars were furnished by Mildred Fry (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Lucy Fetters ~~M.D.~~ Midwife Address Emmett Idaho Date Dec 14-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 18-1941 by Mabel Keeler, Registrar.

DEC 18 1941

JUN 18 1969

FEB 26 1942

MAR 17 1945

JUN 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-101-017845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325996
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elgie Leonard

5. Date of Birth of Child (Month, day, year) Feb 1-1920

6. Sex M 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sicup Leonard
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace West Baden, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alvina Huntsman
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Annabelle Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now ~~living~~ 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 21 years, and that Dr Tucker (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Telva Barney Signature
Camas Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Dec, 1941
(SEAL) Manford Gurman Notary Public, residing at Hamer Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Naval T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855712-022-418

United States
Department of Commerce
Bureau of the Census DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 826019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville Ida

4. FULL NAME OF CHILD Thel B. Hendricks

5. Date of Birth of Child (Month, day, year) Dec 12 1940

6. Sex Male
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd 3
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lucius Hendricks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Marysville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Janett Bayley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Little Basin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lucius Hendricks (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Sargis M.D. Midwife Address Ashton Idaho Date 12-15-41

State of..... }ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 0 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-129 019-239

326080

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1941

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Milford Michael Bassick

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sept. 29, 1920 ~~193~~ (Month, Day, Year)

FATHER	MOTHER
9. Full name Pete Bassick	18. Full maiden name Annie Stimac
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Ida
11. Color or race W | 12. Age at last birthday 39 (years)	20. Color or race ..... | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Perusic Austria	22. Birthplace (city or place) (State or Country) Perusic Austria
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) M. R. Farrell, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed DEC 15 1941, 193.. Mabel F. Fedor Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 30 1941
AUG 7 1945

216-126-031-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326082
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester Idaho

4. FULL NAME OF CHILD Richard Alfred Bjorklund

5. Date of Birth of Child (Month, day, year) Feby 26-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Helding Bjorklund
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Worchester (City or town) Mass (State or foreign country)
14. Exact Occupation Hardware
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Sether
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Jackson (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Dr. J. L. Kelley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. A. H. Bjorklund Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 17 day of Dec, 1941

(SEAL) [signature] Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 20 - 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 389-127006-355

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Route 2
   (c) Street Address or R.F.D. No. Firth
   (d) Name of Hospital or Maternity Home: at George D. Hansen residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth, Idaho Route 1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Wayne Franklin Christofferson

5. Date of Birth of Child (Month, day, year) March 27, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Franklin Christofferson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle L. Teeples
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Bingham County, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as aunt and was personally present (Mother, etc.)

25. Attendant's **OWN** signature Belle Hansen M.D. ~~Midwife~~ as sister of mother Address Route 1, Firth, Ida Date Dec. 20, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-101-0[illegible]

DEC 26 1941

327154

327154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital of Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Rt. 1#
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address (For registration notice): Rt 1# (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** George Charles Weston Jr.

5. **DATE OF BIRTH** (Month, day, year) 3-1-20

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Charles Weston

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Emmett (City or Town) Idaho (State or foreign country)

14. Exact Occupation Labor

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** x Florence Blood

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace American Fork (City or Town) Utah (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Florence Weston (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) 12-25-41 (Date received) (b) J L Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J L Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Date 12-25-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 26 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

Dupf 1920-71994

294-102-010-285

DEC 22 1941

327193

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327193
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route #4
(d) Name of Hospital or Maternity Home: Spencer Hospital, Idaho Falls
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frederick Ralph Kruse

5. Date of Birth of Child (Month, day, year) 7/2/20

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Peter Kruse
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Fallingbostel, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Claribel Byerly
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Holden, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Fred Kruse (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature M. D. Sneed M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date 12/17/41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires 2/21/44 ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 41

(SEAL) ..... Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary H. Geller, Registrar.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-22-042-361

327204

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Twin Falls County Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. 13 hrs.
IN THIS county 3 years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D.No. Route 1 Box 151
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Route 1 Box 151

3. RESIDENCE of FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Jean Thomson

5. Date of Birth (Month, day year) Nov. 21, 1920

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Thomson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bryath Drumfrieshire, Scotland (City or town) (State or foreign country)
14. Exact Occupation Sheepman and farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Joyce Eveline Loader
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace NorthHants Cosgrove, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Bridges Actg. (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Yolo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joyce Eveline Loader Thomson, being first duly sworn, say that I am Mother Related to (Related to (or) acquainted with) Jean Thomson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frank A. Dwight (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. to the best of my knowledge or belief.

Joyce Eveline Loader Thomson Signature

Box 36, Knights Landing, California P. O. Address

Subscribed and sworn to before me on this 18 day of December, 1941

(SEAL) Notary Public, residing at Knights Landing, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

363-12-1203-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327206
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho.

4. **FULL NAME OF CHILD** Russell Arnet Collins

5. Date of Birth of Child (Month, day, year) July 24, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HerbertCollins
11. Color or Race White Am
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grace, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucille Munoz
17. Color or Race White Am
18. Age at time of THIS birth 27 yrs.
19. Birthplace Blanca, New Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 PM M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Mary (First name) Turner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Herbert Collins Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of DEC, 1941

(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridges Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

MAY 17 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-207-003-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 13 1941

State File No. 327207
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Grace Idaho

3. RESIDENCE of FATHER (city, state): Grace Idaho

4. FULL NAME OF CHILD Mildred Artell Burton

5. Date of Birth (Month, day, year) Oct 7 1920

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Fred D Burton
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kaysville Utah Davis (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Mildred Williams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Sterrett Idaho Bannock (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred D Burton, being first duly sworn, say that I am ..... ~~(Related~~ to (or) acquainted with) Mildred Artell Burton (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John H Hubbard (Name of attendant at birth), who attended said birth ..... (Is now ~~deceased~~ (or) cannot be located) and that this birth has not been ~~previously recorded~~.

Fred D Burton Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of Dec 1941

(SEAL) Morris S. Lowe Notary Public, residing at Grace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-127.006-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 15½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Byron Jed Gooch

5. Date of Birth of Child (Month, day, year) Dec 27, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Belton Ephraim Gooch
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lurleen Taylor
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2 % argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A.M. on the date (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Ethel Gooch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J O Humpherys M.D. ~~Midwife~~ Address Blackfoot Ida Date 12-13-41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridges Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-127-022-296

United States
Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orrin Raymon Bates
5. Date of Birth (Month, day, year) Feb. 27, 1920
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest George Bates
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lyman (City or Town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Brown
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Chester (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ernest G Bates (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Clyde A Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Junietta Brown M.D. (D.O., Midwife, etc.)
and address St. Anthony Idaho Date Oct. 10, 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

FEB 7 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations: .....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

419-113-031-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Near Culdesac
(c) Street Address or R.F.D. No. 1 Culdesac
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 5 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Near Culdesac Ida
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac Idaho

4. FULL NAME OF CHILD Mayne Donald Martin

5. Date of Birth of Child (Month, day, year) July 13-1920

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Hennis Martin
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Vincennes Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Fleming
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Liberty Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Knowledge
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 21 years, and that Dr Jerome McLaughlin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Martin Signature
P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) Geo E Eck Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by Clyde A Bridger Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 667-106-005-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 28 1941
DEC 26 1941

State File No. 327257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Tensed
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 11 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Tensed
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Tensed, Idaho

4. FULL NAME OF CHILD Harry Gerald Fox

5. Date of Birth of Child (Month, day, year) 2--6--1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Jacob Fox
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Werschinnca (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elisabeth Kinsfather
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Oleschna (City or town) Russia (State or foreign country)
20. Exact Occupation HouseWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10.7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 24 years of age, that I have known this person for 21 years, and that Mrs. Fox (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Fox Signature
Tensed Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of November, 1941

Henry J. Warner Notary Public, residing at Tensed, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Clyde A Badger Acting, Registrar.

DEC 26 1941

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

OCT 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 958 121-022-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No. 327261
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jack J. Reynolds

5. Date of Birth of Child (Month, day, year) Oct. 21, 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James John Reynolds
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Muscatine, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Belle Thompson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Anthony (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that Dr. J. Frank Watson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Potter Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of December, 19 41

(SEAL) [illegible] Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridger Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-119-043-698

327306 327306

United States Department of Commerce Bureau of the Census DEC 29 1941

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Smiths Ferry
(c) Street Address or R.F.D. No. Smiths Ferry
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Smiths Ferry
(d) Street Address or R.F.D. No. Smiths Ferry
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Smiths Ferry Ida

4. FULL NAME OF CHILD Roscoe Fulton Brady.

5. Date of Birth of Child (Month, day, year) June 19 1920

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Franklin Brady.
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Brookville (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie May Fry
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Nevada (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Orane Workman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie May Brady (Silva) Signature
820 - Ninth Ave. P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.
(SEAL) Courtney M. Gray Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel Hunter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1937

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 256-127-016-285

327348

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Yale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Yale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Yale, Idaho

4. **FULL NAME OF CHILD** Henry Knoblich

5. Date of Birth of Child (Month, day, year) April 27, 1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Adam Knoblich
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Graszlicbantahl (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Shepp
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 21 years, and that Mrs. Adam Schuh (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adam Knoblich Signature

AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941.

(SEAL) Notary Public, residing at AMERICAN FALLS, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel H Felter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

366-13-003-249

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No. 327370

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 31 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Grace, Idaho

3. RESIDENCE of FATHER (city, state) 35

4. FULL NAME OF CHILD Reed Lowe

5. Date of Birth (Month, day year) Oct. 13, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Moroni W. Lowe

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Franklin, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer & Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Burton

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Kaysville, Utah. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Moroni W. Lowe (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Moroni W. Lowe, being first duly sworn, say that I am related (Related to (or) acquainted with) Reed Lowe (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Moroni W. Lowe Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of December 1941

(SEAL) [signature] Notary Public, residing at Grace, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(51 216-006-299

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

Be sure the information is as of date of birth of THIS child) DEC 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. R.F.D. No. I
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery: Native born
In Hosp. or Mat. Home .....days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. No. I
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Idaho Falls, R.F.D. I

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Doris Mae Weaver

5. Date of Birth (Month, day year) April 16, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Randle Cloyde Weaver

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Green Kansas (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Isa Alice Stribling

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Linn, Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Randle C Weaver (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 6 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr C & Rogers D.O. Randle C Weaver M.D. (D.O., Midwife, etc.)
and address 11746-40 ave NE, Date Dec 10 41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of King }

I, Randle C. Weaver, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Doris Mae Weaver (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 238, 1921 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas Rogers (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Randle C Weaver Signature
11746 - 40th ave N.E. Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 29 day of November 1941

(SEAL) [signature] Notary Public, residing at Seattle

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DEC 3 0 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-105-042-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity Home:~~ Ambrose
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida

4. FULL NAME OF CHILD Aaron Stoddard AKA Lee Stoddard

5. Date of Birth of Child (Month, day, year) 10-5-1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Stoddard
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Coffin
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Dayton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Dr John Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Stoddard Signature
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of December, 1941.

(SEAL) Wm S Eakle Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel H Gleason, Registrar.

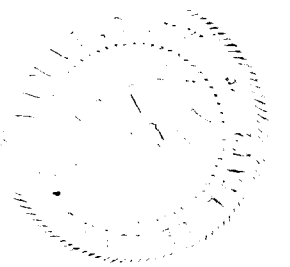
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 40 AM '75

AFFIDAVIT OF BIRTH AND IDENTITY

STATE OF WISCONSIN)
) SS.
FOND DU LAC COUNTY)

LEE STODDARD, being first duly sworn on oath, deposes and says that he was born October 5, 1920, at Twin Falls, Idaho; that his birth certificate on file with the State Registrar of Vital Statistics for the State of Idaho identifies his birth date as October 6, 1920, and is in error as all the family records and information received from his parents indicate that his birth date in fact was October 5, 1920; that throughout his lifetime he has used the name LEE STODDARD, AARON LEE STODDARD, A. LEE STODDARD, AARON STODDARD, and LEE A. STODDARD and that he has used such names interchangeably, but that each of said names identifies affiant; that affiant's social security number is 518-12-7114, and he presently resides at 816 Newbury Street, City of Ripon, Fond du Lac County, Wisconsin.

That this affidavit is made for the purpose of clarifying the record of affiant's birth date and identity and pursuant to the law of the State of Idaho is also made for the purpose of attaching same to the birth certificate of affiant on file in the office of the Bureau of Vital Statistics for the State of Idaho.

SIGNED and SEALED at Ripon, Wisconsin, this 29th day of July, 1975.

Lee Stoddard (SEAL)

Lee Stoddard

Subscribed and sworn to before me
this 29 day of July, 1975.

Janet Haupt

Janet Haupt, Notary Public
Fond du Lac County, Wisconsin
My Commission expires 9-25-77

177 107 036 4444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327455
Local Reg. No.
Reg. Dist. No.

DEC 19 1941

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Daniels
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Daniels
(d) Street Address or R.F.D. No. Box 586
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Joseph Wenzel Apgood
5. Date of Birth (Month, day, year) July 7, 1920
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Frank Leslie Apgood	16. **FULL MAIDEN NAME** Sarah Elizabeth Dud- ley
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 31 yrs.	18. Age at time of THIS birth 32 yrs.
13. Birthplace Washington Utah (City or town) (State or foreign country)	19. Birthplace Preston Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Cherry Creek
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Mabel H Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Moses Dudley, being first duly sworn, say that I am Related (Related to (or) acquainted with) Joseph Wenzel Apgood (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Daniel Wheatman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Moses Dudley Signature
Malad City Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of December, 1941

(SEAL) Mabel Dudley Notary Public, residing at Malad Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 120, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 1 1942

314-115-006-317

327518

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot,
(c) Street Address or R.F.D. No. N. Shilling
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) Street Address or R.F.D. No. N. Shilling
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot,

4. FULL NAME OF CHILD Theodore Willis Campbell

5. Date of Birth of Child (Month, day, year) Dec. 15, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Willis Campbell
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Greenfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Utah-Idaho Sugar Co.,

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Naomi Carpenter
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Robert (First name) Campbell (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. D. Hampton M.D. Address Blackfoot, Ida Date 12-24-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 228-042.464

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

327575

CERTIFICATE OF BIRTH

DEC 22 1941

1. PLACE OF BIRTH
County of Twin Falls
City of Kimberly,
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esther Bernice Dean

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth July 28, 1920 (Month, Day, Year)

FATHER

9. Full name Edward Dean
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
11. Color or race white | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Gilman, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Clara Josephine Dodd
19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
20. Color or race white | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

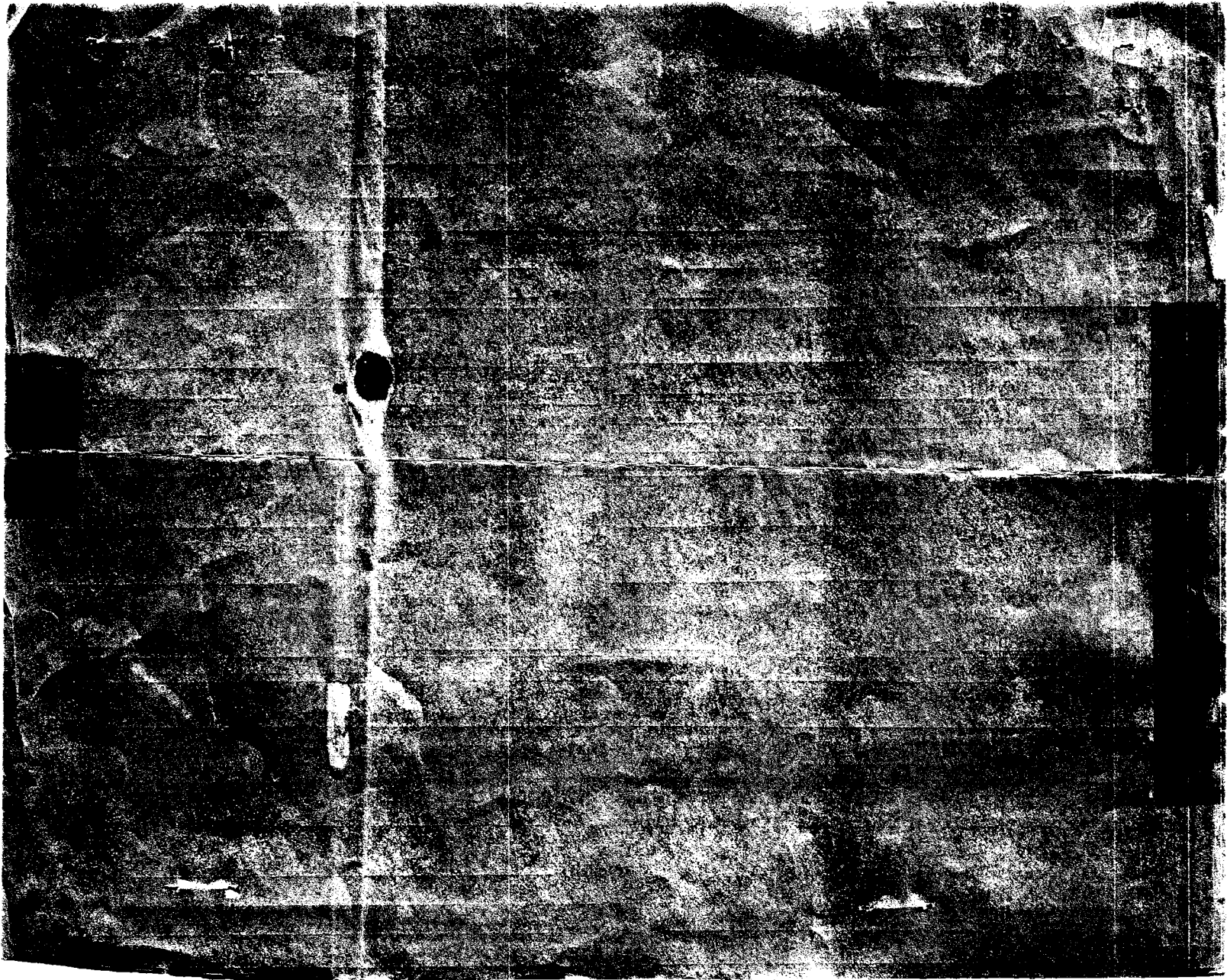
I hereby certify that I attended the birth of this child, who was Born Alive at 4 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Clara J. Dodd Dean, mother ~~M.D.~~
or ..... ~~Midwife~~
Address 246½ Myrtle St. Redlands
Filed Dec 3 T-41 193 Mabel F. Eldon Coty

Give name added from a supplemental report DEC 22 1941
(Date of)

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara J Hodd Dean being first duly sworn says that

she is the mother of Esther Bernice Dean
(Relationship of child)*

born July 28 1920 at Kimberly, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Esther Bernice Dean

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Morgan M. D. was the ~~Midwife~~ medical attendant at the birth of said Esther Bernice Dean and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Clara J Hodd Dean

P. O. Address 246½ N Eyrle St Redland Cal

Subscribed and sworn to before me this 18th day of December, 1941

Borghild Erickson
Notary Public.

Residing at Redlands Cal., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 31 1941

JUL 26 1955

* If the father a
ant, as brother,

X 238-128-006-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 29 1941

State File No. 327624
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rockford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rockford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Rockford Id/

4. FULL NAME OF CHILD BENJAMIN SCHAFFER

5. Date of Birth of Child (Month, day, year) 8/28/1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM M. SCHAFFER
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Neudorf (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cabinet maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATHERINE FEIKERT
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Neudorf (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Deseaced

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that Mrs. Abe Scott (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Schaffer Signature
225 Vine Street, Lodi, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of December, 1941

(SEAL) [signature] Notary Public, residing at Lodi, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

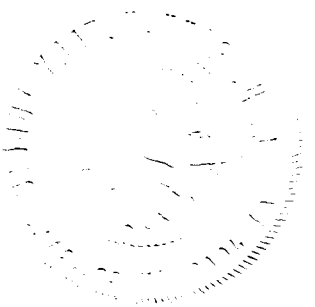
JAN 2 1942

JAN 31 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 262-207 033 6B 327712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327712
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City Idaho.

4. FULL NAME OF CHILD May Houko Yokoyama

5. Date of Birth of Child (Month, day, year) 5-7-20

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Yoshitoro Yokoyama
11. Color or Race Japanese
12. Age at time of THIS birth 42 yrs.
13. Birthplace Nakatsuka (City or town) Japan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kay Watanabe
17. Color or Race Japanese
18. Age at time of THIS birth 27 yrs.
19. Birthplace Namiye (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 21 years, and that Y. Teuakwa (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

2 Photostat copies 1/5/42

Yoshitoro Yokoyama Signature
Route #1, Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941

(SEAL) John H. Norris Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 copies

165-117-014-614

327717

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327717
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Kuna
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital of Maternity Home: own Home
   (e) Mother's stay **BEFORE** delivery: In Hospital or Maternity Home Home Days; In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Kuna
   (d) Street Address or R.F.D. No. Rt 1 Kuna
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice): Rt 1 (Street or R.F.D.) Kuna Po. (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rt 1 Kuna

4. **FULL NAME OF CHILD** George Johnston

5. **DATE OF BIRTH** (Month, day, year) 17 July 1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alex Johnston

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Inverurie (City or Town) Scotland (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Dairy Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Bankhead

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Bathgate (City or Town) Bro. USA (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Alex (First name) Johnston (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** Dr. J. Coleman M.D. (D.O., Midwife, etc.)
and address Date

26. (a) Jan 5 - 1921 (Date received) (b) Mabel H Edel (Registrar's signature)

27. Given name added on by (Registrar's signature)

JAN 5 19[illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DECEASED

265-128-035-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327820
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County NEZ PERCE (b) ~~City~~ in country
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
In **THIS** county 8 years 5 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County NEZ PERCE
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8½ yrs.
(f) Mother's mailing address ASOTIN WASH

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** DELBERT WAYNE BOND
5. Date of Birth (Month, day, year) FEB. 28, 1920
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** OLIVER ELAM BOND
11. Color or Race AMERICAN
12. Age at time of THIS birth 43 yrs.
13. Birthplace COOS (City or town) County Oregon (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HATTIE MAY STONE
17. Color or Race AMERICAN
18. Age at time of THIS birth 42 years
19. Birthplace Corvallis (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead — (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Bond (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

25. Attendant's **OWN signature** Hattie May Stone Bond M.D. or (D.O., Midwife, etc.) and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie May Stone Bond, being first duly sworn, say that I am Mother of Delbert Wayne Bond (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Florence Haham (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie May Stone Bond Name
Deep River, Washington P. O. Address

Subscribed and sworn to before me on this 20 day of Dec. 1941

(SEAL) Leo R. Duncan Notary Public, residing at Stay Ten, Ore.
My Comm. exp. 5-24-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

DELAYED REGISTRATION LAW

1917 Session Laws, Chapter 189, Section 41

Where the birth of a child has not been registered as required by law, 1917 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date which [illegible] required [illegible] to report [illegible] who [illegible] report [illegible] the attending physician or midwife, or in the absence of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person [illegible] knowledge of the [illegible]

719701 006844

327910

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St. JAN 2 1942

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

327910

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert William Parker

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 7-~~20~~ 1st, 1920 (Month, Day, Year)

FATHER

9. Full name Robert Kendall Parker

10. Residence (usual place of abode) (If non-resident, give place and State) Shelley

11. Color or race White

12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented farm. At home

16. Date (month and year) last engaged in this work 7-1-, 1920

17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Louise Humphrey

19. Residence (usual place of abode) (If non-resident, give place and State) Shelley

20. Color or race White

21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Mammoth Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home

25. Date (month and year) last engaged in this work 7-1-, 1920

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Sworn to before me this 13th day of Dec, 1941.

(Signed) Edwin Custer, M. D.

or ..... Midwife

Address Shelley Idaho

Date of Birth

L. Ivan Pinson Notary Public

Residing at Shelley Idaho

Registrar.

Filed JAN 2 1942, 193.. Mabel F. Eeden

Registrar.

315-22-0205877

327924 327924

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donnetta Rachel Hansen

5. Date of Birth of Child (Month, day, year) April 20, 1920

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Glen Hansen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Higginson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hatch (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21-3/4 years, and that Dr. John (First name) Hubbard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Charles Glen Hansen Signature

R.F.D. #3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942

(SEAL) E. Reid Miller Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 814-124-031-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 5 1941

State File No. 327974
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Culdesac
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City near Culdesac
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD TOM ALEXANDER HAMILTON

5. Date of Birth of Child (Month, day, year) Oct. 24, 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Seymore Hamilton
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Knoxville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Black
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Dixie, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at / M. on the date and at the place stated above, ~~and that~~ personal particulars were furnished by William Hamilton (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature William S. Hamilton M.D. Midwife Address Wolf Point - Mont. Date 12-24-41

State of Washington
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 21 years, and that - -W.H.P. -Habble (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S. Hamilton Signature
Richland, Washington P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941.

(SEAL) Dean L. Wallace Notary Public, residing at Dayton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239/21 024 719 JAN 6 1942

328007

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Mothers own home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address (For registration notice): Mrs B.P. Strickland (Street or R.F.D.) Wendell (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Wendell Idaho

4. **FULL NAME OF CHILD** Roy Oliver Strickland.

5. **DATE OF BIRTH** (Month, day, year) Dec 21 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert Oliver Strickland

11. Color or Race white

12. Age at time of THIS birth 39 yrs.

13. Birthplace Medicine Lodge (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farming.

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Jennie [illegible] Garten.

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Lake City (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Bert O Strickland (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature E. E. Simonton M.D. (D.O., Midwife, etc.) and address Wendell Ida Date 1-1-42

26. (a) JAN 6 1942 (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

K

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

365-117037915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gwyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gwyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau Ida

4. FULL NAME OF CHILD Ray Elmer Loveridge

5. Date of Birth of Child (Month, day, year) 11/17 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X yes

FATHER OF CHILD

10. **FULL NAME** George A Loveridge
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bruneau (City or town) Idaho (State or foreign country)
14. Exact Occupation Farm Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Owens
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kendrick (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Geo A Loveridge (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature W H Becker M.D. Midwife Address Bruneau Ida Date 11-17-1920

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H Eeefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 29 1941

State File No. 328030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Hill City
(c) Street Address or R.F.D. No. 138
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Hill City
(d) Street Address or R.F.D. No. 138
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Zane Gray Harrison

5. Date of Birth of Child (Month, day, year) June 5, 1920.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elisha Harrison
11. Color or Race wht
12. Age at time of THIS birth 31 yrs.
13. Birthplace Van Buren, (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Wolf
17. Color or Race wht
18. Age at time of THIS birth 28 yrs.
19. Birthplace Palouse, (City or town) Washington (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum used but name unknown.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Camas, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 21 years, and that Mrs. I. E. Lauritzan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elisha Harrison Signature

Hill City, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of December, 19 41.

(SEAL) Edna L. Seeger Notary Public, residing at Fairfield, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel McLellan, Registrar.

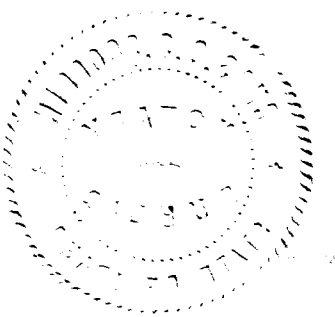
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



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328195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address ~~or R.F.D.~~ No. 518 - 15th Ave no
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address ~~or R.F.D.~~ No. 518 - 15th Ave no
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Kenneth Lee Dyas

5. Date of Birth of Child (Month, day, year) 12 - 16 - 20

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gordon Morris Dyas

11. Color or Race White **12.** ~~Age at time~~ of THIS birth 37 yrs.

13. Birthplace St Paul (City or town) Minn. (State or foreign country)

14. Exact Occupation Farm miller

15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Jane Elam

17. Color or Race White **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Skidmore (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Dr Smith (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gordon M. Dyas Signature

P. O. Address

Subscribed and sworn to before me this 5 day of Jan, 1942

(SEAL) Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12 - 1942 by Mabel H Gilpen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

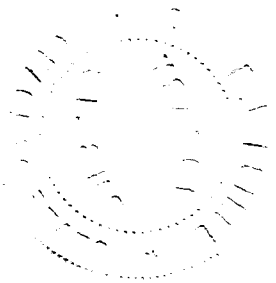
JAN 12 1942

JUL 3 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dup of 1920-88315

328227

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.2
(d) Name of Hospital or Maternity Home: Twin Falls County
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Harold David Arrington

5. Date of Birth of Child (Month, day, year) 9.2.20

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Grover N. Arrington

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Marshall, North Carolina (City or town) (State or foreign country)

14. Exact Occupation farmer-carpenter

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Katheryn Clara Hasenbalg

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Denver-Colorado (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 21 years, and that Dr H.W. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. G.N. Arrington Signature

Mrs. Katheryn N. Arrington P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) R.B. Smith Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12th 1942 by Mabel H. Greer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1940

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495-231042

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328284
Local Reg. No.
Reg. Dist. No.

JAN 5 1942

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Buhl Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 2 days. IN **THIS** county 2 years 5 month 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Filer, Idaho

3. RESIDENCE of FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Lucy Adele Dillingham

5. Date of Birth (Month, day year) May 31, 1920

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Kimball Dillingham

11. Color or Race white **12.** Age at time of THIS birth 33 yrs.

13. Birthplace Oneida (City or town) Kansas (State or foreign country)

14. Exact Occupation Druggist

15. Industry or Business Retail Drug

MOTHER OF CHILD Husband

16. FULL MAIDEN NAME Nina V. Dillingham

17. Color or Race white **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Pomona, Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nina V Dillingham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucy Adele Dillingham (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. A. Dwight (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nina V Dillingham Signature
Box 1 Filer Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of Sept, 1941

(SEAL) Notary Public, residing at Filer Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1962

792-227-025-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 2 1942

State File No. 328290
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph (Near Grangeville)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Effie May Gibbins

5. Date of Birth of Child (Month, day, year) 4-22-1920

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd nil 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Richard Gibbins
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Near St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith - Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Deliah Cooper
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 AM. on the date and at the place stated above, and that personal particulars were furnished by James Richard Gibbins (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature James Richard Gibbins M.D. Father Midwife Address Grangeville, Ida Date 12-21-'41

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 21 years, and that there were no attendents (First name) (Last name), who attended this birth - - - - - - - (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Richard Gibbins Signature
Grangeville Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of December, 19 41
(SEAL) James W. Hall Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Marvel H. Eeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 19
APR 11 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1948

469 225015 165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328305

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice)
~~Soda Springs~~ Cokeville Wyo.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Jane ~~Hersley~~ Dorsey

5. **DATE OF BIRTH** (Month, day, year) Mar. 25, 1920

6. Sex Fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles H. ~~Hersley~~ Dorsey

11. Color or Race W

12. Age at time of THIS birth 38 yrs.

13. Birthplace Baltimore, Md.
(City or Town) (State or foreign country)

14. Exact Occupation blacksmith

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice L. Jones

17. Color or Race W

18. Age at time of THIS birth 39 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia **Neonatorum** silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Alice Dorsey (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 11-13-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D.
Ellis Kackley, M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 10/25/41

[redacted] LOCAL REGISTRATION OF [redacted]

MAR 1 196

SEC. 38-213. All births that occur in the state shall be immedi[redacted]y occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND M[redacted]ES. [redacted]hall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely [redacted]ving all the particulars required by this article, with the local registrar of the district in which the birth occurr[redacted] 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the f[redacted]r or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that pur pose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other pers charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of misdemeanor, and, upon conviction thereof, shall be fined ~~not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delive

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

555 19 001 313

328307

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 3 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City BOISE
   (c) Street Address or R.F.D. No. 25th. Street
   (d) Name of Hospital or Maternity Home: Private residence
   (e) Mother's stay **BEFORE** delivery: 1 day
   In Hosp. or Mat. Home none days.
   In THIS county years month 1 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 309 So Johnson
   (e) How long has MOTHER lived in Idaho? 34 yrs.
   (f) Mother's mailing address Died in 1929

3. **RESIDENCE of FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** John Julian Nevins

5. Date of Birth (Month, day, year) Feb 19-1920

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John V. Nevins.
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Nyssa, Oregon (City or town) (State or foreign country)
14. Exact Occupation Chief Train Dispatcher
15. Industry or Business Union Pacific RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallye Callaway
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)
20. Exact Occupation Domestic-house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 3 1942 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John V. Nevins, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Julian Nevins (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Almond (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John V. Nevins Signature

PO-Box 602, Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me on this 31 day of Dec, 1941.

(SEAL) Lesi Evans Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such effective date, report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 41, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942

United States 819 720 025 312 (Be sure the information is as of date of birth of THIS child) State File No. 328341
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD John Rex Harris

5. Date of Birth of Child (Month, day, year) Aug/20, 1920

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Oscar Harris
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Jackson County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Cash
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Grangeville Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by Emily Harris (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature B Chipman M.D. ~~XXXXX~~ Address Grangeville, Ida Date 1-7-1942

State of XX
County of XX } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the XX (Mother, etc.) of the person whose name appears in Item 4, above, that I am now XX years of age, that I have known this person for XX years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Maud F. Eeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942

328342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer ospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. P.O. Box 166
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD James Thomas Quinn

5. Date of Birth of Child (Month, day, year) April 19, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Patrick Quinn
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kingsley. (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Inger Marie Haulsedahl
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Audubon, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1-4 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Idaho Falls Date Idaho

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may ~~be received and filed by the~~ local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

P15-211 JAN 5 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: -----
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 11 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nec Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11/12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Lorraine Hanna

5. Date of Birth of Child (Month, day, year) Sept. 11, 1920

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude W. Hanna
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Grove, (City or town) Oklahoma (Ind. Ter.) (State or foreign country)
14. Exact Occupation Public School Teacher
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Gann
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Southwest (City or town) City, Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Florence (First name) Hanna (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oklahoma
County of Delaware } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Dr. Kelley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude W. Hanna Signature
Grove, Oklahoma P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941
(SEAL) Clarence Parsons Notary Public, residing at Jay, Oklahoma
County of Delaware County Okla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

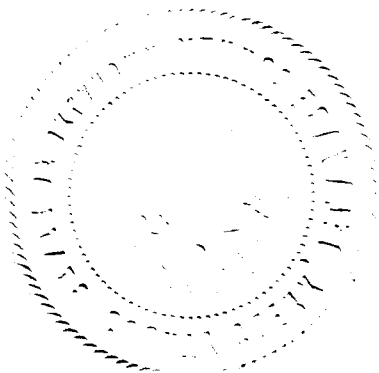
Received for filing on JAN 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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328448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adam (b) City Kuna
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adam
(c) City Kuna
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Kuna, Idaho

4. FULL NAME OF CHILD Dwight Leslie Cummings

5. Date of Birth of Child (Month, day, year) Dec. 28-1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Le Roy Cummings
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Davis City (City or town) Iowa (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Lenora Clark
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pawnee City (City or town) Nebraska (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Dr. Coleman (First name) (Last name), who attended this birth ..... (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Lenora Cummings Signature
Homedale P. O. Address

Subscribed and sworn to before me this 14 day of January, 1942
(SEAL) Edith H. Church Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 14-1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

OCT 5 19[illegible]

MAY 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328498
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Kuna
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Kuna
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Kuna Idaho

4. FULL NAME OF CHILD Lloyd Carl McClintick

5. Date of Birth of Child (Month, day, year) 2-8-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Ashford McClintick
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Novelty (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Grace Gruver
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hayes Center (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for ..... years, and that Dr. (First name) Fink (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Grace McClintick Signature
RFD#4, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL) [signature] Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Mabel H Elder, Registrar.

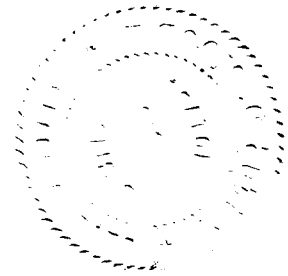
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

328519

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328519
Local Reg. No.
Reg. Dist. No.

JAN 13 1942

1. PLACE OF BIRTH
(a) County Nezperce (b) City Lookout
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lookout
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Lookout Idaho.

3. RESIDENCE of FATHER (city, state) Lookout

4. FULL NAME OF CHILD Dale Gilbert Starcher,

5. Date of Birth (Month, day year) Jan. 12. 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Ed Doras Starcher.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Washington, Kansas. (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Myrtle Arbuckle
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pilot Rock. Oregon (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Comon Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive/stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carl Ed Doras Starcher (First name) (Last name), who is related to this child as Father (Mother, etc)

26. (a) JAN 13 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary L. Skelton M.D. (D.O., Midwife, etc.) and address Reubens Ida. Date 1-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

OCT 2 2 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 641 220 026 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328548
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby, RFD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Kaoru Fujisawa

5. Date of Birth of Child (Month, day, year) 11/20/20

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** T. Fujisawa
11. Color or Race Japanese
12. Age at time of THIS birth 38 yrs.
13. Birthplace Komamoto, Japan (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** U. Bingo
17. Color or Race Japanese
18. Age at time of THIS birth 23 yrs.
19. Birthplace Komamoto, Japan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by T. Fujisawa (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that Dr. Fisher (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

1st copy issued January 14, 1942

T. Fujisawa Signature
Rexburg, Idaho RFD #1 P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942
(SEAL) [signature] Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by [signature], Registrar.

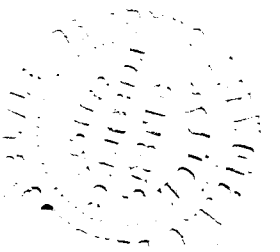
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1966
MAY 12 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



283712027-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) ~~State~~ City ~~Twin Falls~~ (b) County ~~Twin Falls~~ Jerome
(c) ~~City~~ State Idaho
(d) Street Address or R.F.D. No. R 3
(e) How long has **MOTHER** lived in Idaho? Since 1904 ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Jerome

4. FULL NAME OF CHILD Alfred Arthur Kyle

5. Date of Birth of Child (Month, day, year) Aug 12 1920

6. Sex boy 7. Twin or Triplet If so—born 1st, ~~2nd, 3rd~~ 1st 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Hugh Kyle
11. Color or Race White 12. Age at time of THIS birth 1888 yrs.
13. Birthplace Springdale (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma D. Childers
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business now Deceased.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr. E. F. Gellar Address Deceased. Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 21 years, and that Dr C. F. Gellar (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Hugh Kyle Signature
P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942
(SEAL) William E. Comstock ~~Notary Public~~, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 14 - 1942 by Mabel F. Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942 113722-028-243

328553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) ~~Street~~ Address or R.F.D. No. 3314 N. 4th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 3314 N. 4th St.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida.

4. FULL NAME OF CHILD Michael John Jacobson

5. Date of Birth of Child (Month, day, year) 11/22/20

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mat Jacobson
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Austria Hungary (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Kulikowski
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Budapest (City or town) Hungary (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 21 years, and that Anna (First name) Jacobson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mrs Julia + Jacobson Signature
Her mark
P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942.

(SEAL) Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-18-014-419

328610

328610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328610
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell

4. FULL NAME OF CHILD Raymond William Biggs

5. Date of Birth of Child (Month, day, year) 8-29-20

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Robert Biggs
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Wilbur (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Edith Martin
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Picabo (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:35 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Martin (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Katie (First name) Conley (Last name), who attended this birth Deceased (~~Is now~~ deceased ~~or (Cannot be located)~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Martin Signature
OTTO F. PETERSON P. O. Address

Subscribed and sworn to before me this 17 day of January 1942, 19. Clerk District Court
(SEAL) Notary Public, residing at
By Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho ~~Code Annotated~~.)

Received for filing on Jan 17 - 1942 by Maud M Edson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

844-109 036 819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328642
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City
(c) Street Address or ~~R.F.D. No.~~ Arbon
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or ~~Mat.~~ Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Arbon

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Francis Lee Humphrey

5. Date of Birth (Month, day year) July 9 1920

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Watrouse Humphrey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Magnolia Hargett
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Leah (First name) Magnolia (Last name) Humphrey, who is related to this child as mother (Mother, etc.)
26. (a) JAN 8 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Jessie Mock M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 295-113-037 319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328713
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County OWYHEE (b) City HOT SPRINGS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City HOT SPRINGS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) HOT SPRINGS - IDA.

4. **FULL NAME OF CHILD** STEWART EUGENE KRETSCHMER

5. Date of Birth of Child (Month, day, year) FEB. 13 - 1920

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Edward F. KRETSCHMER
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace WARSAW, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDNA MARTHELLA LAIRD
17. Color or Race WHITE
18. Age at time of THIS birth 39 yrs.
19. Birthplace HORSHOE BEND - IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of OREGON
County of UNION } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that DR. BECKER (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna M. Kretschmer Signature
ELGIN, OREGON P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42

(SEAL) MY COMMISSION EXPIRES JULY 26, 1942 ..... Notary Public, residing at Elgin, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mattie F. Eldes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

United States 693 101 010-
Department of Commerce 249
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328768

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No. 333 3rd St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 56 years 8 months 6 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. 333 3rd St
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address P.O Box 1204

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Charles Leon Wilson

5. Date of Birth (Month, day, year) Sept 1. 1920

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Charles L Wilson Sr.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Rail Road Brakeman
15. Industry or Business R.R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Caroline Smith
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 8 1942 (Date received) (b) Marvel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hattie C Wilson, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Charles L Wilson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hollister (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nurse is also deceased.

Hattie C Wilson Name
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of January, 1942 P.O Box 1204

(SEAL) Eileen Stunks Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible] the birth of a child born prior to the effective date of Chapter [illegible] Session Laws, has not been recorded, or in case of failure to [illegible] any birth which has occurred subsequent to such date, such [illegible] and filed by [illegible] of Vital Statistics for the purposes and uses prescribed in [illegible] Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician [illegible] by [illegible] the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 168-226-003575

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328779
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Katherine Deana Johnson

5. Date of Birth of Child (Month, day, year) May 26, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Leo Johnson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie VanDenakker Johnson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Smithfeild Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie V Johnson Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Jan., 19 42
(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 12 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 726 024-29

United States
Department of Commerce JAN 14 1942
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? since 1909 yrs.
(f) Mother's mailing address (For registration notice):
Hereford Texas
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Hereford Texas (26)

4. FULL NAME OF CHILD Stanford Morrill Barrett

5. DATE OF BIRTH (Month, day, year) March 26-1920

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Fred Spencer Barrett

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Wamego (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME May Eunice Barrett

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Blaine (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by May R. Barrett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Wendell Date 1-12-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 30 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

915-111-040-847

328885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 10 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 8
Local Reg. No. 182
Reg. Dist. No. 141

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Black Cloud
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Black Cloud
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.
   (f) Mother's mailing address (For registration notice):
   P.O. Bx 648 (Street or R. F. D.) Wallace Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Herbert Zanetti

5. Date of Birth (Month, day, year) Jan 11 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Zanetti
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Brescia (City or Town) Italy (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Quatini
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Brescia (City or Town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11
    (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Zanetti (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan 3-42 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs Alice McGovern M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date Dec 20

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

DECEASED

JAN 13 1942 413-218-042-315

328975

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R F D No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 8 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Castleford, Idaho
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Castleford, Idaho
3. **RESIDENCE OF FATHER** (city, state) Castleford, Idaho

4. **FULL NAME OF CHILD** LUCILLE-GENEVA-MALONE
5. Date of Birth (Month, day, year) November 18-1920
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LOREN-LEROY-MALONE
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace DECATUR, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD TANNEHILL

16. **FULL MAIDEN NAME** RUTH-COPELAND-
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Dix Bois Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead no (d) Stillborn no.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Loren Leroy Malone (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Mrs. Fred Blackburn M.D. or midwife (D.O., Midwife, etc.)
and address Buhl, Idaho Date Jan. 3

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Loren Leroy Malone, being first duly sworn, say that I am related (Related to (or) acquainted with) Lucille Geneva Malone (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that X (Name of attendant at birth), who attended said birth Lucille Geneva Malone (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Loren Leroy Malone Name
Castleford Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of January — 1942

(SEAL) Stanley A. Weber Notary Public, residing at Buhl, Idaho.

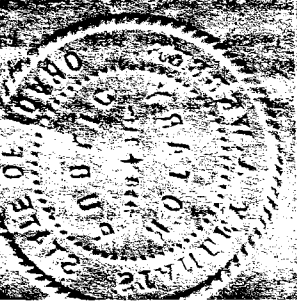
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 188, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of [illegible] to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter [illegible], Title [illegible], Idaho Code Annotated, when such report is accompanied by [illegible] of the attending physician or [illegible], or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



282-112-006-465 329017

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329017
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Geo. Monroe Bybee

5. Date of Birth of Child (Month, day, year) 3-12-1920

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Magnon Lee Bybee
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Automobile Repair

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Monroe
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace New York (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:50 A. M. on the date and at the place stated above and that personal particulars were furnished by Marion Birch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Title Midwife Address Shelley Ida Date 1-19-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mabel F. Elder, Registrar.

State of Idaho,
County of Bingham. ss.

Acknowledged by Dr. Edwin Cutler before me this 19th day of January, 1942.

L. Ivan Jensen
Notary Public,
Residing at Shelley, Idaho.

JAN 22 1942

SEP 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-114-001-213

329033

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329033
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: St Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD James Robert Julius Kalous

5. Date of Birth of Child (Month, day, year) Sept 14 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William August Kalous
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wells Minnesota (City or town) (State or foreign country)
14. Exact Occupation Truck driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Alvina Siegle Kalous
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Lyon Thunder Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Dr Wm Fitts (First name) (Last name), who attended this birth in a mental Institution (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139 1937 Session Laws.

Effie Siegle Kalous Signature

Boise R F D 2 P. O. Address

Subscribed and sworn to before me this 22 day of January, 19 42.

(SEAL) Myrna L Brewer Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Maud Feden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-202-035-214 329046

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329046
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Arrow
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 9 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perces
   (c) City Arrow, Rural Route from Juliaetta
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arrow, Idaho

4. **FULL NAME OF CHILD** Marjorie Almeda Groseclose

5. Date of Birth of Child (Month, day, year) Monday, Feb. 2, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Jennings Groseclose
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ceres, (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dixie Gray Baugh
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ceres, (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1-P. M. on the date and at the place stated above, and that personal particulars were furnished by Dixie (First name) Groseclose (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna M. Groseclose M.D. Midwife Address Juliaetta, Ida. Date Jan. 9, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel F. Engle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-128-022-864 329055

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City MARYSVILLE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: PRIVATE HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City MARYSVILLE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10yrs 3mo yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME PLACE

4. **FULL NAME OF CHILD** EARL HOUGH PERRY

5. Date of Birth of Child (Month, day, year) 5-28-1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALONZO EARL PERRY
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace RIGBY (City or town) IDAHO (State or foreign country)
14. Exact Occupation COMMON OR FARM LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEONA ESTHER HOUGH
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace ALLIANCE (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Roma (First name) Perry (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address [illegible] Date 1-30-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maud F Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-109-032-452

JAN 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

329122

1. PLACE OF BIRTH
County of Lincoln
City of Idaho
No. ..... St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Laurence Goe

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 9, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Henry Goe	18. Full maiden name Olivette Webb
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Yost, Utah	22. Birthplace (city or place) (State or Country) Rockland, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Aggrol 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 6 1942, 193.. [signature] Registrar.

One child at birth a separate return must be made for each, and the number of each, in order of birth stated.

OCT 3 0 19

859-120-040-719

DEC 2 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 329225
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Edwin Mazel Heide

5. Date of Birth (Month, day year) April 20 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Heide.

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Russel (City or town) Kansas. (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie mae Parish.

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace North Liberty (City or town) Ind. (State or foreign country)

20. Exact Occupation Housework.

21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living
(c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) Nov. 6. (Date received) (b) Mazel Heide (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

State of Washington } ss.
County of Yakima }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Mae Heide, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Mazel Heide (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie mae Heide. Signature

Route #1, Zillah, Wash P. O. Address

Subscribed and sworn to before me on this 17th day of January 19 42

(SEAL) Notary Public, residing at Toppenish, Wash.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-220-010-719

329226

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Edith Mae Heide.

5. Date of Birth (Month, day year) April 20, 1920

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Heide.
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Russel (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mae Parish.
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace North Liberty (City or town) Indy (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead X (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Heide (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) Nov. 6 (Date received) (b) Mary F. Edder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington } ss.
County of Yakima }

X **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Mae Heide, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edith Mae Heide (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Mae Heide. Signature

Route #1, Zillah, Wash. P. O. Address

Subscribed and sworn to before me on this 17th day of January, 1942

(SEAL) [signature] Notary Public, residing at Toppenish, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the~~ Bureau of ~~Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-131-009-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329254
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wilbur Lenard Dreier

5. Date of Birth of Child (Month, day, year) Jan. 31, 1920

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd 7 **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Dreier
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Kienhutzel, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Mae Patrick
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonner }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that Dr. Williams (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Mae Patrick Dreier Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Francis J. Long Probate Judge Notary Public, residing at Sand Point, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Maud F. Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-164-032-296

330492

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census LINCOLN JAN 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Shoshone, Idaho
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Joseph Veril Russell

5. Date of Birth of Child (Month, day, year) Aug. 4, 1920

6. Sex Male

7. Twin or Triplet single / If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas George Russell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Speers Ferry, Va. (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Elizabeth Brown
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Midvale, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1st

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (Born alive, stillborn) m. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 21 years, and that Dr. Payne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude E. Russell Signature

615 Florida Ave. Bend, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 42

(SEAL) ..... Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires Jan. 20, 1945.

Received for filing on JAN 15 1942 by Mary F Edgar, Registrar.

JAN 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-110-010-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 155 6th Street
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 7 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 155 6th Street
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Mark Gilbert Shearer

5. Date of Birth of Child (Month, day, year) December 10, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Martin Shearer
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lewis (City or town), Iowa (State or foreign country)
14. Exact Occupation Contractor And Builder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Alice Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rigby (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-127-014-049 330668

330668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 806 Filmore
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 806 Filmore
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Peyton Hugh Brett

5. Date of Birth of Child (Month, day, year) April 27 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Rainer Durward Brett
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Dallas (City or town) Texas (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Carter Smith
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Greens Boro (City or town) North Carolina (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 A M. on the date and at the place stated above, and that personal particulars were furnished by Lottie Van Deventer (First name) (Last name), who is related to this child as Nurse (Mother, etc.)

25. Attendant's OWN signature Lottie Van Deventer M.D. Midwife Address Caldwell Date Apr 27/1920

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Nurse (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for Since birth years, and that Dr. Thos Farrar (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Van Deventer Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) Jessie D. Walker Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

JUN 29 1945

JAN 15 1960

FEB 21 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-106-009-555 330694

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330694
Local Reg. No.
Reg. Dist. No.

JAN 26 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Culver Spur
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Culver Spur, Sandpoint, Ida.
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eli Bud Ponack

5. Date of Birth of Child (Month, day, year) August 6, 1920

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mike Ponack
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jugo Slavia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Venovich
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Jugo Slavia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that Sara Venovich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Ponack Smith Signature
Route #1, Box 193, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 42.

(SEAL) Elmer Bandelin Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1942

NOV 19 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 19 1952

316-213-028-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330752
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 109 Indiana Avenue
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county All years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 109 Indiana Ave.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Arlene Viola Lafferty

5. Date of Birth of Child (Month, day, year) April 13, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Benjamin Lafferty
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wardner, Idaho (City or town) (State or foreign country)
14. Exact Occupation Corporation president
15. Industry or Business Marine tug line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Matilda Campbell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Falls, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr. W. H. Holden (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva M Lafferty Signature
1119 Fourth Street, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of January, 1942
(SEAL) [signature] Notary Public, residing at Coeur d'Alene, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 861-205-042-25-5.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 26 1942 STATE OF IDAHO

State File No. 330768
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Rte # 2
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ella Hoagland

5. Date of Birth of Child (Month, day, year) Aug 5, 1920

6. Sex F

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William D. Hoagland
11. Color or Race W
12. Age at time of THIS birth 42 yrs.
13. Birthplace Alma (City or town) Idaho (State or foreign country)
14. Exact Occupation Painter & Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** June Inez Beecher
17. Color or Race W
18. Age at time of THIS birth 38 yrs.
19. Birthplace Elba (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 1%

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:10 P M. on the date and at the place stated above, and that personal particulars were furnished by June Hoagland Jones (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June Hoagland Beecher Hoagland Jones Beecher Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) [signature] Notary Public, residing at Rupert, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

SEP 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 86-205042-355

330769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Rte #
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Della Hoagland

5. Date of Birth of Child (Month, day, year) Aug 5, 1920

6. Sex F. 7. Twin or Triplet Yes Twin If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnacy 7 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William O Hoagland
11. Color or Race W. 12. Age at time of THIS birth 42 yrs.
13. Birthplace Almo (City or town) Idaho (State or foreign country)
14. Exact Occupation Painter & Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** June Inez Beecher
17. Color or Race W 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ella (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 17 M. on the date and at the place stated above and that personal particulars were furnished by June Hoagland Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June Beecher Hoagland Jones Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 42

(SEAL) W H Bowen Notary Public, residing at Rupert, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mark H Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X 62-179-042-345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330801
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD William Wesley Osborne

5. Date of Birth of Child (Month, day, year) Apr. 29, '20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd Earl Osborne
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Lunte
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including ~~this~~ child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Geo. Jennings (deceased) M.D. Midwife Address Buhl, Idaho Date

State of Washington
County of Skagit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Geo. Jennings (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd Earl Osborne Signature

803 25th St., Anacortes, Washington P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942

(SEAL) Notary Public, residing at Anacortes, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mary E. Keefer, Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-122-003-845

United States
Department of Commerce
Bureau of the Census

JAN 22 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock. (b) City Pocatello
(c) Street Address or R.F.D. No. Pocatello, Idaho.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county 1 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho. (b) County Banock.
(c) City Pocatello, Idaho.
(d) Street Address or R.F.D. No. Pocatello, Idaho.
(e) How long has MOTHER lived in Idaho? I yrs.
(f) Mother's mailing address (For registration notice):
474 L. Street, S. L. City, Utah.
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Terry Albert Barker.

5. Date of Birth (Month, day, year) Nov. 22, 1920.

6. Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Henry Albert Barker.

11. Color or Race White.

12. Age at time of THIS birth 33 yrs.

13. Birthplace Paysom. Utah.
(City or Town) (State or foreign country)

14. Exact Occupation Engineer. R.R.

15. Industry or Business Engineer. R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Hunter.

17. Color or Race White.

18. Age at time of THIS birth 34. yrs.

19. Birthplace ogden. Utah.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO. 3.2%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead I (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (born alive, stillborn) at 7.A M. on the date and at the place stated above, and that personal particulars were furnished by Phy. in charge. (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 22 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's OWN signature J H Lynn M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho. Date Jan. 16. 42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 29 194[illegible]

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

298-14-025-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330828

Local Reg. No.

Reg. Dist. No.

JAN 16 1942

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Harpster
   (c) Street Address or R.F.D. No. Harpster
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster
   (d) Street Address or R.F.D. No. Harpster
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address Harpster Ida.

3. **RESIDENCE of FATHER** (city, state): Harpster Ida.

4. **FULL NAME OF CHILD** Edwin Francis Bryant

5. Date of Birth (Month, day, year) Oct 14, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Francis Bryant
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pullman (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lesley Evelyn Bullock
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lester Bryant (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sylvania E. Bryant M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child been prior to the effective date of Chapter [illegible], 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses [illegible] Chapter [illegible], Idaho Code Annotated, when such report [illegible] passed by a certificate [illegible] physician or midwife, or by affidavits of the father or mother of the child, or if neither [illegible] or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-205 ID 39 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Pauline
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Pauline
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jennie Stella Daniels

5. Date of Birth of Child (Month, day, year) 11-5-20

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas V. Daniels
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Stella Jenkins
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Mrs. Roper (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Daniels Harris Signature
Route 4, Idaho Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942

(SEAL) [signature] Notary Public, residing at Idaho, Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

AUG 15 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

634-110-016-629

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Churchill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Churchill
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gordon Keith Oldham

5. Date of Birth of Child (Month, day, year) March 10, 1920

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lloyd P. Oldham
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Paradise, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer on own Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Obray
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 20 years of age, that I have known this person for 21 years, and that Dr. A.F.O. Neilson (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia A Oldham Signature

Box 1205 Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Jan., 1942.

(SEAL) William L Comstock Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Probate Judge & Ex-Officio Clerk Mark H Heller, Registrar.

JAN 23 1942

1943
NOV 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-12-034-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330843
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minidoka (b) City Adelaide
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Adelaide
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Johnney Andrew Biederman

5. Date of Birth of Child (Month, day, year) 1/21, 1920.

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) single

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Biederman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Odeyssa (City or town) Russia. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carolina Maier
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Odeyssa, (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife only.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Midwife (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Biederman Signature

Bx. 181, Galt, California. P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942

(SEAL) ____ Notary Public, residing at Galt, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ____, Registrar.

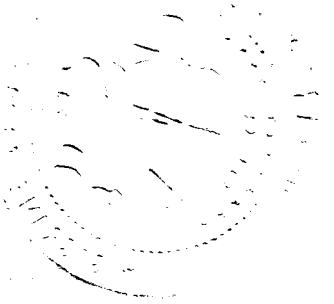
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212-118-040-433

330856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330856
Local Reg. No. 1
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Canyon Ave
(d) Name of Hospital of Maternity Home: Providence Hospital
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.
(f) Mother's mailing address (For registration notice): same
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD James Dougal Babin

5. DATE OF BIRTH (Month, day, year) July 18-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME H. E. Claude Babin

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Cloquet Minn (City or Town) (State or foreign country)

14. Exact Occupation Millman

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred M. McComb

17. Color or Race W

18. Age at time of THIS birth 33 yrs.

19. Birthplace Menomonee - Wis (City or Town) (State or foreign country)

20. Exact Occupation Hwf

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mildred Babin (First name) (Last name), who is related to this child as ..... (Mother, ~~etc.~~)

26. (a) Jan-8-1942 (Date received) (b) John A Bowen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Wallace Ida Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

563-106-039-659

330885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herman Vollmer

5. Date of Birth of Child (Month, day, year) August 6, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Vollmer
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Weisenburger
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Odessa (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Andrew (First name) Vollmer (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Minnie Lehmann M.D. Midwife Address American Falls, Idaho Date Jan. 19, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 269-208-026-366 Delayed Report

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Joy Sorenson

5. Date of Birth of Child (Month, day, year) May 8, 1920

6. Sex female 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Heber Custer Sorenson
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wicks, Montanna (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Interior & Exterior decorator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara, Mae Lowe
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Skiksco North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver 1%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Clara Lowe Sorenson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby Idaho Date Jan 27, 1942

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 21 years, and that Doctor H. A. Anderson (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Guy E Sorenson Signature
865 East 2190 South St. P.O. Address Salt Lake City

Subscribed and sworn to before me this 16 day of January, 1942
(SEAL) Henry W. Richards Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Com. Exp. Feb. 3, 1942

Received for filing on JAN 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

JAN 31 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Patricia E. Gaston.

712-211-015-753

United States Department of Commerce
Bureau of the Census

JAN 19 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331018
Local Reg. No. 724
Reg. Dist. No. 570

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Rasmussen Maternity Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 1 hour Days
   In **THIS** county ~~years~~ 7 months ~~days~~

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State California (b) County Alameda
   (c) City Oakland
   (d) Street Address or R.F.D. No. 4007 - Randolph St.
   (e) How long has **MOTHER** lived in Idaho? 7 months ~~yrs.~~
   (f) Mother's mailing address (For registration notice):
   4007 - Randolph Street (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Ruth Zina Gaston

5. **DATE OF BIRTH** (Month, day, year) July 11, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Vince Gaston

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Salt Lake City, Utah (City or Town) (State or foreign country)

14. Exact Occupation Electrician

15. Industry Business Telephone Linesman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Patricia E. Peloubet

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Jersey City, New Jersey (City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
   (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Patricia (First name) Gaston (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 10-9-41 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 10-9-41

27. Given name added on ..... by ..... (Registrar's signature)

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LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? -

Describe: -

(2) Birth Injury? -

Describe: -

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

917-103-026-318 Delayed Report

United States Department of Commerce - Bureau of the Census JAN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331022
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. Gen. Delivery
   (d) Name of Hospital or Maternity Home: At own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has **MOTHER** lived in Idaho? 18 3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Ezra Ezral Rapp

5. Date of Birth of Child (Month, day, year) 6 - 3 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ezra Elmer Rapp
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Pierre (City or town), South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sophia Taylor
17. Color or Race White
18. Age at time of THIS birth 18 1/2 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 3/4 A.M. on the date and at the place stated above and that personal particulars were furnished by Emma S Taylor Rapp (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Jan 14, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark H. Gleason, Registrar.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-2051003-231 331066

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Pocatello General
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Demeris Nokes

5. Date of Birth of Child (Month, day, year) Sept. 5-1920

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Term 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herald T. Nokes
11. Color or Race W 12. Age at time of THIS birth 24 yrs.
13. Birthplace Riverton, Utah (City or town) (State or foreign country)
14. Exact Occupation Student
15. Industry or Business Student

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Stanger
17. Color or Race W 18. Age at time of THIS birth 23 yrs.
19. Birthplace Am. Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that Dr. Bothers (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herald T. Nokes M.D. Signature
309 Eastman Bldg. P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942
(SEAL) Grayce Mudgett Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud F. Eddon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

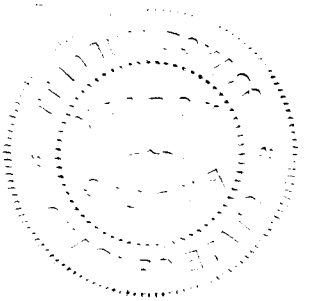
JUN 12 1943

FEB 25 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 319 116 022 547

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Antony
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adrian Douglas Carter

5. Date of Birth of Child (Month, day, year) 2/16/1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adrian Byron Carter

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Ivy Edgmiller

17. Color or Race

18. Age at time of THIS birth 19 yrs.

19. Birthplace St Anthony (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ivy Carter (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address St Anthony Date 1/28/1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-212006-295 331270

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331270

Local Reg. No.

Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Firth Ida.

4. FULL NAME OF CHILD Elizabeth Lucas Slayton

5. Date of Birth of Child (Month, day, year) July 12, 1920

6. Sex Female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugh Jackson Slayton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Naples, New York (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Hardware Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Alida Tina
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace South Bristol, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Dr. Lunt (First name) (Last name), who attended this birth not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Tina Slayton Signature

Firth Ida. P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) Scott Jenkins Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

APR 9 1953

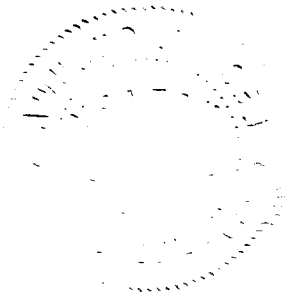
APR 7 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



554103 034 238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Mini (b) City Rimama
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruben Raymond Neuharth

5. Date of Birth of Child (Month, day, year) May 3 1920

6. Sex Bay

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christ Neuharth
11. Color or Race Wm
12. Age at time of THIS birth 49 yrs.
13. Birthplace Menno (City or town) S. Dak (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Schorzman
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Menno (City or town) So Dak (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 1 a M. on the date and at the place stated above, and that personal particulars were furnished by Christ Neuharth (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature F. H. Kenagy M.D. ~~Midwife~~ Address Rupert Date Jan 16 42

State of Idaho
County of Minidoka ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel F. Elsfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

MAY 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 295103-010-699

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: at
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Albert Willard Breiter

5. Date of Birth of Child (Month, day, year) 9-3-1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Otto C. Breiter
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Witherington
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Imogene Iowa (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Otto C. Breiter (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Address Shelley Ida Date 1-30-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Helen, Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331384

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City near Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD LeRoy Clayton Gray

5. Date of Birth of Child (Month, day, year) June 1st 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Carson Gray
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Conway Springs (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie May Ripley
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Harvard (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Annie May Gray (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Flathead }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that Dr. (First name) Kaley (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie May Gray Signature
54 6th Ave. W. N. Kalispell, Mont. P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942

(SEAL) A. J. Nelson Notary Public, residing at Kalispell, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) County Clerk Flathead Co. Mont.

Received for filing on JAN 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5-1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331399

United States
Department of Commerce
Bureau of the Census

FEB 6 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Bliss
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jay Edward Huddleston

5. Date of Birth of Child (Month, day, year) 12-11-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Justus Huddleston
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Still water (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Auto repairing
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Noma Sligar
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Still water, (City or town) Oklahoma (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that ..... (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. J. Huddleston Signature
Filer, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) Lewis E. Hack Notary Public, residing at Filer, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331446
Local Reg. No. 331446
Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City
   (d) Street Address or R.F.D. No. Soda Springs
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice): Lewiston Utah
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Lewiston Ut

4. **FULL NAME OF CHILD** Arnold Lynn

5. Date of Birth (Month, day, year) July 28, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Lynn

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace ..... Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora L. Cregar

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace ..... Wyoming
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live alive (born alive, stillborn) at 8 30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Frank Lynn (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) 12-30-41 (Date received) (b) D Russell Lynn (Registrar's signature)

25. Attendant's **OWN signature** Russell Lynn M.D. (D.O., Midwife, etc.)
and address Soda Springs Ida Date 12-30-41

27. Given name added on ..... by .....
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

766-202035 155

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 331474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Carriebel Powell

5. Date of Birth of Child (Month, day, year) Oct. 2, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Winfield Scott Powell
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Lake Fremont (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nina Jennings
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nina Powell (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Gillespie MMXX Midwife Address Lenore, Idaho Date 1/17/42

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Mary Gillespie (First name) (Last name), who attended this birth is still alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 19 42

(SEAL) .....Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel H. Eaton, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kooten ai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Most of her life yrs.

3. RESIDENCE OF FATHER (city, state) now, Canada

4. FULL NAME OF CHILD Elmer Albert Currie

5. Date of Birth of Child (Month, day, year) Feb. 13, 1920

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME E.J.Currie
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Edith Eggete
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Iowa, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kooten ai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Mrs. John Jagels (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Currie Signature
1102 1st Street Coeur d Alene Idaho P. O. Address

Subscribed and sworn to before me this 23d day of January, 19 42

(SEAL) Roger G. Kramer Notary Public, residing at Coeur d Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mark Fuller, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331505

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331505
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Newdale, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Newdale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state) Newdale, Idaho

4. FULL NAME OF CHILD Charles William Maupin

5. Date of Birth of Child (Month, day, year) December 6, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel McDowell Maupin
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Marshall Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Elinor Gray
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Dr. Gray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mabel Elinor Maupin Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942.

(SEAL) ____ Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel H. Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-22-042-433 331789 331789

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Washington
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Idaho~~ Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Washington
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Agnes A Holmquist

5. Date of Birth of Child (Month, day, year) 5-22-1920

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Albert Holmquist
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Red Oak (City or town) Iowa (State or foreign country)
14. Exact Occupation Firesher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Lois McCracken
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bazine (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Stanislaus }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that Van Galt (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Lois Holmquist Signature
R.F.D. 1, Box 26 1/2 A P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942

(SEAL) M. A. Galt Notary Public, residing at Riverbank

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud E. Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 462-209 006-067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No. 331875
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelly ?
(c) Street Address or R.F.D. No. South Route (5)
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. South Route (5)
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Mesa Vernell Dobson

5. Date of Birth of Child (Month, day, year) 12/9/20

6. Sex F

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 8 1/2

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse W Dobson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kanab (City or town) Kane Co. (State or foreign country) Utah
14. Exact Occupation Farming & sheep
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Euphrasia Cox
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Orderville (City or town) Utah (State or foreign country)
20. Exact Occupation home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that Lizzie Jolley R. Wadsworth (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Euphrasia C. Dobson Signature
228 W. 25th St. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 3 day of Feb., 1942

(SEAL) Peter Hasselwander Notary Public, residing at 2705 S. Hill
My Commission Expires Sept. 22, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

JUN 18 1964

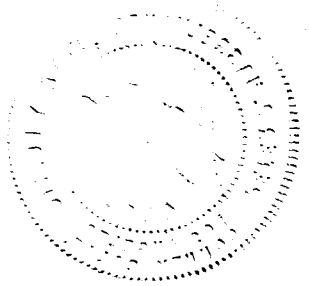
MAR 28 1961

MAY 17 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-120-025-255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Own Farm Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D.No. Star Route
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Deceased 4/28/35

3. RESIDENCE of FATHER (city, state) Kamiah Ida

4. FULL NAME OF CHILD CLEO Wayne Moon.

5. Date of Birth (Month, day year) Sept. 20 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Clyde B. Moon.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Burr Oak Kansas. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Benbow
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Burr Oak Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 21 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Kamiah Date 1/18/42

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

APR 12 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

263 125 022-296

331914

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. West Main
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No West Main
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address St Anthony

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Virgle Bolton

5. Date of Birth (Month, day year) Aug. 25, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dock Hailey Bolton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Owensboro (City or town) Kentucky (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Leonora Brown
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Chester (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eunice Bolton, being first duly sworn, say that I am related (Related to (or) acquainted with) Virgle Bolton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Melton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eunice Bolton Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of January 1942

(SEAL) [signature] Notary Public, residing at St Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 119 002 255 331965

FEB 13 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331965
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at parent s home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Council
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD MAURICE WILLIAM BALL

5. Date of Birth of Child (Month, day, year) Nov 19 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Maurice Edgar Ball
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Toledo, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Maloie Agnes Bennett
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Malheur Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ was present at the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maloie Agnes Ball (First name) (Last name), who is related to this child as his mother: I am his sister (Mother, etc.)

25. Attendant's OWN signature Mrs John Shaw Address Council, Idaho Date Feb 12 1942

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Wm. M. Brown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Malaie Agnes Ball Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942

(SEAL) Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DEC 6 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-12-0022 582

331978

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331978
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. 2 mi N 1 W
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Ray Ralph Jenkins

5. Date of Birth of Child (Month, day, year) 12-20-1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Gilbert Jenkins
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Goshen (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ila Nyborg
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gilbert Jenkins Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

JUN 7 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-101-006452. 331985

331985

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] 19 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Idaho

4. FULL NAME OF CHILD Cormun, Heber Lyon

5. Date of Birth of Child (Month, day, year) July-1-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles, Heber, Lyon
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sharon, Bare Lake, County Idaho (City or town) (State or foreign country)
14. Exact Occupation Wage Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Birtie, Bell, Messick
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace New Castle Kentuckey (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that Dr. (First name) Roberts (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Heber Lyon Signature
San Bernardino CALIFORNIA P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942
(SEAL) E R Gridley Notary Public, residing at San Bernardino CALIFORNIA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-224 016 294

332098

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Burley, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Barbara Isabelle Sullivan

5. Date of Birth (Month, day year) Sept. 24, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lloyd A. Sullivan

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Oakland, Cal. (City or town) (State or foreign country)

14. Exact Occupation Ford Dealer

15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Simpson

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Ogden, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) FEB 9 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Isabelle Sullivan, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Barbara Isabelle Sullivan (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Reginald Smith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Isabelle Sullivan Signature

2325 Northeast Flanders St. P. O. Address
Portland, Ore.

Subscribed and sworn to before me on this 5th day of February, 1942

(SEAL) [signature] Notary Public, residing at Portland, Oregon

My commission expires: 11-20-45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-128-019-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES JAMES BANTA		2. Date of Birth (month) October (day) 28, (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Custer; b. City or Town of Birth: Goldberg
FATHER	6. Full Name of Father: Floyd B. Banta		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ruth Mavity		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. Banta	11. Present Address of Registrant: P.O. Box 149, Salmon, ID 83467
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 19 86	12. Signature of Notary: Susan E Yender	13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license	By whom issued and signed: State of Montana	Date Issued: Feb.11,1946	Date Orig. Entry: Feb. 8, 1946	
	Date of Birth: Oct.28,1920	Birth Place: Goldberg, Idaho	Full Name of Mother: Ruth Mavity	Name of Father: Floyd B. Banta	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Feb.7,1946	Date Orig. Entry: enlisted Oct.24,1942	
	Date of Birth: Oct.28,1920	Birth Place: Goldberg, ID	Full Name of Mother: -------	Name of Father: - -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York LIfe Ins. Co.	Date Issued: Apr.27,1970	Date Orig. Entry: Mar.12,1970	
	Date of Birth: Oct.28,1920	Birth Place: Godlberg, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Briggs, R.N.	Evidence reviewed by: Florence Curtright	Date Filed: March 19, 1986

FORM BH 56067 NM

1-23-86

MAR 19 1986

215-128-019-415

33 2193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of dateof birth of THIS child)

FEB 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Goldberg
(c) Street Address or R.F.D. No. Berg Ranch
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Goldberg
(d) Street Address or R.F.D. No. Berg Ranch
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Goldberg Idaho

4. FULL NAME OF CHILD Charles James Banta

5. Date of Birth of Child (Month, day, year) Oct. 28, 1921

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Floyd Benton Banta
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Dunlap (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Marity
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Mackay (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that Doctor (First name) Gilmore (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Floyd Banta Signature
Patterson Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942
(SEAL) Margaret Barton Notary Public, residing at Patterson Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

MAY 4 1976

JUL 21 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-129-026-216

332305

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home address
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? since 1914 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Orlo Raymond Hooper

5. Date of Birth (Month, day, year) Oct. 29, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert William Hooper
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stockport, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May Sawyer ~~Hooper~~
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bolling Green, Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hattie May Sawyer Hooper (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) FEB 3 1942 (Date received) (b) O. B. Beller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie May Sawyer Hooper, being first duly sworn, say that I am mother (Related to (or) acquainted with) Orlo Raymond Hooper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. B. Beller (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie May Sawyer Hooper Signature

1690 Curtis Ave. Idaho Falls, Idaho P. O. Address

My Commission Expires June 26th, 1943.

Subscribed and sworn to before me on this 5th day of May, 1941

(SEAL) Myrtle M. Chamberlain Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 493-112-006-293

332313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: Was confined at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ivan Dick

5. Date of Birth of Child (Month, day, year) May 12, 1920.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Dick
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Colavis (City or town), Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Dick
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Fairview (City or town), Utah (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Dick (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Oxter M.D. Midwife Address Shelley Ida Date 2-10, 1942

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X ..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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367-104-010-245

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332314
Local Reg. No.
Reg. Dist. No.

Bonneville FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~IDAHO FALLS~~ City IDAHO FALLS
(c) Street Address or R.F.D. No. SUGARBEAT CAMP
(d) Name of Hospital or Maternity Home: 000
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~IDAHO FALLS~~ Bonneville
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No.))))
(e) How long has **MOTHER** lived in Idaho? THREE yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS

4. FULL NAME OF CHILD DOMINGO LOPEZ

5. Date of Birth of Child (Month, day, year) AUG. 4th, 1920

6. Sex: MALE

7. Twin or Triplet: NO

If so—born 1st, 2nd, 3rd: NO

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME JOHN LOPEZ
11. Color or Race White
12. Age at time of THIS birth ?? yrs.
13. Birthplace LION DE LAS ALDAMS (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business BEAT SUGAR WORK

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIA SUNIGA
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace ?? (City or town) MEXICO (State or foreign country)
20. Exact Occupation laborer
21. Industry or Business BEAT SUGAR WORK

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of CALIFORNIA, County of FRESNO } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that ALL PERSONS (First name) (Last name), who attended this birth ARE DECEASED OR CANNOT BE FOUND (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MARIA + LOPEZ Signature
1524 SOUTH AVE, REEDLEY, CALIF P. O. Address

Subscribed and sworn to before me this 31 day of JANUARY, 19 42

(SEAL) Rex Parker Notary Public, residing at 1217-11 St. Reedley Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ____, Registrar.

FEB 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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392-122-006-864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 832332
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bigham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Douglas Bruce Tibke

5. Date of Birth of Child (Month, day, year) Aug. 22, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Tibke

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Hanover, (City or town) Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sena Christine Young

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Kolding (City or town) Denmark (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol 10%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jacob Tibke (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J. O. Hampton M.D. Address Blackfoot, Ida Date 1-15-42

State of Idaho
County of Bingham ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for 21 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Id[redacted] see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920 #23-17

165-122-006-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332335
Local Reg. No.
Reg. Dist. No.

JAN 28 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. No. 1
(d) Name of Hospital or Maternity Home: At my mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Since 1914

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Richard Carey Jones

5. Date of Birth of Child (Month, day, year) Sept. 22, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonard Albert Jones
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Crestline, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Halcie Carey Cody
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clarksville (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Leonard A. Jones (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Address Shelley Date 1-27-42

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that Dr. Edwin Cutler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Halcie Carey Jones Signature

Gooding, Idaho. R. F. D. 3 P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 42

(SEAL) A. K. Lemon Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

RECEIVED JUL 1 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102056

Primary Registration District No. 2194 Registered No. 289

FULL NAME OF CHILD Richard Carey Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	4 (Month) / 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leonard A. Jones	FULL MAIDEN NAME	Palico C. Cody
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley.

Filed June 29 1922 [illegible]

Registrar

INFORMATION FOR RICHARD WAS PUT ON HIS SISTERS BIRTH CERTIFICATE RICHARD WAS NEVER ISSUED A CERTIFICATE IN 1920. HE WAS BORN 9/22/20. HIS SISTER WAS BORN 4/20/22. A COPY OF 22-102056 WAS MADE ON 3/24/42 WITH RICHARDS INFORMATION AND A DELAYED WITH HIS REAL INFORMATION WAS ISSUED ON 2/13/42. THE CORRECTION AFFIDAVIT OF 1922-102056 FOR HIS SISTER WAS ATTACHED TO THE SISTERS CERTIFICATE WITH RICHARDS 1920 INFORMATION. REMOVED RICHARDS NAME FROM SISTERS NO NAME CERTIFICATE 12/30/15. THE MALE SEX WAS ALSO ADDED TO 22-102056 WITH DIFFERENT INK AND WAS ALSO REMOVED.

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Firth

Street: .....

County: Bingham

File Number .....

Registration Dist. No. 50

Sex of Child: Male

Date of Birth September 22 1920

Father: Leonard Albert Jones (Full Name)

Mother: Halcie Carey Cody (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Carey Jones
Child's Name in Full

Halcie Carey Jones
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

COPY ISSUED 3/24/42 OF 22/102056 WITH RICHARDS NAME ON IT.

259-127.005-395

332376

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 6 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home 10 miles east of Tekoa, Wash.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Kenneth K. Knight

5. Date of Birth of Child (Month, day, year) Sept. 27, 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Glen Knight

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Plaza, Washington (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna May Lindley

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Garfield, Wash (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business In own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol Solution.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 7.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Edna Knight (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Dr. C B Elizer M.D. Midwife Address Tekoa Wash Date Jan. 22 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 212-118-022-696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 13 1942

State File No. 332429
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD John Edward Baker

5. Date of Birth of Child (Month, day, year) Jan 18, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Joseph Lindon Baker,
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Teton City, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Salesman.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Lenore Froke
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Waterville, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Deputy Assessor, Fremont Co.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Dr. John R. Gray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn L. Baker. Signature

St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me this 11 day of Feb., 19 42

(SEAL) Kathryn Coffin Clerk of District Court Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mabel Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 285711-023-255

332512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341
Local Reg. No. 6
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of George B. Kennedy
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Robert Davis Sherman

5. Date of Birth of Child (Month, day, year) April 11, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clifton Gwinn Sherman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Amarillo, Texas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris Eleanor Kennedy
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kimball, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Doris E. Sherman (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. Midwife Address Emmett Ida Date 2-10-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/10/42 by J L Reynolds, Registrar. Gem County Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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951-228-827-595 FEB 20 1942 332690

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332690
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Nancy Reed

5. Date of Birth of Child (Month, day, year) Aug. 28, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Charles Reed
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dallas (City or town) Texas (State or foreign country)
14. Exact Occupation Automobile business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Willard Lively
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Crockett (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 21 years, and that Dr. C. F. Zeller (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fred C Reed Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 19 42

(SEAL) Charlene Roberson Notary Public, residing at Jerome, Idaho
Clerk District Court, Jerome County, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on FEB 20 1942 by J F Zeller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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388 711 044849 FEB 20 1942 332695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address ~~or R.F.D. No.~~ East Court
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address ~~or R.F.D. No.~~ East Court
(e) How long has **MOTHER** lived in Idaho? 4 months ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Paul Leon Tyhurst

5. Date of Birth of Child (Month, day, year) Dec 11-1920

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Harrison Tyhurst
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Weida (City or town) Kansas (State or foreign country)
14. Exact Occupation mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Velma Hurd
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Butler (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all his life years, and that Dr. William H. Marshall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Tyhurst Signature
414 W. Idaho St., Weiser, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42

(SEAL) Mary Smith Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Maud E. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997/125005-354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332948
Local Reg. No.
Reg. Dist. No.

FEB 10 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Emida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Emida Idaho

4. FULL NAME OF CHILD Sanford H Riggs

5. Date of Birth of Child (Month, day, year) October 25 1920

6. Sex Male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Franklin Riggs
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Clarksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina May Ledbetter
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Decatur (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Whitman }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 21 years, and that Emma Wells (First name) midwife (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina May Riggs Signature
Tekoa Wn P. O. Address

Subscribed and sworn to before me this 9 day of Feb, 1942

(SEAL) H. A. Dorsey Notary Public, residing at Tekoa Wn

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel H Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813/120 039 319

332979

United States
Department of Commerce
Bureau of the Census Power

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Idaho~~ (b) City Amerian Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Amer. Falls~~
(c) City Amer. Falls Power
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD EVERTT STANLEY HALL

5. Date of Birth of Child (Month, day, year) Jan. 20, 1920

6. Sex Male

7. Twin or Triplet ---------

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hall

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Pike Co. Ky (City or town) (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Carver

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Nanceberg Ky (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Ohio. } ss.
County of Franklin }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Unknown (First name) (Last name), who attended this birth Deaceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC, Franklin Co., O. John Hall Signature
MY COMMISSION EXPIRES OCTOBER 14, 1946 Lucasville, Ohio. R. F. D. # 2. P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 42

(SEAL) Notary Public, residing at Columbus, Ohio.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Maud Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

FEB 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333038
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City Am. Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State W.S.H. (b) County
(c) City RITZVILLE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) AM. FALLS. IDA

4. FULL NAME OF CHILD John N P ZIMMERMAN

5. Date of Birth of Child (Month, day, year) 2-22-1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME ADAM ZIMMERMAN
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME BARBARA EISNER
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's OWN signature Anna Meyer Midwife Address RUPERT, IDA Date

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Maud Feder, Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

182-117 006-293

FEB 26 1942

333084

333084

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ... Days
   In **THIS** county 10 years ... months ... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address (For registration notice) Shelley Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert R. Robertson

5. **DATE OF BIRTH** (Month, day, year) 8-17-1926

6. Sex Male

If Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry D. Robertson

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Shelley Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Butcher

15. Industry Business Shelley Meat Market

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Killian

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Richfield Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Albertina Jimenez (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 10-11-41

26. (a) FEB 26 1942 (Date received) (b) Mary F Felder (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

FEB 26 1942

MAR 16 1972

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutler M D

356 111 010-292

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Gray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Gray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Gray, Idaho

4. FULL NAME OF CHILD Louis Fay Leonard

5. Date of Birth of Child (Month, day, year) 4-11-1920

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd - - - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Fay Burton Leonard
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Rochester, New York (City or town) (State or foreign country)
14. Exact Occupation Warehouse Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Dawn Sibbett
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Gray, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that Almeda Sibbett (First name) (Last name), who attended this birth Cannot Sign (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Leonard Signature

353 E. 18th, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42

(SEAL) John McDonnell Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mark H. Telford, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 103 044897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 11 1942
STATE OF IDAHO

State File No. 333108
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. 130 W. LIBERTY ST.
(d) Name of Hospital or Maternity Home: NO.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. 130 W. LIBERTY ST.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) PORTLAND, ORE

4. FULL NAME OF CHILD CARL FRANCIS MOULTON

5. Date of Birth of Child (Month, day, year) Sept 3 - 1920

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mos

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY FRANKLIN MOULTON
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace WEISER (City or town) IDAHO (State or foreign country)
14. Exact Occupation MECHANIC
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GERALDINE DARREL HIGH
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace VALE OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~IDAHO~~ Oregon
County of ~~WASHINGTON~~ Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. HAMILTON (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Franklin Moulton Signature
1119 N.E. Thompson St. Portland Oregon P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942
(SEAL) Jerome Lassell Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Expires 1/10/42

Received for filing on FEB 11 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

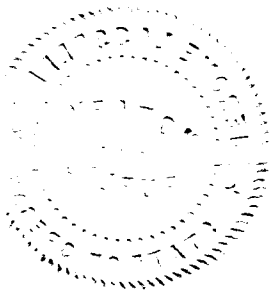
FEB 25 1942

MAY 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 120 Whittier St.
(d) Name of Hospital or Maternity Home: Home of D. S. Smith
(e) Mother's stay BEFORE delivery: IN THIS county — years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Emery
(c) City Green River
(d) Street Address or R.F.D. No. Box 33
(e) How long has MOTHER lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Green River Utah

4. FULL NAME OF CHILD Donald Orren Anderson

5. Date of Birth of Child (Month, day, year) September 2 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orren Kyle Anderson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Glendon (City or town) Iowa (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business Telegraph Oprerator DRGW.

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Mae Smith
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Perry (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business *

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Emery } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 21 years, and that Cannot remember Dr's name (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Mae Anderson Signature

Green River Utah P. O. Address

Subscribed and sworn to before me this 14 day of February 1942

(SEAL) P. H. Riley Notary Public, residing at Green River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Mar-4-1942

Received for filing on FEB 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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333281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333281
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City near Fairfield
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none---home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City near Fairfield
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Deloris Selma Fraedrich

5. Date of Birth of Child (Month, day, year) April 4, 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert E. Fraedrich
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Wausau, Wisconsin, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation poultry raiser
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha A.T. Schmidt
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Casselton, North Dak. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 P.M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Bertha Fraedrich (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's X **OWN** signature Minnie Kroeker M.D. Midwife Address Richfield, Ida. Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 7-1942 by Mabel F. Coder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No. 333296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville. (b) City Idaho Falls
(c) Street Address or R.F.D. No. 169 E. Sixth
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No 169 E. Sixth St.
(e) How long has **MOTHER** lived in Idaho? 9-3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Mary Jean Brown

5. Date of Birth of Child (Month, day, year) Jan. 4 1920

6. Sex female **7.** Twin or Triplet single birth If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester Lonly Brown
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Council Bluffs, (City or town) Iowa (State or foreign country)
14. Exact Occupation Garage Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Rebacca Evans
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Wayne (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3.15 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for entire life years, and that Dr. Charles Rogers (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Rebecca Evans Brown Signature
Box 145, Cypress, California P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942.
(SEAL) Mary E. Coan Notary Public, residing at Anaheim, Orange Co., Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires Nov 17-1944

Received for filing on FEB 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

MAR 26 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States FEB 28 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R F D no 1
(d) Name of Hospital or Maternity Home: at the home of his grandmother Mrs Ida Cecil
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 8 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R-R1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) 2 yrs.

4. FULL NAME OF CHILD Virgil Le Roy Ridenour

5. Date of Birth of Child (Month, day, year) May 23-1920

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Virgil Jahue Ridenour
11. Color or Race White 12. Age at time of THIS birth 18 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Warehouse foreman
15. Industry or Business General Mills.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Olive Cecil.
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation seed analist
21. Industry or Business Northrup Ring & Co.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for ..... years, and that Dr. Shurty (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mrs. Iva Ridenour Signature
P. O. Address

Subscribed and sworn to before me this 27th day of Febr., 1942
(SEAL) [signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Maud F Eddie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334383
Local Reg. No.
Reg. Dist. No.

FEB 19 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 42 years 11 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Ida

4. **FULL NAME OF CHILD** Harold Laurence Taylor

5. Date of Birth of Child (Month, day, year) Sept 4th 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Achilles Ballenger Taylor
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Now Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Emerett
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Weiser Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business now deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 42 years of age, that I have known this person for 21 years, and that Dr. W. Hamilton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Curtis Emerett Signature
744 W 3rd St Weiser Ida P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) Cecille Reynolds Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

FEB 27 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 334384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Amsterdam
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Wayne Potart Annis

5. Date of Birth of Child (Month, day, year) March 9, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer S. Annis
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Guthrie (City or town) Okla. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leladona Clampett
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Stillwater (City or town) Okla. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elmer Annis (Mother) Signature
R.R. #1 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Feb, 1942

(SEAL) F. W. Black Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan 1 1942

Received for filing on FEB 16 1942 by Mark F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 16 1942

State File No. 334388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address~~ R.F.D.No. 4
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 2 years 8 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address~~ or R.F.D.No. 4
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 3227 N.E. 62nd

3. RESIDENCE of FATHER (city, state) Portland, Ore

4. FULL NAME OF CHILD Roy Charles Griffin

5. Date of Birth (Month, day year) Aug. 30, 1920

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George E. Griffin
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace near Hoopston, Illinois (City or town) (State or foreign country)
14. Exact Occupation butcher
15 Industry or Business butcher

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Louise Hamilton
17. Color or Race white **18.** Age at time of THIS birth 29 yrs
19. Birthplace Anaconda, Montana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) Mabel H. Kohler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Louise Griffin, being first duly sworn, say that I am related (Related to (or) acquainted with) Roy Charles Griffin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lewis Jones (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie Louise Griffin Signature
3227 N.E. 62nd. Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 13th day of February, 1942

(SEAL) Edwin H. Lewis Notary Public, residing at Portland, Oregon
My Commission expires 1/3/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

APR 15 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

675 110 014 263

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 334393
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. (small town)
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. (small town)
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Richard Wingerson

5. Date of Birth of Child (Month, day, year) Sept. 10, 1920

6. Sex Male

7. Twin or Triplet Neither — If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Peter Wingerson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sac City (City or town) Iowa (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriette Jane Boling
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Stanwood (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 6:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Harriett Wingerson (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Iowa } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Dr. (First name) Chilton (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriette Jane Boling Wingerson Signature

Delavan Hotel, Cedar Rapids, Iowa P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL) Notary Public, residing at Cedar Rapids, Linn County, Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212/119 031-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 334419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. R.F.D #2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD Ronald Stellmon Baskett

5. Date of Birth of Child (Month, day, year) 2/19/20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leslie Arthur Baskett
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Espia Stellmon
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lapwai (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cargyrol - 2%

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by M. Emma (First name) Baskett (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Emma J. Grist M.D. ~~Midwife~~ Address Lewiston Idaho Date Feb 14/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

JUL 1 1949

SEP 18 1962

APR 22 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and upon forms prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City New Dale
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fern Lucille Balka

5. Date of Birth of Child (Month, day, year) Oct. 13 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George J. Balka
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Agent
15. Industry or Business Telegrapher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Salena Herbert
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Fern Dr. Humphreys (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma G. Anderson Signature
141 - 1st Ave Salt Lake Ut. P. O. Address

Subscribed and sworn to before me this 7th day of Feb., 1942

(SEAL) F. Henri Hurrod Notary Public, residing at Salt Lake, Utah

10/3/40 Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334505
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Edmund Bruce

5. Date of Birth of Child (Month, day, year) June 23, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James E. Bruce
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Keokuk, Iowa (City or town) (State or foreign country)
14. Exact Occupation Secretary-Treasurer
15. Industry or Business Mode Dept. Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie C. Barcus
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Leadville, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all his life years, and that physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James E. Bruce Signature
408 N 15th St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February 1942

(SEAL) Otto A. Peterson Clerk DISTRICT COURT 3rd. JUDICIAL DISTRICT Notary Public, residing at IN AND FOR ADA COUNTY OF THE STATE OF IDAHO

By [illegible] Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279 112 003 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334506
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Franklin Spidell

5. **DATE OF BIRTH** (Month, day, year) January 12, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Franklin Spidell

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Plum Hollow, Fremont Co. Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Locomotive Fireman

15. Industry Business Oregon Short Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Greaves

17. Color or Race White

18. Age at time of THIS birth 46 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum $AgNo_3$

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Spidell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 27 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho Date Feb 19, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 1 0 19

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

X 263-105010-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: SPENCER HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City SWAN VALLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) SWAN VALLEY

4. FULL NAME OF CHILD CHARLES FREDERICK SOLIDAY

5. Date of Birth of Child (Month, day, year) AUGUST 5, 1920

6. Sex MALE

7. ~~Twin or Triplet~~ X ~~If so—born 1st, 2nd, 3rd~~ X

8. No. months of Pregnacy ✓

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK LESLIE SOLIDAY
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace WICHITA (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELMA LUCILLE RITCHEY
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SPRINGFIELD (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum (2)
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 ~~2~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by FRANK (First name) SOLIDAY (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Idaho Falls Ida Date Feb-23-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

374 106 036 699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No. 334558
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Ceder Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Cedar Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Cedarhill, Ida

4. FULL NAME OF CHILD Ira Vergil Timmons

5. Date of Birth of Child (Month, day, year) Dec. 6th 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob W. Timmons
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wayne City (City or town) Nebraska (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Fritz
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Mrs. Clara Bright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Timmons Signature

R.F.D.# 2, Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 42.

(SEAL) Floyd Hunt Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary E. Peterson, Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-120 022-652

334569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Floyd Hoffman

5. DATE OF BIRTH (Month, day, year) 20 Mar. 1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 10

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Hoffman

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Switzerland (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lucinda Heatherbie

17. Color or Race White

18. Age at time of THIS birth 4[illegible] yrs.

19. Birthplace Bear Lake Utah (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Fred Hoffman (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 27 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. S. Sharpe M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 2-13-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 28 1948

AUG 6 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

6 3-230 042-569 334609

United States MAR 3 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 334609
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 2nd ave west
(d) Name of Hospital or Maternity Home: Twin Falls County General Hosp.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 2nd Ave west
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) T. Falls, Ida.

4. FULL NAME OF CHILD Rebecca Jane Walker

5. Date of Birth of Child (Month, day, year) Mar. 30, 1920

6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James A. Walker
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rockford (City or town) Illinois (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Eucebia Norton
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rock Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at AM. on the date and at the place stated above, and that personal particulars were furnished by Alice E. Walker (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Craig } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 21 years, and that Dr Henry W. Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice E. Walker Signature
215 So. Gunter St., Vinita, Oklahoma P. O. Address

Subscribed and sworn to before me this 27 day of February, 1942
(SEAL) My Comm. Exp. 3-14-43 Leona Hipp Notary Public, residing at Vinita Okla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

APR 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 265 108 005 762 334643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City Santeen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Santeen

4. **FULL NAME OF CHILD** Bryce Lenard Kontz

5. Date of Birth of Child (Month, day, year) June 5 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elbert Lyle Kontz

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Aztec (City or town) New Mexico (State or foreign country)

14. Exact Occupation Woodsman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris L. Yoes

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Myrtle (City or town) Ark. (State or foreign country)

20. Exact Occupation Dressmaker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Nathan Kontz (First name) (Last name), who attended this birth Nancy Lastenbinder (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elbert Lyle Kontz Signature

Mead, Washington P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

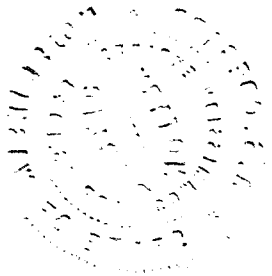
MAR 4 1942

JUN 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-703 016-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334707
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Grandma Woodall's Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Richard Harding Woodall

5. Date of Birth of Child (Month, day, year) Oct. 3, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Woodall
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Call's Fort, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Eva Groves
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Springfield, Ohio (City or town) (State or foreign country)
20. Exact Occupation Reporter Burley Bulletin
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Dr. R. T. Avary (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lewis Woodall ..... Signature
127 N. Cela - Burley, Ida. ..... P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942.

(SEAL) Mark W. Crouch Notary Public, residing at Burley Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

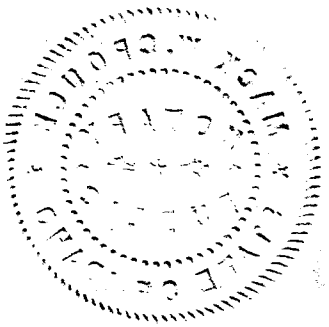
MAR 3 1942.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



x 292-219 035734

334720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Josephs
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 2 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Nezperce
(c) City Lewiston Ida
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Betty Mae Bishop

5. Date of Birth of Child (Month, day, year) 4-19-1920

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Emerson C. Bishop
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bishop (City or town) Illinois (State or foreign country)
14. Exact Occupation Clerk & Stenog U.P.R.R.
15. Industry or Business Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian M. Aldrich
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Fairmount (City or town) Minn. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 5:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian M. Bishop (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W. F. McMahan M.D. ~~Midwife~~ Address Lewiston, Ida Date Feb. 21-'42

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that Wilber + McMahan W.D. (First name) (Last name) who attended this birth now living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian M Aldrich Bishop Signature
634 E 23rd St Nane Wn P. O. Address

Subscribed and sworn to before me this 28th day of Feb, 1942

(SEAL) A D Schaefer Notary Public, residing at St Nane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 553128 010-383

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334734
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 125 Emerson
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: Nelson Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years . months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 125 Emerson
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Wilford Gilbert Nelson

5. Date of Birth of Child (Month, day, year) January 28, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil Wilford Nelson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Castle Gate Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Angelia Tyeer Nelson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kansas (City or town) Canada (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ 15% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A— M. on the date and at the place stated above, and that personal particulars were furnished by Lillie (First name) Nelson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M. D. Homer M.D. ~~Midwife~~ Address Idaho Falls Ida. Date Feb 8-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate ~~which~~ are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1962

MAR 3 1942

MAR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 207 024-286

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 334761
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Geo. Stinger residence
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman Ida.

4. FULL NAME OF CHILD Mary Ella Mariner

5. Date of Birth of Child Nov. 7. 1920 (Month, day, year)

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Eugene mariner
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Northville So. Dadkota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Ella Shook
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Shannon City Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution of Silver 1% 3
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Claude (First name) Mariner (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature H E Smith M.D. ~~Midwife~~ Address Eugene Ore Date Feb 2 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-114-003-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Idaho

4. FULL NAME OF CHILD LEE SPENCER PREECE

5. Date of Birth of Child (Month, day, year) Dec. 14-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Freeman Brawley Preece
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Coverville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Warner
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salem (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that John H. (First name) Hubbard (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Warner Preece Signature
McCammon P. O. Address

Subscribed and sworn to before me this 24 day of Feb., 1942

(SEAL) J. F. Whitney Notary Public, residing at McCammon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-124043-693 MAR 5 1942 334876 334876

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Cascade, Idaho

4. FULL NAME OF CHILD VERNON RICHARD HALL

5. Date of Birth of Child (Month, day, year) 4/24/20

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Hall
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Van Wyck (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Ethel Withers
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wright County, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. Noggle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard Hall Signature

Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42

(SEAL) Randall Wallace Notary Public, residing at Cascade, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Maud F. Elder, Registrar.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-204027-796

334894

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 6 1942

State File No. 334894
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Hazelton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: None years months days **IN THIS** county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hazelton, Idaho

4. FULL NAME OF CHILD Marybelle Helms

5. Date of Birth of Child (Month, day, year) Feb. 4, 1920

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac Edmond Helms
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bada, Kiowa, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Belle Groves
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bartelsville, Oklanoma Terr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all of life years, and that Dr Price (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Isaac Edmond Helms Signature

P. O. Address

Subscribed and sworn to before me this 24th day of Feb, 1942

(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-110007-267

335072

335072

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No. 335072
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine.
   (c) City Hailey.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address Hailey, Idaho.

3. **RESIDENCE of FATHER** (city, state) Hailey, Ida.

4. **FULL NAME OF CHILD** Donald David Wilson.

5. Date of Birth (Month, day, year) Feb. 10, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Floyd W Wilson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Cleveland (City or town) Ohio (State or foreign country)

14. Exact Occupation County Assessor

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Boggs.

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Hailey (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3-a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs R. Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Wilson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Donald David Wilson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H.H. Dutton (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary E. Wilson. Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1942

(SEAL) D. W. Walton Notary Public, residing at Hailey

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1965

MAR 0 1942

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-206-001 741

335107

335107

United States Department of Commerce
Bureau of the Census

MAR 9 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1115 No. 10St
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1115 No. 10 St
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Anna Belle Bloom

5. Date of Birth of Child (Month, day, year) Sept. 6, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Bruce Bloom
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dorrance, Kansas (City or town) (State or foreign country)
14. Exact Occupation Conductor
15. Industry or Business Boise Valley Traction Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Loyce Adams
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Carthage, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7.20 A M. on the date and at the place stated above, and that personal particulars were furnished by Fannie (First name) Bloom (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. P. P. French (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Fannie L Bloom Signature

P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942.

(SEAL) Mary B Edwards Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary B Edwards, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-109 003-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Topaz
(c) Street Address or R.F.D. No. No. 1
(d) Name of Hospital or Maternity Home: Was at home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Topaz
(d) Street Address or R.F.D. No. No. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Topaz, Ida.

4. FULL NAME OF CHILD Albert LaMar Ellis

5. Date of Birth of Child (Month, day, year) June 9 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Edmund Ellis
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace No. Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Henson Ellis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Topaz (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Morgan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Nurse (First name) Craig (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Robert E. Ellis Signature
Morgan - Utah P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942
(SEAL) A C Welch Notary Public, residing at Morgan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F Elder, Registrar.

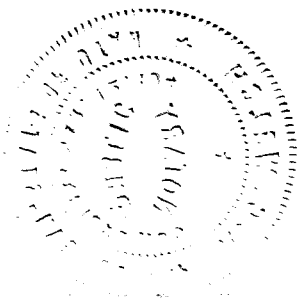
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DECEASED

289-125 014-392

335135

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 25 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R#1 Kuna
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Kuna R#1
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Stanley Edward Shimanek

5. Date of Birth of Child (Month, day, year) Jan 25-1942

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph E. Shimanek

11. Color or Race White **12.** Age at time of THIS birth 44 yrs.

13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Tisar

17. Color or Race White **18.** Age at time of THIS birth 38 yrs.

19. Birthplace (City or town) Bohemia (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 23 years, and that Mrs Oliver Murdock (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Shimanek Signature

Kuna Idaho R # 1 P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL) Laura Rutledge Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 335 135
Date Filed Feb. 25-1942

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Stanley Edward Shimanek (Name on Original Certificate) who was born (Was Born or Died) on Jan. 26-1921 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birth date	Jan. 25, 1920	Jan. 26, 1921

Subscribed and sworn to before me this 19th
day of November, 1942
Marion L. Orr
Notary Public, residing at Burley, Idaho
My commission expires 6-24-45
(Seal)

Signed Ben S Shimanek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 19 1942

MAY 21 1949

719-229 006-665

335167

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 Months years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Velma Gardner

5. Date of Birth of Child (Month, day, year) November 29, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orawell Gardner

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Salem, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Owen

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Camas, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ethel (First name) Owen (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Ida Date 2-24-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1967

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493114041893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No. 335195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Rudsvale
(c) ~~Street Address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 20 years 7 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Rudsvale
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1-2 yrs.

3. RESIDENCE OF FATHER (~~city,~~ state) 54

4. FULL NAME OF CHILD Christian Mickelsen

5. Date of Birth of Child (Month, day, year) 6-14-1920

6. Sex male

7. ~~Twin~~ or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christian Mickelsen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Hill
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salem (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 21 years, and that Dr. Chas. Martin (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Mickelsen Signature
Tetonia Idaho R#2 P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 19 42

(SEAL) ..... Notary Public, residing at Tetonia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by ..... Registrar.

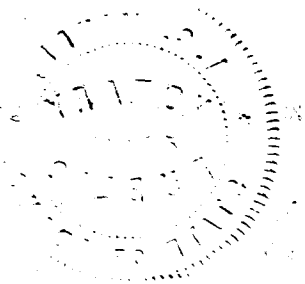
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-124-014 415

335199

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 905 Holly
(d) Name of Hospital or Maternity Home: Samaritan Hospital, Nampa
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Paul Daniel Mangum

5. Date of Birth of Child (Month, day, year) May 24, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Emmett Mangum

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Physician & Surgeon

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Rachel Mangum

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Housewife - Nurse Anesthetist R.N.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 9 00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emily (First name) Mangum (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Geo. A. Proctor M.D. ~~Midwife~~ Address Nampa Ida Date 2-16-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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335225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myles Orin Dustin

5. Date of Birth of Child (Month, day, year) Dec. 20, 1920

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Van Orin Dustin
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Garden City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Kunz
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Victor, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business Own

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:A M. on the date and at the place stated above, and that personal particulars were furnished by Lillian (First name) Dustin (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Chas J Martin M.D. ~~Midwife~~ Address Libby, Mont. Date 2/21/42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature
... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

X 265-103-009-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City CLARK FORK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City CLARK FORK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ROBERT LOUIS SOETEBER

5. Date of Birth of Child (Month, day, year) JAN-3-1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** SOETEBER JOHN EDWARD
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace PHILLIPS WIS (City or town) (State or foreign country)
14. Exact Occupation COMMON LABEROR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PALMER GERTRUDE LOUISE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace GREENBAY WISCO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address CLARK FORK IDA. Date

State of ~~IDAHO~~ Wash
County of ~~BONNER~~ Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, [illegible] signed, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Ite[illegible]e, that I am now 54 years of age, that I have known this person for 22 years, and that M[illegible]N NAGEL (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the [illegible] certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under [illegible] Session Laws.

J. E. Soeteber Signature
914 S. Yakima Tacoma Wash. P. O. Address

[illegible] and sworn to before me this 26th day of February, 1942
Harold D Cosier Notary Public, residing at Tacoma

(Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

[illegible] filing on MAR 5 1942 by Mabel F Elder, Registrar.

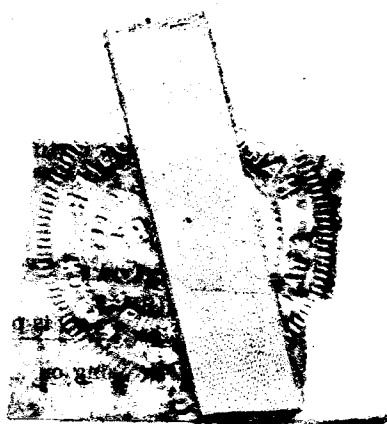
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing PRINTED [illegible] postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



+ 696-114-016-805

335291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley

4. **FULL NAME OF CHILD** Kenneth Fromel

5. Date of Birth of Child (Month, day, year) April 4 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Karl Ernst Fromel
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsa Hanisch
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum /
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 7 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

* **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Karl Ernst (First name) Fromel (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsa Fromel Signature

Glenns Ferry P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942.

(SEAL) Leo F. Robinson Notary Public, residing at Glenns Ferry Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mildred Fielder, Registrar.

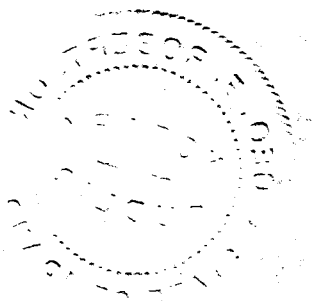
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



986-110-003-791

DELAYED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 335353
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William W. Rhodenbaugh

5. Date of Birth of Child (Month, day, year) March 10, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William W. Rhodenbaugh
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis G. Gray
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Wm. W. Rhodenbaugh (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 22 years, and that physician (First name) (Last name), who attended this birth cannot be located (Is now deceased or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. W. Rhodenbaugh Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) Wm. A. Dunbar Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE, O FLAG ADDED 12/05/2017 AJT

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-222001-466

335376

335376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335376
Local Reg. No.
Reg. Dist. No.

MAR 10 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Louise Curada

5. Date of Birth of Child (Month, day, year) 6-22-1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 8

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Curada

11. Color or Race W

12. Age at time of THIS birth 38 yrs.

13. Birthplace Czechoslovakia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie A Moore

17. Color or Race W

18. Age at time of THIS birth 40 yrs.

19. Birthplace Maine (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for her life years, and that Stella Stiff (mid-wife) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Curada Signature

Boise, Idaho Route # 3 P. O. Address

Subscribed and sworn to before me this 10th day of March, 19 42.

(SEAL) T. B. Chapman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary Feeler, Registrar.

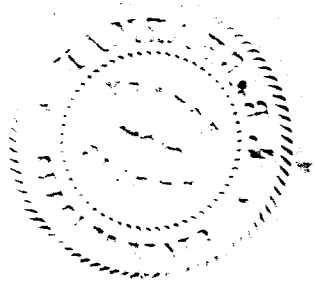
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 110024 435 MAR 11 1942

335399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335399
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital of Maternity Home: Horace
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice):
   Wendell R F D.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Wendell Ida

4. **FULL NAME OF CHILD** Richard Earl Carson

5. **DATE OF BIRTH** (Month, day, year) Jan 10, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Martin Carson

11. Color or Race white

12. Age at time of THIS birth 39 yrs.

13. Birthplace Richmond Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Christina McKnight

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Heber City Utah
(City or Town) (State or foreign country)

20. Exact Occupation Farmer Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 % Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by H. M. Carson, who is
(First name) (Last name)
related to this child as Father
(Mother, etc.)

26. (a) MAR 11 1942 (b) Maud F Elder
(Date received) (Registrar's signature)

25. Attendent's **OWN signature** L. Simonton M.D.
(D.O., Midwife, etc.)
and address Wendell Ida Date 3-6-42

27. Given name added on ..... by .....
(Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

✓ 742-103-037.445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335417
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 22-7 mo yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Donald Francis Guzman

5. Date of Birth of Child (Month, day, year) July 3rd 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry J. Guzman

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Edmund Valle (City or town) Ogden (State or foreign country)

14. Exact Occupation Farmer & Rancher

15. Industry or Business County Clerk

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Aline Duncan

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Harlem (City or town) Iowa (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Aline Guzman (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W W Jones M.D. ~~Midwife~~ Address Jordan Valley. Date Feb 22-42

State of Oregon } ss.
County of Malheur }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that W. W. (First name) Jones (Last name), who attended this birth living in Jordan Valley (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie Duncan Guzman Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of February, 19 42

(SEAL) Gabriel Celaya Notary Public residing at Jordan Valley

My Commission Expires March 26, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

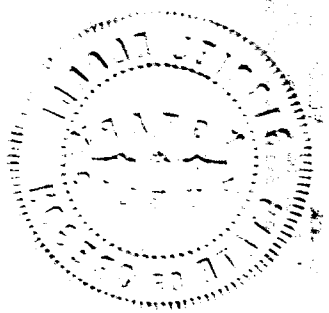
Received for filing on FEB 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



8-9-117-004-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 2 1942

State File No. 335467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City BLOOMINGTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City BLOOMINGTON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) BLOOMINGTON, IDA.

4. FULL NAME OF CHILD HART, HEBER JESSE

5. Date of Birth of Child (Month, day, year) SEPT. 17, 1920

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HART, ALFRED AUGUSTUS
11. Color or Race WHITE **12.** Age at time of THIS birth 48 yrs.
13. Birthplace BLOOMINGTON, IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH CECILIA PATTERSON
17. Color or Race WHITE **18.** Age at time of THIS birth 34 yrs.
19. Birthplace BLOOMINGTON, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol sol 10%.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Hart (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature R J Sutton M.D. ~~Midwife~~ Address Oakley Ida Date 2/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

JAN 16 19[illegible]

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-83322

555-215-410-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gladys Lucille Veeder.

5. Date of Birth of Child (Month, day, year) June 15th

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

Tuesday 1920

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert L Veeder.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace New Windsor, (City or town) Illinois. (State or foreign country)
14. Exact Occupation Salesman, Mechanic, Machine
15. Industry or Business operator.

MOTHER OF CHILD

16. FULL MAIDEN NAME Erma Elliott.
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Des Planes, (City or town) Illinois. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3-A, M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Idaho Falls Idaho Date Feb-26-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

MAR 28 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-12-1-044-768

335811

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335811
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Wash (b) City Medvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 20 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Wash
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jas Quinton Carlisle.

5. **DATE OF BIRTH** (Month, day, year) Dec 21. 20

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jas Frank Carlisle

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Ironside Oregon
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethyl Poynor

17. Color or Race W

18. Age at time of THIS birth 22 yrs.

19. Birthplace Council Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jas L. Carlisle (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAR 12 1942 (Date received) (b) Mavel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Fa Schmid M.D. (D.O., Midwife, etc.)
and address Weiser, I Date 3-11-42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

355-130-044-156 335840 335840

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335840
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: Usual mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Donald Robert Lee

5. Date of Birth of Child (Month, day, year) June 30, 1920

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henery Robert Lee

11. Color or Race White **12.** Age at time of THIS birth 21 yrs.

13. Birthplace Texas (City or town) (State or foreign country)

14. Exact Occupation Wage Worker & Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Lillian Jeffrey

17. Color or Race White **18.** Age at time of THIS birth 17 yrs.

19. Birthplace Lockwood Missouri (City or town) (State or foreign country)

20. Exact Occupation Farmers Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Jeffrey (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Lillian Jeffrey M.D. Midwife Address Weiser Ida Date March 5

State of ..... ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Maud Fleck, Registrar.

MAY 17 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863106 028 262

336012

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City BELLGROVE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City BELLGROVE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 4 YEARS yrs.

3. RESIDENCE OF FATHER (city, state) BELLGROVE, IDA

4. FULL NAME OF CHILD RICHARD JOSEPH HOLZNER

5. Date of Birth of Child (Month, day, year) 12/6/1920

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE HOLZNER
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARM

MOTHER OF CHILD

16. FULL MAIDEN NAME OTTILIE E. SOKOLL
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace ALTSTATD (City or town) AUSTRIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOTHING USED

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by OTTILIE HOLZNER (First name) (Last name), who is related to this child as MOTHER (Mother, etc.).

25. Attendant's **OWN** signature Wilma Brewine ✓ M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-101 021-914 336071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 2nd South 4th West
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 2nd South 4th West
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD James Le Roy Howell

5. Date of Birth of Child (Month, day, year) Aug 1, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Roy Howell
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Preston, Idaho (City or town) (State or foreign country)
14. Exact Occupation Creamery operator
15. Industry or Business Creamery business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Radford
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Princeton, North Carolyna (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 21 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Howell Signature
1058 South Schilling, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42.
(SEAL) [signature] Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary F Elder, Registrar.

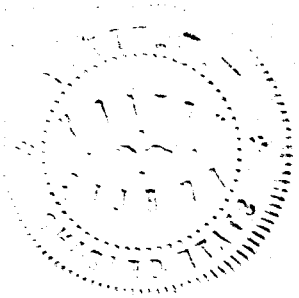
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



495-106 028 699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336126**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Settens
(c) Street Address or R.F.D. No. Route II
(d) Name of Hospital or Maternity Home: Drechsel Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnia
(c) City Settens
(d) Street Address or R.F.D. No. Route II
(e) How long has **MOTHER** lived in Idaho? Since 1916 yrs.

3. RESIDENCE OF FATHER (city, state) Worley, Idaho

4. FULL NAME OF CHILD Elmer Oscar Drechsel

5. Date of Birth of Child (Month, day, year) April 6, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Herman Bernard Drechsel
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace ~~Idaho~~ Fergus-Minn. (City or town) (State or foreign country)
14. Exact Occupation Farming (Retired
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha P. Fritsch
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hamberg (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at Settens M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Sidonie Drechsel M.D. Midwife Address 373 E. Hartson Spokane Wash Date Feb 23-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 396-106-010-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Dean Lavon Croft

5. Date of Birth of Child (Month, day, year) July 6, 1920

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. Daniel Croft.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Gunnison (City or town) Utah (State or foreign country)
14. Exact Occupation Live stock farming.
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Croft
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Ellen Croft (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature x Delight Young ~~M.D.~~ Midwife Address Iona, Idaho. Date March 9, 1942

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Delight Young (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margaret Ellen Croft Keller Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Mar, 1942
(SEAL) Eugene Olsen Notary Public, residing at Iona Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

969-125 040-163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adolph William Zorek

5. Date of Birth of Child (Month, day, year) Feb 25, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Zorek
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Palai, Austria (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Magdelin Jocani
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Palai, Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature H. Mowery M.D. ~~Midwife~~ Address Wallace Ida Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 124 209 003 681

336187

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 10 194

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Merle Akutagawa

5. Date of Birth of Child (Month, day, year) Aug. 9, 1920.

6. Sex Female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Akutagawa
11. Color or Race Japanese **12.** Age at time of THIS birth yrs.
13. Birthplace Japan (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Cafe business

MOTHER OF CHILD

16. FULL MAIDEN NAME Shizue Oyama
17. Color or Race Japanese **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Grace, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4 (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Irene Western Felder M.D. Midwife Address Grace, Idaho Date 3/9-1942

State of } ss
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel H. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-102-039-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FARM HOUSE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) AMERICAN FALLS IDAHO

4. **FULL NAME OF CHILD** WALTER SIEBEL

5. Date of Birth of Child (Month, day, year) 1, 2, 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** FRED SIEBEL
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) RUSSIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVA DOCKTER
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace ODESSA (City or town) RUSSIA (State or foreign country)
20. Exact Occupation LABOR
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by FRED (First name) SIEBEL (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Fred Fred Siebel (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Siebel Signature
American Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) [signature] Notary Public, residing at American Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-116-033-893

336327

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho.

4. FULL NAME OF CHILD Donald Ralph Wilding

5. Date of Birth of Child (Month, day, year) Sept. 16, 1920

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Daniel Wilding

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Salt Lake (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Hill

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Schofield (City or town) England (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 9

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 a. M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Wilding (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature G G Espe M.D. ~~Midwife~~ Address Burley Ida Date 3-9-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 21 years, and that Dr G G Espe (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George D. Wilding Signature

P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942

(SEAL) Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary H. Nelson, Registrar.

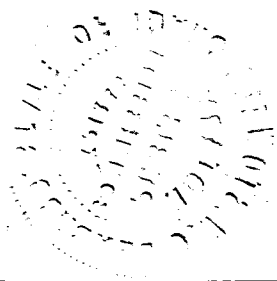
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-102 010-291

336473

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. # 5
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay BEFORE delivery: Born in U.S.A. years months days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. # 5
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Roy August Schwabedissen

5. Date of Birth of Child (Month, day, year) Feb 2-1920

6. Sex Boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred William Schwabedissen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Hope (City or town) Ind (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ricka Krause
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Hope (City or town) Ind (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum August 10%

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:10 P.M. on the date and at the place stated above and that personal particulars were furnished by Fred Schwabedissen (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature A P Bodenquist M.D. Midwife Address Idaho Falls Idaho Date Mar. 13-'42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1967

MAR 19 1942

MAR 24 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 113 001 419

336510

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Grand View
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Grand View
(d) Street Address or R.F.D. No. P. O. Box 163
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. RESIDENCE OF FATHER (city, state) Grand View, Ida.

4. FULL NAME OF CHILD GERALD ERVIN STANKE

5. Date of Birth of Child (Month, day, year) Jan. 13, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Paul Frederick Stanke
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Freemont, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Helen Martin
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bear Creek, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of County } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr. L. A. Neiswanger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Paul Stanke Signature
Route 1 - 504 - 7th Ave. North Nampa Ida. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942

(SEAL) C H Duval Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel F. Eddison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-109
614-291 MAR 18 1942

336549

336549

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 2nd & 18th. Ave. N.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county – – years **TWO** months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 2nd. & 18th. Ave. N.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida.

4. **FULL NAME OF CHILD** Charles James Miller

5. Date of Birth of Child (Month, day, year) Feb. 9th. 1920

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Wm. Miller
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lawrenceville (City or town) Derborn, Ind. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Syble Marie Brackett
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pocatello (City or town) Idaho. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:45 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mrs. Fequeway Midwife M.D. now Deceased Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Mrs. Fequeway (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Syble M. Miller Signature

R. F. D. # 2 Boise Ida. P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942

(SEAL) C. E. Kenyon My Commission Expires Jan. 9, 1944. Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1942

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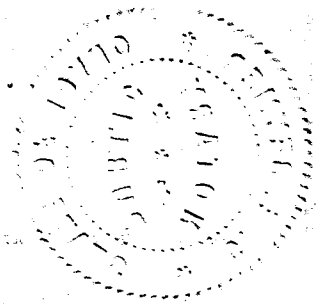
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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814-227-010-263

336629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. (Lincoln)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Phyllis Louise Hamilton

5. Date of Birth of Child (Month, day, year) Jany. 27, 1920

6. Sex: Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Edward Hamilton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Isabel County (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Elizabeth Bocker
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. Hollister (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amelia B. Hamilton Signature
26 Logan Ave Salt Lake City P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 42.

(SEAL) Mark H. Hodgson Notary Public, residing at Salt Lake, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mark H. Hodgson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336639

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Ida

4. FULL NAME OF CHILD Verlin Everett Johnston

5. Date of Birth of Child (Month, day, year) Nov. 5, 1920

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy usual

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Evan Johnston

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Palymira (City or town) Missouri (State or foreign country)

14. Exact Occupation engineer

15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Mae Snodgrass

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Columbus, Nebraska (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno 3 %

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was / (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Mary Mae Johnston (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Filer Date 11/5/20

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for birth years, and that Vernon Newberry (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mae Johnston Signature

Box 786 Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Wendell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Knull
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Knull
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Knull, Idaho

4. FULL NAME OF CHILD Donald Theron Knight

5. Date of Birth of Child (Month, day, year) May 2, 1920

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Curtis Stephen Knight
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Bee-keeper
15. Industry or Business Bee-keeper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie May Grant
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Honeyville, Utah (City or town) (State or foreign country)
20. Exact Occupation waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie May Grant Knight (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 46 years, and that Dr. E. R. Van Cott (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie May Grant Knight Signature
Wilcox Hotel, Ogden Ut. P. O. Address

Comeopiro 3/20/42

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) Margaret Bell Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 25 1950

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United States Department of Commerce Bureau of the Census

MAR 21 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No. Post office
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No. Post office
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker, Ida.

4. **FULL NAME OF CHILD** Phil Dee Oviatt

5. Date of Birth of Child (Month, day, year) 12/10/20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Phil Henry
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henriatta Hoiberg
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Dr. Frank Watkins (First name) (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henriatta Oviatt Signature

Phil D. Oviatt P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942

(SEAL) Notary Public for Idaho Residence, Boise, Idaho My commission expires Aug. 1, 1942

Leo Nelson Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

DEC 29 1950

DEC 30 1952

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FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-202006-491

MAR 31 1942

State File No. 336963

Local Reg. No.

Reg. Dist. No.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: At home Days
   In Hospital or Maternity Home ... years ... months ... days
   In **THIS** county 1 year

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice): 278 8th Ave. N. (Street or R.F.D.) Buhl, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Burva Dawn Shatt

5. **DATE OF BIRTH** (Month, day, year) 1-2-1920

6. Sex ~~Male~~ Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Yes

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kournes Klepper Shatt

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Lenox (City or Town) Iowa (State or foreign country)

14. Exact Occupation Veterinaary Surgeon

15. Industry Business At Shelley

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Bernice Diehl

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Shelley (City or Town) Idaho. (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. K. K. Shatt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
   and address Shelley Ida. Date 2-21-42

AUG 28 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

194-224-022-852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337923
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony

4. FULL NAME OF CHILD Frances Maude Aiman

5. Date of Birth of Child (Month, day, year) Sept 24-1920

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Chas. Henery Aiman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Gerry County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Seed man
15. Industry or Business Seed Pea Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Maude Hess
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cambridge Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum $AgNO_3$
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1600 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature J Frank Watkins M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-107-04K-413

338094

338094

United States
Department of Commerce
Bureau of the Census

MAR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2nd West + Co. Rd
(d) Name of Hospital or Maternity Home: Mrs Brewer
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2nd West + Co. Rd
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Mc Cheney

5. Date of Birth of Child (Month, day, year) Oct. 7, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Mc Cheney
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) Penna. (State or foreign country)
14. Exact Occupation Vulcanizing
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Maloney
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Oakland, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation teaching
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 22 years, and that Walter Fanning (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Mc Cheney Signature
St. Theresa Academy P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) Dorothy M. Brady Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942
APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 338094

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John McCheeney (Name on Original Certificate) who was born (Was Born or Died) on Oct 7, 1926 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John	Jack

Subscribed and sworn to before me this 9th day of April, 1943.

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943
(Seal)

Signed Mrs. Margaret McCheeney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Teresa's Academy
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

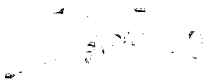
Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



819-131-006-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 18 1942

State File No. 338122
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. I
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home ..... Days
In THIS county 14 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State State (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. I
(e) How long has MOTHER lived in Idaho? ~~34~~ 14 yrs.
(f) Mother's mailing address (For registration notice): R I Shelley Idah
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Raymond Job Harker

5. DATE OF BIRTH (Month, day, year) 1-31-1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Harker

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Taylorville, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Augusta Lawson

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Salt Lake City, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 p. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel A. L. Harker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)

27. Given name added on ..... by ..... (Registrar's signature)

and address Shelley, Ida Date 3-14-42

Sworn to before me March 14, 1942
L. Ivan Jensen, notary Public

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 2 6 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

669-127-010-414

338141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 270 2nd Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. 270 2nd Street
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Eldred Glenn Wareham

5. Date of Birth of Child (Month, day, year) Dec. 27, 1920

6. Sex White 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Bice Wareham
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Lewistown Montana (City or town) (State or foreign country)
14. Exact Occupation Livestock Buyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Laverta Madsen
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Spring City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at One A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign Mother and in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person since birth years, and that Dr Hillister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. That said boy is our son and was born Dec. 27, 1920, at Idaho Falls, Idaho

Edna Laverta Wareham Signature
George Bice Wareham P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Joshua T. Evans Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-21-010-266

338147

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Woodville
(c) Street Address or R.F.D. No. 2 & Idaho Falls
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Woodville
(d) Street Address or R.F.D. No. R.F. Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Elinor Balmforth

5. Date of Birth of Child (Month, day, year) 3-11-1920

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Ernest Rudolph Balmforth
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Salt Lake City (State or foreign country) Utah
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Bernice Bateman
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Cassia Co. (State or foreign country) Utah
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 P M. on the date and at the place stated above, and that personal particulars were furnished by E. Bernice Balmforth (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler MD Wife Address Shelley, Idaho Date 3-7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mark Heller, Registrar.

For only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-20-006-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorena Doris Jones

5. Date of Birth of Child (Month, day, year) July 1, 1920.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lloyd Jones

11. Color or Race White

12. Age at time of THIS birth 19 yrs.

13. Birthplace Shelley (City or town) Utah (State or foreign country)

14. Exact Occupation Machinest

15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Christen[illegible]n

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Shelley (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1st 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] M. on the date July 1, 1920 and at the place stated above, and that personal particulars were furnished by Bertha C. Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature Edwin Carter M.D. Midwife Address Shelley Ida, Date 3-13-42

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [illegible] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for [illegible] years, and that [illegible] (First name) [illegible] (Last name), who attended this birth [illegible] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[illegible] Signature

[illegible] P. O. Address

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may he received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-23-1005-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City St Maries
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City St Maries
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 4 years

4. **FULL NAME OF CHILD** Lois Agnes Engelhart

5. Date of Birth of Child (Month, day, year) Dec 31-1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Freddie Richard Engelhart
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bolivar (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Lois Martin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Harney (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Freddie R Engelhart (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Dr C B Cliger M.D. Midwife Address Lukoa Wash Date 3-14-42

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 21 years, and that Dr. Cliger (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther L Engelhart Signature
1533-27th NW Seattle Wn. P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-108-003-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338191
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 748 North 5th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 9 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 748 North 5th
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Ted B. Thiros

5. Date of Birth of Child (Month, day, year) Feb. 8, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bill Thiros
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Diakofto, Greece (City or town) (State or foreign country)
14. Exact Occupation Owner of confectionary
15. Industry or Business Fountain, lunch counter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Karvounis
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Diakofto, Greece (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Mrs. John Mariano (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Helen Thiros Lewis Signature
748 North Fifth Avenue P. O. Address

Subscribed and sworn to before me this 7 day of March 1942

(SEAL) William J. Ryan Judge of the Probate Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V 389-126-006-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338207
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. -----
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. -----
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida

4. **FULL NAME OF CHILD** Dale Milton Christensen

5. Date of Birth of Child (Month, day, year) 3/26/1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Erastus Milton Christensen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fountain Green (City or town) Utah (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Myrtle Monson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cataldo (City or town) Idaho. (State or foreign country)
20. Exact Occupation House keeping
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% in eyes
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above and that personal particulars were furnished by E. Milton Christensen (First name) (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Carter M.D. Address Shelley, Ida. Date Feb. 28, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel Keller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336.2091.003-513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ota Homes
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Bernice Hall Lloyd

5. Date of Birth of Child (Month, day, year) May 9, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Haslam Lloyd
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Gunnell Hall
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maud (First name) L Lloyd (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Nina Sorenson M.D. Midwife Address Bancroft, Idaho Date March 16, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that John H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Hall Lloyd Signature
Box 225 Grace Idaho P. O. Address

Subscribed and sworn to before me this 1 day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public residing at Grace, Idaho

Received for filing on MAR 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

946-107006-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338586
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: DELIVERED AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD JAMES WILSON RUFF

5. Date of Birth of Child (Month, day, year) JULY 7, 1920

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILSON REX RUFF
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace INDIANA (City or town) (State or foreign country)
14. Exact Occupation WELL DRILLER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME RENA MAYBERRY BRALEY
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace WHITNEY IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Nevada } ss.
County of Washoe }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that Dr. (First name) Mott (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

"Rena Mayberry Braley Signature
302 East 4th St Reno Nev. P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942.

(SEAL) [signature] Notary Public, residing at Reno Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-118-028-513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338659
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. Route 1
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Hayden Lake

4. FULL NAME OF CHILD Roy ~~xx~~ Frederick Nargi

5. Date of Birth of Child (Month, day, year) July 18, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Nargi
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Chechaslovakia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Mohon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Chechoslovakia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 49 years of age, that I have known this person for 21 years, and that Della (First name) Morris (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Nargi Signature
Box 179, Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42.

(SEAL) [signature] Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-126-221-689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho.

4. FULL NAME OF CHILD Dale W. Corbridge

5. Date of Birth of Child (Month, day, year) 5/26/1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lester William Corbridge
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Franklin Co. (State or foreign country) Idaho.
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Emma Whitehead
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Franklin (City or town) Franklin Co. (State or foreign country) Idaho.
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2: A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Emma Corbridge (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Preston, Idaho. Date 3/23/1942

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Emma Corbridge Signature

P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) [signature] Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-79811

X

766-23-2003-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lorene Cooper

5. Date of Birth of Child (Month, day, year) Aug 31 1920

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank M. Cooper
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Stock Salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Powers
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Sonar (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Umatilla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for since birth years, and that the physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mariga Mathias Signature
Hermiston, Oregon P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) E P Dodd Notary Public, residing at Hermiston, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. Apr 13, 1943

Received for filing on MAR 25 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1947

SEP 16 1959

OCT 27 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-120 039-269

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338684
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years [illegible] months [illegible] days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland Ida

4. **FULL NAME OF CHILD** Jack [redacted] Siegrist

5. Date of Birth of Child (Month, day, year) March 20, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Leon Siegrist
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Sorensen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Henry (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known Ng 1163 17 Sol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Siegrist (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address Lewiston Date 3-19-42

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 22 years, and that Dr V. G. Logan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Siegrist Signature
809-16th Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) Mamie P. White Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 23 [illegible] by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 542-117-025-36b

338707

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 8 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Harold Wilton Nissen

5. Date of Birth of Child (Month, day, year) July 17, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Niclaus Nissen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sioux Co., (City or town) Iowa (State or foreign country)
14. Exact Occupation Argricultural Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Arminta Lowe
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Benton Co., (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

State of California
County of Los Angeles, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Mrs. Emma Westman (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Nissen Signature

Route 2, Box 223A, Compton, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42.

(SEAL)

My Commission Expires January 17th, 1943

Notary Public, residing at Willowbrook, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-102-003-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dee Waldron Smith

5. Date of Birth of Child (Month, day, year) April 2-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin S. Smith
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation High School Principal
15. Industry or Business Public Schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Waldron
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Living

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of ~~[illegible]~~ Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that John Hyrom (First name) Hubbard (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E S Smith Signature
2613 Jackson Ogden Ut. P. O. Address

Subscribed and sworn to before me this 24th day of March 1942
(SEAL) John R Watson Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel F Elder, Registrar.

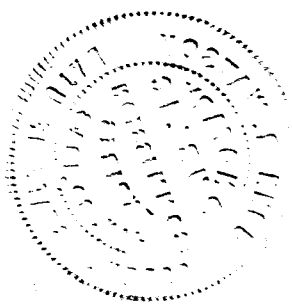
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-17-005-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338765
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home. days
IN THIS county years months

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer, Idaho

4. FULL NAME OF CHILD Hans Christian Nelson

5. Date of Birth of Child (Month, day, year) Aug. 17, 1920

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9th

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Christian Nelson.

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Denmark (City or town) Europe (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business Own Blacksmith shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Simonsen

17. Color or Race White.

18. Age at time of THIS birth 37 yrs.

19. Birthplace Denmark (City or town) Europe (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business in Own Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Sol. Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3rd. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Christian Nelson (First name) (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature C B Clizer M.D. Midwife Address Tekoa, Wash. Date 3/24/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mabel McFadden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

MAY 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

991-217-003-315

338832

338832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338832
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. RFD (?)
(d) Name of Hospital or Maternity Home: Born at own home or residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. RFD (?)
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Grace LaVeta Ryan

5. Date of Birth of Child (Month, day, year) Aug. 17, 1920

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Ernest Ryan
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Thayer (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Isabell Lane
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Camp Arkansas (City or town) Ark. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Harry Ernest Ryan (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J. W. Lynn M.D. ~~Midwife~~ Address Pocatello Ida Date 3-28-42

State of Territory of Alaska
County of Third Division } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that Lynn Bros (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Ernest Ryan Signature
c/o Lane Hotel, Anchorage, Alaska P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942

(SEAL) Notary Public, residing at Notary Public for Alaska

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Aug. 29, 1945

Received for filing on FEB 16 1942 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-227-201-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county --- years 7 months --- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Grace Alaxina Bundy

5. Date of Birth of Child (Month, day, year) January 27, 1920

6. Sex female

7. Twin or Triplet -----

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Alva Bundy
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Elizabeth Benecke
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon, County of Klamath } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Do not remember name of Dr. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Elizabeth Bundy Signature
2157 Orchard St., Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) Lorraine Wilson Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.) MY COMMISSION EXPIRES OCT. 6, 1942.

Received for filing on ____ by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 168-102-021-319

339019

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Entire Life. Preston, Idaho.

4. FULL NAME OF CHILD Don Carlson Johnson

5. Date of Birth of Child (Month, day, year) April 2, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full Time

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Johnson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Elizabeth Carlson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Eureka (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr. Allen Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Johnson Signature
14 West 43 North P. O. Address
Preston Idaho

Subscribed and sworn to before me this 9th day of March, 19 42.

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 9 1972

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+255-104-029-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339075
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 11 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Clifford Charles Benson

5. Date of Birth of Child (Month, day, year) Dec. 9, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Axel Rudolf Benson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Torsby (City or town) Sweden (State or foreign country)
14. Exact Occupation Laboror
15. Industry or Business Grain Elevator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Swanberg
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that Dr. Hinkle (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Axel Benson Signature
Troy Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942

(SEAL) A. Brooke Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

APR 3 1942

MAY 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 493-102-003 251

339124

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City POCATELLO
   (c) Street Address or R.F.D. No. 513 E. BONNEVILLE
   (d) Name of Hospital or Maternity Home: DELIVERY AT ABOVE ADDRESS
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. 513 E. BONNEVILLE
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** ROBERT - CECIL - MILLER

5. Date of Birth of Child (Month, day, year) AUG. 2ND. 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LLOYD P. MILLER
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace NICHOLSON (City or town), NORTH DAKOTA (State or foreign country)
14. Exact Occupation BOOKKEEPER
15. Industry or Business NIBLEY-CHANNER LBR. CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CECILE LAVERNE KNADLE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace LINCOLN (City or town), NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business TELEPHONE CO. BEFORE MARRIAGE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by LLOYD P. MILLER (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Las Angeles, Calif 2626 So Robertson Date Mar 16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [signature], Registrar.

APR 2 1942

SEP 9 1970

SEP 15 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-11-22-815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Harold Cleon Moss

5. Date of Birth of Child (Month, day, year) Aug 11th 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harold George Moss
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Orinda Hansen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Afton (City or town) Wyoming (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 53 years of age, that I have known this person for 21 years, and that P. J. Watkins (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold George Moss Signature

Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942.

(SEAL) A. L. Hastings, County Recorder Notary Public, residing at Driggs, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

AL-R 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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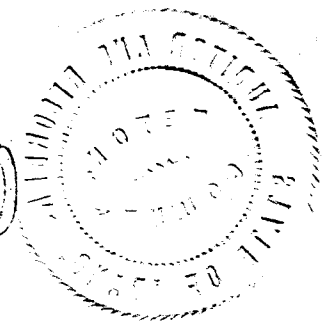
DECEASED



652-120-044-615

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339160
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Kenneth Webb

5. Date of Birth of Child (Month, day, year) Sept. 20, 1920

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James B. Webb
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Searcy (City or town) Arkansas (State or foreign country)
14. Exact Occupation mail carrier
15. Industry or Business for Government

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Favre
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Tellocaset, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that Kenneth Webb (First name) Dr. E. O. Finney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B. Webb Signature
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942.
(SEAL) Notary Public, residing at Gooding
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 339160

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Kenneth (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 24, 1920 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Kenneth Webb
Date	Sept. 20th	Sept. 24, 1920

Subscribed and sworn to before me this 23rd
day of November, 19 42
Notary Public, residing at Gooding, Idaho
My commission expires 10/26/46
(SEAL)

Signed James B. Webb
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of November, 1942
Notary Public, residing at Gooding, Idaho.
My commission expires 10/26/46
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

825 Idaho Street, Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 2 4 1942

AUG 2 3 1945

X 435-126-027-631

339161

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Jerome
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marvin Earl McVey

5. Date of Birth of Child (Month, day, year) March 26, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank McVey
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Toronto (City or town) Kansas (State or foreign country)
14. Exact Occupation Cashier Oregon Short Line R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Flathers
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Republic (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Deceased Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life ~~years~~, and that Dr. C. F. Zeller (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank McVey Signature
R.R. No. 2 Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) William L. Anstett Notary Public, residing at Jerome, Idaho
Probate Judge, Jerome County, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Probate Judge & Ex-Officio Clerk

Received for filing on MAR 23 1942 by Mark Keller, Registrar.

NOV 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-119-015-869

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339198
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Id

4. FULL NAME OF CHILD Frederick Lynn Balls

5. Date of Birth of Child (Month, day, year) December 19, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Kenneth Grant Balls
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Edna Horsley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Natal J Solution

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Calms (Born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Zina E. Balls (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kaseby M.D. Midwife Address Soda Springs Idaho Date 8-25-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-223-025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery IN **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Oregon (b) County Wallowa
(c) City ----
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Do not know

4. **FULL NAME OF CHILD** Melva Grace Stevens

5. Date of Birth of Child (Month, day, year) Aug 23, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James K.Stevens
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace North Dakota (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Grace Wilson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ~~[illegible]~~ (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for over 21 years, and that Wilson A.Foskitt, M.D (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Grace Twogood formely Anna Grace Stevens Signature
920 9th Ave. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942

(SEAL) P. E. Stookey Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-130-028-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) [redacted] or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) [redacted] or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oscar Clinton Panther

5. Date of Birth of Child (Month, day, year) 3-30-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjamin H. Panther
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grand View N.C. (City or town) (State or foreign country)
14. Exact Occupation Paper Mill Worker
15. Industry or Business Inland Empire Paper Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Fricks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Murphy N.C. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Minnie May West M.D. Midwife Address Spokane Wash Date Mar 13 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-118-001-891

339322

United States APR 6 1942 (Be sure the information is as of date of birth of THIS child) State File No. 339322
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. ASH STREET
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. ASH STREET
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD JOHN LOUIS SABALA

5. Date of Birth of Child (Month, day, year) NOV. 18-1920

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK SABALA
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace EA (City or town) SPAIN (State or foreign country)
14. Exact Occupation SHEEP-MAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORENTINA YRASABAL
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace PROVINCE OF VISCAYA (City or town) SPAIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that DR. (First name) HOLLISTER (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Sabala ✓ Signature
214 2nd St. South P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) R. D. Barbour Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APP

MAY 17 1948

DEC 2 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-210-029-493

339359 339359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marcella Marie Kries

5. Date of Birth of Child (Month, day, year) Nov. 10, 1920

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter George Kries
11. Color or Race white 12. Age at time of THIS birth yrs.
13. Birthplace Genesee, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalia Miller
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Genesee, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 p. M. on the date and at the place stated above, and that personal particulars were furnished by Peter G. Kries (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Walter A. Burg M.D. ~~Midwife~~ Address Uniontown, Wash. Date 4/3/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

966-222-010-276

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child was born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norma V. Rowberry

5. Date of Birth of Child (Month, day, year) April 22 1928

6. Sex Female

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Le Roy Rowberry

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Iona (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Klossner

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Violet Rowberry (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature H. L. Willson M.D. ~~Midwife~~ Address Idaho Falls Date March 31, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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819-229-018-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Idaho Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Sophie Harless

5. Date of Birth of Child (Month, day, year) Jan. 29, 1920

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** J a Harless
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sweetwater (City or town) Penn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christine Olson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Orofino (City or town) Ida (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Harless (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sophie L. Dean ~~M.D.~~ Midwife Address 1221 E. Indiana Date Mar. 9-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

784-106-001-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. (?)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clinton Orville ~~Orville Clinton~~ Phillips

5. Date of Birth of Child (Month, day, year) Sept. 6, ~~1922~~ 1920

6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Van Phillips
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Shouns, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Packing House

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel May Howard
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Shouns, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Name not known by me.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 21 years, and that Dr. Downey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel May Phillips Signature
Emida, Benewah County, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942

(SEAL) R. H. Whittier ~~[illegible]~~ Benewah County Recorder.

(Note: Perjury is punishable as a felony in Idaho; see Sec. [illegible], Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 20-82135

DELAYED

113-209-041-356

339653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 10 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Isabel Jacobson

5. Date of Birth of Child (Month, day, year) August 9, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lauritz Jacobson
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie May Lewis
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Marion (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 21 years, and that Annie (First name) Larsen (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Neal Signature

Driggs, Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942

(SEAL) Geo. A. Strong Notary Public, residing at Driggs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dlcp 08 1920-83019

897-222-022-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

339674

1. PLACE OF BIRTH
County of
City of
No. St.
(If born in hospital or institution give name.) Hilda

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Hilda Jeneveve High

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 1 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 27, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wesley High	18. Full maiden name Thelma Andrews
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 28 (years)	20. Color or race White 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or country) Gooding Idaho	22. Birthplace (city or place) (State or country) Ashton Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or , Midwife
Address Ashton Idaho

Give name added from a supplemental report (Date of)

Filed MAR 31 1942, 193 Mabel L. Elder Registrar.

Registrar.

JUN 2 4 1943

DELAYED

745 · 105 · 029 - 285

339711

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Onaway (village)
(d) Name of Hospital or Maternity Home: North Potlatch Sanitarium
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Onaway (village)
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Roger Lewis Guernsey

5. Date of Birth of Child (Month, day, year) June 5, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Evon Guernsey
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Gladstone (City or town) Michigan (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business general store

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Marie Sheldon
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ft. Madison (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at eleven A. M. on the date and at the place stated above, and that personal particulars were furnished by Viola Sheldon Guernsey (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr J S Gerard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Sheldon Guernsey — Signature
Princeton Idaho — P. O. Address

Subscribed and sworn to before me this 31 day of March 1942

(SEAL) [illegible] Notary Public, residing at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Ida
My Commission Expires Dec. 3, 1944

Received for filing on APR 2 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

JUL 20 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-020-005-415

339756

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Lolo Precinct
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Benewah Co.

4. FULL NAME OF CHILD Frances Helen Schweighardt

5. Date of Birth of Child (Month, day, year) June 20, 1920

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Schweighardt
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Austria Hungary (City or town) (State or foreign country)
14. Exact Occupation Comon Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosalia Manners
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Austria Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that Dr. Mosher (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jac Schweighardt Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942

(SEAL) Fred E. Lull Probate Judge Notary Public, residing at St. Maries Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 - 1942

1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-226-006-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Myrtle Marie Madding
5. Date of Birth of Child (Month, day, year) Mar. 26-1920
6. Sex Female
7. Twin or Triplet No
~~If so—born 1st, 2nd, 3rd~~
8. No. months of Pregnacy 18
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas E Madding
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Walker (City or town) Missouri (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking (1st Nat Bank Shelley)

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Elizabeth Rasmussen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A M. on the date March 26-1920 and at the place stated above, and that personal particulars were furnished by Thos E Madding (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Address Shelley Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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65-104-024-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339832
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. R. 7 W.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. R. 7 W.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell Ida

4. **FULL NAME OF CHILD** Albert Roy Weaver

5. Date of Birth of Child (Month, day, year) June 4 1920

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Roy Weaver
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Brunswick (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Leona Butler
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Cotton Wood (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Co. Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simmons M.D. Midwife Address Wendell Ida. 3-2-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 211-039-254 339908

APR 13 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. Landing
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. Landing
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Rockland (Landing)

3. RESIDENCE of FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD Doris Dean May

5. Date of Birth (Month, day year) July 11 1920

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Windfield May
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Yadkin County So. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizibeth Kemper
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Lexington Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sal Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha E. May (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) APR 13 1942 (Date received) Mary F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature V. G. Logan M.D. (D.O., Midwife, etc.) and address American Falls Date April 8-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR - 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-110-203-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339961
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 1 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dean L. Wilker

5. Date of Birth of Child (Month, day, year) Aug. 16 Th-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Earnest Walker
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Zurich (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Rozetha Wallentine
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Grace, Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Rhoda (First name) Walker (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. ~~Midwife~~ Address Soda Springs, Idaho Date 3-19-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Father~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K.

APR 9 1942

JUN 25 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-117-035 & 19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 339918

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County NEZ PERCE (b) City MYRTLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county 21 years 2 month 18 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City MYRTLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) **Mother's** mailing address R-1 BOTHELL-WN

3. **RESIDENCE of FATHER** (city, state): R-1 BOTHELL-WN

4. **FULL NAME OF CHILD** JAMES EDWARD PEARSON

5. Date of Birth (Month, day, year) JAN-17-1920

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd [redacted]

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES GAIL PEARSON

11. Color or Race WHITE

12. Age at time of THIS birth 25 yrs.

13. Birthplace LELAND (City or town) IDAHO (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IVA LUE HARMON

17. Color or Race WHITE

18. Age at time of THIS birth 27 yrs.

19. Birthplace HEPNER (City or town) OREGON (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of SNOHOMISH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ISABELLE E. PEARSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) JAMES EDWARD (Name of person on certificate above) as GRANDMOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burke. None (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isabelle E Pearson Signature

Box 63 Pinehurst, Wn P. O. Address

Subscribed and sworn to before me this 14 day of May, 1941

(SEAL) [signature] Notary Public, residing at Everett.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 = 124-029-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339988
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WARREN NEALE STEENSMA		2. Date Of Birth (month) July (day) 24 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Latah b. City or Town of Birth: Julietta
FATHER	6. Full Name of Father: Ike Steensma		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Lola Myrtle Evans		9. State or Country of Mother's Birth: Julietta, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren N. Steensma	11. Present Address of Registrant: W 2614 Dexter Spokane Wa
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1955	12. Signature of Notary: Erwin P. Britell	13. Notary Commission expires: January 21 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #518 01 8141 Social Security record		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date issued:	Date Orig. Entry: January 16 1937
Class* B	Date of Birth: July 24 1920	Birth Place: Juliaetta Idaho	Full Name of Mother: Lola Myrtle Evans	Name of Father: Ike Steensma	
SUPPORTING RECORD 2.	Type of Document: military record		By whom issued and signed: U. S. ARMY	Date issued:	Date Orig. Entry: discharged January 31 1946
Class B	Date of Birth: July 24 1920	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: insurance policy		By whom issued and signed: AMERICAN HOME BENEFIT ASSOCIATION, INC. #D-9367-6	Date issued:	Date Orig. Entry: August, 1940
Class B	Date of Birth: July 24 1920	Birth Place:	Full Name of Mother:	Name of Father: Ike Steensma	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	November 16 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED

DUP OF 1920-84460

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339988
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2.9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Juliaetta

3. RESIDENCE of FATHER (city, state) Juliaetta Ida

4. FULL NAME OF CHILD Warren Neale Steensma

5. Date of Birth (Month, day year) 8-24-20

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Ike Steensma
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Myrtle Evans
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Juliaetta Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lola Myrtle Steensma being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Warren Neale Steensma son (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kelley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located), and that this birth has **not been previously recorded.**

Mrs. Ike Steensma Signature
Moscow Ida P. O. Address

Subscribed and sworn to before me on this 31 day of March, 19 42

(SEAL) [signature] Notary Public, residing at Moscow

Exp. Sept 23, 1945

APR 9 1942

NOV 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DUP OF 20-84460

318-112-035-467

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 340007
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community 15 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai - rural (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Alex Taylor
4. Date of birth Feb. 12, 1920 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? No

FATHER OF CHILD
9. Full name Albert Taylor
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Genesee (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Own farm

MOTHER OF CHILD
15. Full maiden name Maggie Mox Mox
16. Color or race Indian 17. Age at time of this birth 15 yrs.
18. Birthplace Kamiah (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Student
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? -
(b) How many other children were born alive but are now dead? -
(c) How many children were born dead? -

22. Mother's mailing address for registration notice:
Mrs. Maggie M. Green
C/o Matilda Taylor
Lapwai, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 5 a.m. on the date above stated and that the information given was furnished by Mary Mox Mox Paul, related to this child as Grandmother

24. Date received by local registrar APR 4 1942
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Mary Mox Mox Paul
Midwife Date signed Mar. 27, 1942
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by midwife attendant of the applicant. Certified this 27th day of March 1942, at Lapwai, Idaho

A. G. Wilson, Superintendent

Subscribed and sworn to before me this 27th day of March, 1942 at Lapwai, Idaho.

My Commission Expires: 3/27/43

E. H. La Camp
Notary Public

APR 9 1942

DELAYED

238-204 039-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD Hilda Ottelia Schultz

5. Date of Birth of Child (Month, day, year) March 4 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Edward Schultz
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ottelia Dittus
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Joaquin ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for xx years, and that Christian Test (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

Ottelia Schultz Signature
Lockeford Calif. P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42
(SEAL) J. A. Hammond Notary Public, residing at Lockeford Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Filed in the County of San Joaquin, State of California

Received for filing on APR 6 1942 by Mark Whelan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-12 5 034-954

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340048
Local Reg. No. 3
Reg. Dist. No. 458

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Owen Gallicher

5. Date of Birth of Child (Month, day, year) Feb 25-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Gallicher

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Ida and Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Catherine Ridge

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Ida. (City or town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice C. Gallicher (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E H Elmore M.D. Midwife Address Rupert Ida. Date 3-4-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-123-040-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340058
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Summer's Hotel
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) as above

4. **FULL NAME OF CHILD** Raymond Franklin Smith

5. Date of Birth of Child (Month, day, year) July 23, 1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Presley Murphy Smith
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Pennsylvania, U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Smith
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sturgus, So Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as mother, also by Dr. McCracken, now dead (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington, County of Snohomish, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Edith Shippy, (Mother) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith Shippy Signature
2521 Walnut Everett Wn P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) [signature] Notary Public, residing at Everett, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by [signature], Registrar.

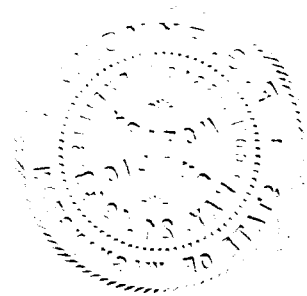
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



258-216-022-697

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340082
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Street Unnamed
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 4 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. Street Unnamed
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Wilma Virginia Snyder

5. Date of Birth of Child (Month, day, year) May 16, 1920

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Valentine Snyder
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace East Syracuse, New York (City or town) (State or foreign country)
14. Exact Occupation Owner & Manager
15. Industry or Business Motion Picture Theater

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Louise Figie
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace East Syracuse, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of White Pine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 5/6 years, and that Dr. Frank Watson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Louise Snyder Signature
Box 86, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.

(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

OCT 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491-128 001 65A

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340091
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home - 2414-west Jefferson St
   (e) Mother's stay **BEFORE** delivery: → at Home
   IN **THIS** county 18 years 10 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2414 - W. Jefferson
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Rutledge Ellsworth Drake

5. Date of Birth of Child (Month, day, year) Aug-28-1920

6. Sex Male

7. Twin or Triplet 1-only If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Married

FATHER OF CHILD

10. **FULL NAME** Thomas William Drake
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Rockport (City of town) Missouri (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business Oil - Fletcher Oil Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zoa Fay Weaver
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wayne County - Nebr. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by Thos. W. Drake (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho Date April 2-'42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1942 APR 3 1942 by Mabel Erickson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-207-031-636

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 22 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida.

4. FULL NAME OF CHILD Clarice Vivian Hauptman

5. Date of Birth of Child (Month, day, year) 4-7-1920

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Joseph Lloyd Hauptman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Boyd (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Teresa Barbara O'Connor
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Davenport (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon, County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that J. L. (First name) Kelly (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. L. Hauptman Signature
Eulchrist, Oregon P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) Ella Carmichael Notary Public, residing at Eulchrist Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES OCT. 13, 1942

Received for filing on APR 3 1942 by [illegible], Registrar.

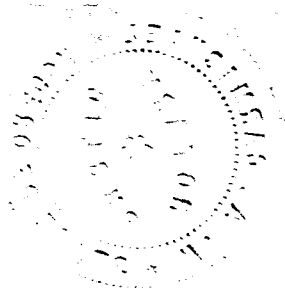
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-202 010-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340134
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls,
(c) ~~STREET~~ R.F.D. No. R.F.D. 7
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) ~~STREET~~ R.F.D. No. 7
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Elenora Mildred Kramer

5. Date of Birth of Child (Month, day, year) Feb. 2, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME August R. Kramer

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Cassel, (City or town) South Russia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Rosin

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Hoffnungsthal (City or town) South Russia (State or foreign country)

20. Exact Occupation Farmer

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Antiseptic Eye wash

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above and that personal particulars were furnished by Katie Kramer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Christina Kramer M.D. Midwife Address Lolo, Mont. Date 3/ Mar.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

155117006-259.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340154
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BASALT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BASALT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Ida.

4. FULL NAME OF CHILD DERL RUBEN JENSEN

5. Date of Birth of Child (Month, day, year) MAY 17, 1920

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CLINTON JENSEN
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace ORDERVILLE UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA BERTHA BERG
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace BASALT IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 P M. on the date and at the place stated above and that personal particulars were furnished by Anna Berg Jensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Custer M.D. Address Shelley, Idaho Date 4/8/42.

Sworn to before me this 8th day of April, 1942. [illegible] Notary Public

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

NOV 14 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-229 010-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340186
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD EVELYN LENORE EASTBURG

5. Date of Birth of Child (Month, day, year) Mar. 29, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME William R. Eastburg
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Osage, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Glennie Welner
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Farm Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Glennie Eastburg (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature H. L. Willson M.D. ~~Midwife~~ Address Idaho Falls Date April 7, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary L. Willson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-120-010-113 340300

DELAYED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340300
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. 17
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days. IN **THIS** county years 3 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State California (b) County Alameda
(c) City Oakland
(d) Street Address or R.F.D. No. 5555 Thorn St.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address R.F.D. # 7 Oakland Calif.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Richard Frank Hoffman

5. Date of Birth (Month, day year) Nov 20 - 1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Geo F Hoffman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Tennessee (City or town) See (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Treatment Barbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Verda A Jackson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lincoln (City or town) Net (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive/stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Verda Hoffman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) APR 13 1942 (Date received) (b) Maud Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature A P Soderquist M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date Apr. 10/42

State of } ss.
County of }

AFFIDAVIT To be completed when the **attendant at birth is NOT LIVING or CANNOT BE LOCATED**

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), **who attended** said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....
(SEAL) .....Notary Public, residing at.....

DELAYED STAMP ADDED TO CERTIFICATE FACE 02/24/2020 -OTHER CHANGE NOT MARKED AMENDED AJT

MAY 28 1959

APR 16 1942

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-121-018-457 APR 15 1942 340309

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340309**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. one
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. one
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD John Nelson Boehm

5. Date of Birth of Child (Month, day, year) June 21, 1920

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Claud Boehm
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Verna McPartee
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Moscow Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Boehm (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address Orofino Idaho Date June 21. 1920

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr. Boswell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Stella Boehm Signature
R.F.D. Star Route, Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42

(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Maud Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 703 036 69

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340382
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Woodruff
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Woodruff
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodruff, Idaho.

4. **FULL NAME OF CHILD** LaVerd John

5. Date of Birth of Child (Month, day, year) Jan. 3, 1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas James John
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Portage, Utah (City or town) (State ~~or foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Elizabeth Ward
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Woodruff, Idaho (City or town) (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Box Elder }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 22 years, and that Eunice A. (First name) Ward (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rosa Elizabeth W. John Signature

Tremonton Utah R. 1 P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) Leo Cranney Notary Public, residing at Tremonton Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 13 1942 by Mabel K. Colton, Registrar.

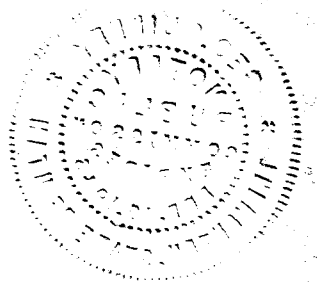
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843 117 022 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville Idaho

4. FULL NAME OF CHILD William Merrill Hutchison

5. Date of Birth of Child (Month, day, year) Jan. 17, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Henry Hutchison
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Indinolia (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Hansen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Iva Hutchinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Chargis M.D. ~~Midwife~~ Address Ashton Idaho Date 1-8-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be made [illegible] record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-125 006-695

340428

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. P.O. Box 523
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. P.O. Box 523
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Jack Dean Merkley

5. Date of Birth of Child (Month, day, year) April 25, 1920

6. Sex Male

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chauncey Merkley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Dingle, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Howell Findlay
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Fish Haven, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-two years of age, that I have known this person for 21 years, and that Dr. C. A. (First name) Hoover (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella Merkley Signature
Box 523 - - Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942
(SEAL) [signature] Notary Public, residing at Blackfoot Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1945
APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7/2-219 001-135

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340444
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 21 street
(d) Name of Hospital or Maternity Home: At above address - home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 21st Street
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Vivian Marie Pasmore

5. Date of Birth of Child (Month, day, year) April 19, 1920

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Frank Pasmore
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rockwood, (City or town) Ontario, (State or foreign country) Canada
14. Exact Occupation owned grocery store
15. Industry or Business grocery business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Elizabeth Alexander
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bedford, (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 21 years, and that Dr. (First name) Collister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Frank Pasmore Signature

611 N. Bartlett, Medford, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942.

(SEAL) ..... Notary Public, residing at Medford, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-108 042-268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 852 Elm St.
(d) Name of Hospital or Maternity Home: Home 852 Elm St. Twin Falls
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City 852 Elm St. Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3Yr8Mrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD ROSS LILLICO DOUGLAS Jr.

5. Date of Birth of Child (Month, day, year) Nov. 8-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ROSS LILLICO DOUGLAS
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Electric Contractor
15. Industry or Business Citizens Electric Co. T.F.

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTIE ELIZABETH ROHWER
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 2:30A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertie E. Douglas (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature , M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertie Elizabeth Douglas Signature
733 E. Walnut St. P. O. Address
Bellflower Cal

Subscribed and sworn to before me this 7 day of Apr, 1942

(SEAL) Cecil E. Clampitt Notary Public, residing at Bellflower, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mary Hedden, Registrar.

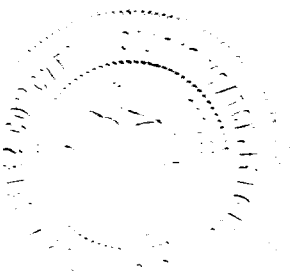
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-108-040-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D No. 415 W. Mission
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 415 W. Mission
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Kellogg

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Marvin Melvin Clark

5. Date of Birth (Month, day, year) July 8, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Philip Clark
11. Color or Race
12. Age at time of THIS birth 29 yrs.
13. Birthplace Medical Lake (City or town) Washington (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Matilda Lang
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Duluth (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 10 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's OWN signature J. R. [signature] M.D. or..... (D.O., Midwife, etc.)
and address Kellogg, Ida Date 4/7-42

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

MAR 3 1949

APR 7

MAR 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 386-202-025-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 2 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida

4. FULL NAME OF CHILD Helen Margaret Thostenson

5. Date of Birth of Child (Month, day, year) Dec. 2, 1920

6. Sex F

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Melvin Theolf Thostenson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rockford (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Elizabeth BECK
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wawawai (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Bertha Beck (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elsie Elizabeth Thostenson Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) [signature] Notary Public, residing at St. Maries Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
My commission expires January 9, 1945

Received for filing on APR 15 1942 by [signature], Registrar.

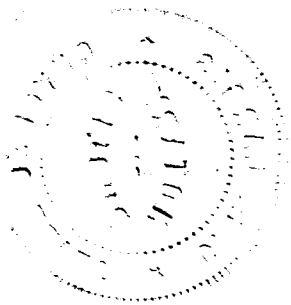
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-220010-418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 23 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Neval Brown

5. Date of Birth of Child (Month, day, year) 10/20/20

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Kenneth Brown
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Iona (City or town) Utah (State or foreign country)
14. Exact Occupation Store Keeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Sophia Dayton
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. J. C. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Blair Signature
Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 15 1942 by [illegible], Registrar.

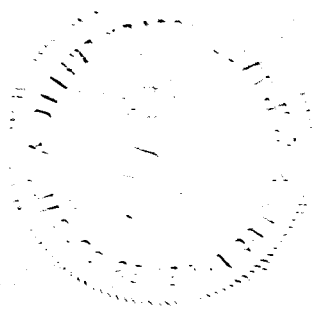
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-108-010-613

340795

United States Department of Commerce Bureau of the Census

APR 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boneville (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 24 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Merrill Bernard Wallenstein

5. Date of Birth of Child (Month, day, year) Feb 8 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wallenstein
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Creston Iowa (City or town) (State or foreign country)
14. Exact Occupation Operator Utah Power & Light
15. Industry or Business Utah Power & Light Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Daniels Wallenstein
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Menan (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A, M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Apr 10-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1966

APR 26 1942

DELAYED REGISTRATION LA[illegible]

(1937 Session Laws, Chapter 139, S[illegible]

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-206-042.214 340811 340811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340811
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 702 2nd Ave East
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 702 2nd Ave East
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD June Kujoko Koto

5. Date of Birth of Child (Month, day, year) June 6 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tom Koto
11. Color or Race Japanese 12. Age at time of THIS birth 32 yrs.
13. Birthplace Fukoka-ken (City or town) Japan (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kei Samakamaki
17. Color or Race Japanese 18. Age at time of THIS birth 24 yrs.
19. Birthplace Canatsu (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature 1 photostatic copy 4-20-42 M.D. 1 photostatic copy 6/6/42 Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr Clousheck (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+Kei Koto Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) [signature] Notary Public, residing at Shoshone, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN APR 2 0 1942 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-122-044-689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

amend 6-29-83

State File No. 340959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Route I
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD William Leonard Johns

5. Date of Birth of Child (Month, day, year) Feb 22, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy George Johns
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace McCloud (City or town) Okla. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Alice White
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Milwaukie (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lottie (First name) Johns (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature (Doctor Deceased) M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 22 years, and that Doctor (First name) Seely (Last name), who attended this birth 15 Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie A Johns Signature
Jasper, Ore. P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942

(SEAL) Grover B Kelsay Notary Public, residing at Jasper, Ore

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Comm expires 12/13/43

Received for filing on APR 13 1942 by Mabel McLain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6-29-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 340959
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for William Leonard Johns (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 22, 1920 (Date of Event)

in Midvale (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers age	19	18
mothers age	17	18

Subscribed and sworn to before me this 29th day of June, 1983.

Notary Public, Davalee Leavitt
Residing at Boise Ada Idaho
My commission expires Jan 10, 1987
(Seal)

x Lottie A. Johns
Signature of Applicant

x 2550 S.E 14th ave Albany Oregon 97321
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Death for Roy George Johns who died in Lincoln County Oregon on Nov 4, 1960 lists birth date as Dec 10, 1901.

JUN 29 1983

Certificate of Birth from Oklahoma gives Roy George Johns born Dec 10, 1901 in Pottawatomie Co. OK. Filed Dec 17, 1942. Viewed by V.S.

Birth Certificate for Charlotte Alice White lists birth date as Oct 27, 1901. Filed Nov 6, 1901 in Milwaukee Wis. Viewed by V.S.

Birth certificate for Annabelle Lee Johns born April 22, 1921 in Midvale, WA lists fathers name as Roy Geo. Johns and mothers name as Lottie Alice White her age is listed as 19. Viewed by V.S.

537-122010-168

341032

341032

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, I

4. FULL NAME OF CHILD Lester George Elg

5. Date of Birth of Child (Month, day, year) 2/22/1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Arvid Elg
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tidaholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Maria Johnson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tidaholm, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3/a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. John A. Elg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. S. Johnson M.D. Address Idaho Falls, Ida Date 4/17/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Maud Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 123025 819

341114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Monte Bryce Adams

5. Date of Birth of Child (Month, day, year) 2/23-1920

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claud H. Adams
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie J. Harding
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Siemens Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by my records (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature C. Bryan M.D. ~~Midwife~~ Address Kamiah Date 4/14/42

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 23 1952

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

341276

United States ~~Amended~~ 7-75
Department of Commerce
Bureau of the Census 454-216-026 819

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD MARY JANE UNDERWOOD

5. Date of Birth of Child (Month, day, year) 8-16-20

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LOGAN UNDERWOOD
11. Color or Race WHITE **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA MAE HARRIS
17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 2:50 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Harris Underwood (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature H. A. Anderson M. D. M.D. ~~Midwife~~ Address Rigby, Idaho Date April 2, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ..... Registrar.

JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

12-11-74

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 341276

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Jane Underwood (Name on Original Certificate) who was born (Was Born or Died) on Aug 16, 1921 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	August 16, 1921	August 16, 1920
		BROTHER TO MARY JANE UNDERWOOD

Subscribed and sworn to before me this 24 day of January, 1975

Notary Public, residing at Idaho
My commission expires May 23, 1976
(Seal)

Signed Logan Underwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

405 NORTHLAND—POCATELLO, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp.

Original certificate signed by Dr. so it is alright to correct this certificate through a correction affidavit. MAR 7 1975.

Metropolitan Life Ins. Co. gives name as Mary Jane Underwood Hulsey born August 16, 1920. Place of birth is listed as Idaho. Policy was issued February 1, 1941 with # 5 260 115 C.
Viewed by V.S.

Los Angeles City School District issued a school record for her in February 2, 1965 stating that according to their records the birthdate of Mary Underwood ws August 16, 1920 and her birthplace was listed as Idaho. School attended was Woodcrest, Los Angeles County, Ca. Years attended 1920 to 1931.
Viewed by V.S.

Certificate of birth of child gives name of mother as Mary Jane Underwood age 36 when child was born Sept. 29, 1956 in the State of California. Certificate # 7545.

United States 622-114-026 (Be sure the information is as of date of birth of THIS child)
Department of Commerce 595
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341279
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Camas
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City — Camas
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Camas Ida

4. FULL NAME OF CHILD Delbert Le Roy Osborne
5. Date of Birth of Child (Month, day, year) Feb 14 1920
6. Sex Male
7. Twin or Triplet — If so born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Walter E. Osborne
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hancock (City or town) England (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lizzie Nielsen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City (City or town) (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr Earl (First name) Jones (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lizzie Nielsen Osborne Signature
Riverton, Utah P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942
(SEAL) Elias C. Butterfield Notary Public, residing at Riverton, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1942 APR 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-101 006-346

341303

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Jack Lufkin Riley

5. Date of Birth of Child (Month, day, year) 12-1-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Emil Riley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Logan Utah
    (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Sugar Co. Farm (Utah-Idaho)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A. Lufkin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Escalante Utah
    (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha A. L. Riley (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley, Ida Date 4/19/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary E. Felsin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-210-022-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ossie Donaldson
5. Date of Birth of Child (Month, day, year) Oct 10, 1920
6. Sex Female
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Donaldson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Salley Jannett Allen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 21 years, and that Dr. Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Salley Jannett Donaldson, Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942
(SEAL) Ot Meservy, Probate Judge ~~Notary Public,~~ residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-10540 14-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342477
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No. Ren. Del Idaho.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City Caldwell, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.
(f) Mother's mailing address Ren. Del

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Maurice Adriaan Rogers

5. Date of Birth (Month, day, year) Oct. 5, 1920

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Berry Rogers
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Harrison, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Caroline Galbraith
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Evansville, Ind. (City or town) (State or foreign country) 9 mos.
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Kern } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eunice Rogers, being first duly sworn, say that I am related (Related to (or) acquainted with) as Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Eunice Rogers Name
1804 Blanche St - Bakersfield Calif. P. O. Address

Subscribed and sworn to before me on this 21st day of April 42

(SEAL) Notary Public, residing at Bakersfield, Cal.

NOTARY PUBLIC IN AND FOR THE COUNTY OF KERN, STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-119-024-318 Delayed Certificate APR 14 1942 342531

342531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 1672
Reg. Dist. No. 420

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Gooding A. Hospital
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months one days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice): Gooding Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Gooding Idaho

4. **FULL NAME OF CHILD** Frank Oliver Requist

5. **DATE OF BIRTH** (Month, day, year) May 19 - 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Oscar Requist

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Swedona (City or Town) Ill. (State or foreign country)

14. Exact Occupation Grocery Store

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Iona Taylor

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Greenfield (City or Town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by F. O. Requist (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) 4-13-42 (Date received) (b) J H Cromwell (Registrar's signature)

27. Given name added on ..... by Mary F. Elder (Registrar's signature)

25. Attendant's **OWN signature** J H Cromwell M.D. (D.O., Midwife, etc.)
and address Gooding Idaho Date 4-13-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 25 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, ~~shall be fined not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

816-116-0 0/-244 APR 29 1942 34 2576 342576

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery: IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 203 Main
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD John Thomas Hawley

5. Date of Birth of Child (Month, day, year) June 16, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jess B. Hawley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Quartzburg, Idaho (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie F. Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Dr. L. P. McCalla (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jess B. Hawley
Signature
203 Main Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL) Grayce Murgett Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DEC 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-202-231-135

342595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Marian Mildred Click

5. Date of Birth of Child (Month, day, year) Aug 2 1920

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wellington Barnes Click
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Nevada (City or town) ??? (State or foreign country)
14. Exact Occupation Farmer (At that time)
15. Industry or Business Construction. Roadsite.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Viola Alexander
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Nashville (City or town) N C (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. (First name) Kelly (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Alexander Click Signature
302-15th St Lewiston Ida P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942.
(SEAL) C. P. Hinkle Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-206-019-341

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackey
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 15 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackey Idaho

4. **FULL NAME OF CHILD** ZELMAY BLOSS

5. Date of Birth of Child (Month, day, year) Mar. 6, 1920

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GUS F. BLOSS
11. Color or Race white
12. Age at time of THIS birth about 20 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner (Empire Copper Co.)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GLADYS CRAWFORD
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lachute, Quebec, Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Dr. Newton H. Farrell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
1618 "C" Street, Sparks, Nevada P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942

(SEAL) R. C. Wittenberg Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

031-208-015-313

342650

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342650
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Ida

4. FULL NAME OF CHILD Vera Rose Stagner

5. Date of Birth of Child (Month, day, year) 11/8/1920

6. Sex Female

7. Twin or Triplet Sgl. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Stagner
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salida (City or town) Colorado (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business U.P. Railroad Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna May Calkins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ammon, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all life years, and that Dr. Russel Tigert (First name) (Last name), who attended this birth is not living here (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Stagner Signature

182-W. 16th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42.

(SEAL) Olga Eberhardt Clerk of Probate Court Notary Public residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1942

NOV 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-116-010-295

342699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rule Elwin Stoddard

5. Date of Birth of Child (Month, day, year) Feb 16th 1920

6. Sex Male

7. Twin or Triplet Second If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9th

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Chester Stoddard
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Mill Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May King
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Stoddard Signature
Rupert RR 2 P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942
(SEAL) H A Boyer, Probate Judge Notary Public, residing at Rupert
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

MAR 2 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-115-022-497

342821

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD William Elsworth Collier

5. Date of Birth of Child (Month, day, year) Nov. 15, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Warren Word Collier
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Beaver Head Montana (City or town) (State or foreign country)
14. Exact Occupation General Laborer
15. Industry or Business General Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Dixon
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Richland Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jane Dixon (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 21 years, and that Dr. J. M. WATKINS (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Jane Dixon Collier Signature

Rexburg, Idaho, Route #2 P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 42

(SEAL) O. M. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

MAY 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

253-130-010-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNIEVILLE (b) City LINCOLN
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNIEVILLE
(c) City LINCOLN
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MARION W. KELLY

5. Date of Birth of Child (Month, day, year) SEPT. 30, 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ALVA LEROY KELLY
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace AMERICAN FORK, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA MELISSA ADAMS
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace PLEASANT GROVE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Dr. R. T. Merrill (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lydia (Adams) Kelly Signature
337 W. Spruce, Inglewood, Calif. P.O. Address

Subscribed and sworn to before me this 23 day of April, 1942

(SEAL) Myrle Shambeau Notary Public, residing at 401 W. Arbor Vitae Inglewood, Calif.

My Commission Expires Nov. 2, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 27 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 365-207-043-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county [redacted] years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] 52 yrs.

3. RESIDENCE OF FATHER (city, state) Cascade, Idaho

4. FULL NAME OF CHILD Evelyn Pearl Virginia Connyers

5. Date of Birth of Child (Month, day, year) Jan. 7, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John C. Connyers
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Payette (City or town) Idaho (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Jessie Hawick
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Witchita (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~57~~ 58 years of age, that I have known this person for 22 years, and that Mrs. Ida Chadwell (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cleveland Connyers Signature

My Commission Expires 3/3/45 2908 Estelle St., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Charles L. Hemmingen Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

JUN 9 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-210-022-454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No. Kilgore, Idaho
(d) Name of Hospital or Maternity Home: Born at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 4 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Virginia Albretsen

5. Date of Birth of Child (Month, day, year) Feb. 10, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Carl Albretsen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vivian Ethel Underwood
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Beaver, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. Tucker (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian Ethel Stageman Signature
314 Roosevelt Avenue, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942

(SEAL) Com Exp Dec 23-1942 Ray Alon Notary Public, residing at Salt Lake City - Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

811-131-032-742 343040 343040

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Clifton Edward Haak

5. Date of Birth of Child (Month, day, year) Oct. 31st 1920

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Haak
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lutsk (City or town) Russia (State or foreign country)
14. Exact Occupation Auto Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Gubler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace St. George (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. WH. H. (First name) Baugh (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Haak Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 19 42

(SEAL) [signature] Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-22-1016-556

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343210
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No. Gen D
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Malta
   (d) Street Address or R.F.D. No. Gen D
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta, Ida.

4. **FULL NAME OF CHILD** Virginia Estelle Scott

5. Date of Birth of Child (Month, day, year) Jan. 21 '20

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles David Scott
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malta (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Katherine Newman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gayette (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:35 P.M. on the date and at the place stated above and that personal particulars were furnished by Ruby Newcott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. I. Slater M.D. Midwife Address Albion Ida Date 4/22/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mark Hyde, Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395 108 003 229

343279

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lester Charles Tremelling

5. Date of Birth of Child (Month, day, year) Aug. 8. 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lionell Tremelling
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Leah Rebecca Rasmus
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Queen of Home
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Leah (First name) Tremelling (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tigert M.D. ~~Midwife~~ Address Soda Springs Ida Date 4/27/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 28 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 129-022-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343328
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho

4. FULL NAME OF CHILD Clyde LeConte Allen

5. Date of Birth of Child (Month, day, year) Sept. 29, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jerry Allen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lewiston, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Bianca Johnston
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Teton, Fremont County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Dr. Watkins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Bianca Johnston Allen Signature

Teton, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 19 42

(SEAL) ____ Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ____, Registrar.

MAY 1 1942

MAY 4 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-224-006-168 Mary Merle Grimm

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343329
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 13 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Blanding

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mary Merle Grimm

5. Date of Birth (Month, day, year) Apr 24, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Curtis Grimm
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace State Mississippi (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Johnson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Midvale Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Della F. Johnson, being first duly sworn, say that I am Grandmother (Related to (or) acquainted with) Mary Merle Grimm (Name of person on certificate above) as Granddaughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunt (Name of attendant at birth), who attended said birth Cannot Be Located (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

X Della F Johnson Signature

Declo, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of April, 1942.

(SEAL) Burdee Curtis Notary Public, residing at ____

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1966

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 415-213-015-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Spring Ind.

4. FULL NAME OF CHILD Harriet Muriel Davis

5. Date of Birth of Child (Month, day, year) July 13, 1920

6. Sex female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Glenn Davis
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Soda Springs (City or town) (State or foreign country)
14. Exact Occupation Farmer & salesman
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Christiansen
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation School teacher & Housewife
21. Industry or Business Pub. School & Queen Laurie

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: 9 (a) At time of birth and including this child 3 (b) Born alive and now living 9-8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tigert M.D. ~~Midwife~~ Address Soda Springs Ida Date 4/30/42

State of ..... }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-105 010 691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 282 So. Capital Ave.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 282 So Capital
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Afton, Wyoming

4. FULL NAME OF CHILD Jack H. Meyers

5. Date of Birth of Child (Month, day, year) Oct. 5, 1920

6. Sex male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Meyers
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Switzerland "Naturalized" (City or town) (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Elisabeth Frame
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5-4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Louisa (First name) Woolley (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Her mark (Louisa Woolley) M.D.C. Midwife Address 311 7th St Date 4/29/42

State of Idaho
County of Bonneville } ss. (over)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, ~~residing at~~.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1964

MAY 5 19??

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

Witnesses to the "HER MARK" of Louisa Woolley:

Address

Address

365-215003-366

343544

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Idaho

4. FULL NAME OF CHILD Priel Covert

5. Date of Birth of Child (Month, day, year) July 15, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Abner Covert
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Rutlerville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Coombs
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bickmell (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Doctor James Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emmily Coombs Covert Signature
126 South 3rd East, Logan, Utah. P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42

(SEAL) O. L. Burkett Notary Public, residing at Logan, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Ex. Mar. 13, 1945

Received for filing on MAY 1 1942 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514/103003-319

343671

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Ted Corbett Vaughn

5. Date of Birth of Child (Month, day, year) July 3, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Varian Ray Vaughn
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Lillian Carter
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pocatello (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Lillian Carter Vaughn Signature
Los Nietos, California, 1604 Aeolien P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42

(SEAL) Verda B. Samuelson Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5 - 6 - 42 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-128-031,436 343695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Home of my Mothers
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Bend, Ore.

4. FULL NAME OF CHILD La Von Lee Stilwell

5. Date of Birth of Child (Month, day, year) Jan. 28, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Stinson Stilwell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bayfield (~~City~~ or town) Ontario, Canada (State or foreign country)
14. Exact Occupation Timberfaller
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Lorea McFadden
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Kelly (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alma Lorea Culler (McFadden) Signature
222 Urania Lane, Bend, Ore. P. O. Address

Subscribed and sworn to before me this 17 day of May, 1942
(SEAL) Elmer Schreiber Notary Public, residing at Bend, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES 4/14/46

Received for filing on MAY 6 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-121-043 MAY 7 1942 343709

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343709
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Cascade Ida

3. RESIDENCE of FATHER (city, state) Cascade Ida

4. FULL NAME OF CHILD Penn Reed

5. Date of Birth (Month, day year) July 21, 1920

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lee Reed
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace San Antonio Texas (City or town) (State or foreign country)
14. Exact Occupation Stockman & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Louise Warren
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Kendrick Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by W. L. Reed (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) MAY 7 1942 (Date received) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature W. L. Reed M.D. (D.O., Midwife, etc.)
and address Sweet Ida Date 5/7/42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 1126 044-363

343728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) 30 Miles out Weiser
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none out of Schelvski Sawmill 30 miles Weiser
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county ~~years~~ months ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Baker
(c) City Homestead
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state) Homestead, Ore

4. FULL NAME OF CHILD Vernon Harold Burns

5. Date of Birth of Child (Month, day, year) Aug 26, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** George Albert Burns
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ketchum (City or town) Idaho (State or foreign country)
14. Exact Occupation Teamster logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Almeda Lockard
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mineral (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife X Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Mrs Hal James (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Almeda Lockard Mead Signature
1 C M E Graham St Portland Oregon P.O. Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL) [signature] Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

NOTARY PUBLIC FOR OREGON
MISSION EXPIRES JULY 10, 1943

Received for filing on MAY 9 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

MAY 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753 219 001 533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Olive Emily Peterson

5. Date of Birth of Child (Month, day, year) Sept 19 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl G. Peterson
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Duluth, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper-Scaler
15. Industry or Business logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily C ~~Peterson~~ Ellstrom
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't have a medical diction ry on hand

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Dr. J.R.Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C.G. Peterson
Signature

P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DUP OF 20-82184

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343824
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn Lucile Tillman

5. Date of Birth of Child (Month, day, year) 4-15-1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lewis Abram Tillman
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Manchester (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aldrian Marshall
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Emmerson (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4-15-1920 (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Aldrian Tillman (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr C. F. Gellar M.D. Midwife Deceased Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 22 years, and that Dr C. F. Gellar (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aldrian M Tillman Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942
(SEAL) William G. Comstock Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by [signature], Registrar.

Probate Judge & Ex-Officio Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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664 229 006 699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 21 years 5 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Joyce Etta Womack

5. Date of Birth of Child (Month, day, year) Jan. 29, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Floyd A. Womack
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Goose Lake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Firth
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Firth, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. Quick (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Firth Womack Signature
Route # 1, Firth, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942.
(SEAL) Jno. H. Falk, Clerk of Dist. Court residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. By M. D. Turpin Deputy

Received for filing on APR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-201003962

344030

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 605 Lander
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 605 Lander
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grace Naomi Robinson (Baby)

5. Date of Birth of Child (Month, day, year) August 1, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Olin Oscar Robinson ~~Leonard~~

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Colorado Springs, Colo. (City or town) (State or foreign country)

14. Exact Occupation Railroad engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Naomi Ada Robinson

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Curtis Neb. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that M. Wright (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Naomi Ada Robinson Signature

Box 231 Kenga, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942.

(SEAL) John A. Bramble Notary Public, residing at Kenga, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Fielder, Registrar.

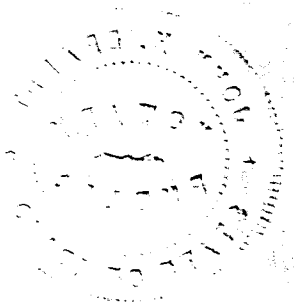
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



342-108011-369

344037

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Naples
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Naples
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Naples Idaho

4. FULL NAME OF CHILD Tommy David Turcott

5. Date of Birth of Child (Month, day, year) Feb 9 1930

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter MacDonald Turcott

11. Color or Race white

12. Age at time of THIS birth yrs.

13. Birthplace Russia (City or town) Michigan (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Logger

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertt Torkelson

17. Color or Race white

18. Age at time of THIS birth dead yrs.

19. Birthplace Bergan (City or town) Norway (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho Wash. } ss.
County of Boundary Jeff.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his years, and that his (First name) father Peter MacDonald (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jena Turcott Signature

4909 Fremont ave Seattle Wash P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942.

(SEAL) ..... Notary Public, residing at Seattle.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217 206 019 141

344071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Baxter ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county always months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD Beth Isbella Baxter

5. Date of Birth of Child (Month, day, year) July 6 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Walter Baxter
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cattle + Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Frances Adams
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by both attendants Dead (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that Dr C. L. Kirtley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eleanor Baxter Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942
(SEAL) [signature] Notary Public, residing at Challis, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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359-210022-389

344228

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Star R.#1
(d) Name of Hospital or Maternity Home: At parent's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. Star R # 1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Eileen Elenor Leis

5. Date of Birth of Child (Month, day, year) July 10, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Leis
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Husenboch (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Molly Thiel
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Near Saratov (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Dr. Frank Watkins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Leis Signature

St. Anthony, Star Route #1, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of May, 19 42

(SEAL) ..... Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659 107 015 893

344241

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344241

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Jack Jessie Ferguson

5. Date of Birth (Month, day year) October 7, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Angus Ferguson

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)

14. Exact Occupation Ranch Owner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Hicks

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Monroe (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Ferguson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.) and address [illegible] Date 8-28-4

26. (a) May 12-1947 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1983

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962227-014-796 MAY 13 1942 344248 344248

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Near Caldwell
(c) Street Address or R.F.D. No. Near Caldwell
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Caldwell
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Katherine Myrtle Robbins

5. Date of Birth of Child (Month, day, year) Jan. 27, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Auburn Taylor Robbins
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bloit, (City or town) Iowa (State or foreign country)
14. Exact Occupation Clerk in Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ramona Minnie Proesch
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandfather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 22 years, and that Mrs. Williams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest John Proesch ✓ Signature

3212 West Ridenbaugh, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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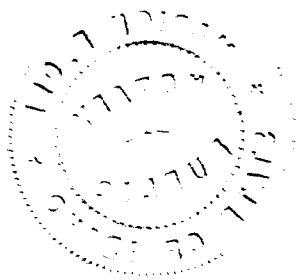

533 227-010-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34436 I
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Lived just out of town
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 486 D. St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Viva Jean Ellis

5. Date of Birth of Child (Month, day, year) Jan. 27, 1920

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mack Stalker Ellis
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer and rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gertrude Lidy
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Small, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Mack S. Ellis (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Apr 15-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

APR 18 1945

APR 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

89-B1031-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344374
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida

4. FULL NAME OF CHILD James Fred Harding

5. Date of Birth of Child (Month, day, year) Aug. 31, 1920

6. Sex male **7.** Twin or Triplet 0 If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mahlon Bruce Harding
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Mantic (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Myrtle Brown
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Harlan, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Dora Harding (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Daisy D. Hall (neighbor) M.D. Midwife Address Winchester Idaho Date May 2-1942.

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all his life years, and that Dr. (First name) McLaughlin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Harding Signature
Halsey, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 42

(SEAL) County Clerk Notary Public residing at Albany, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-226 031-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344491
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester, Idaho

4. **FULL NAME OF CHILD** Eyvonne Nicholson

5. Date of Birth of Child (Month, day, year) Oct. 26, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Don Carlos Nicholson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hallstead, Maine (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Gertrude Barr
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Little Rock Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 25%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of New Mexico } ss.
County of Curry }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 21 years, and that Carrie Gertrude Nicholson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Nicholson Signature
Melrose NM P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942.

(SEAL) R. E. Scarborough Notary Public, residing at Melrose NM

My Com. Exp. May 25, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Mabel Weldon, Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-201-010-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Coltman Route Idaho Falls Ida
(c) ~~Street Address or~~ R.F.D. No. Five
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Coltman Route #5 Idaho Falls Ida
(d) ~~Street Address or~~ R.F.D. No. Five
(e) How long has **MOTHER** lived in Idaho? Route 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coltman, Ida

4. FULL NAME OF CHILD Alaine Randall

5. Date of Birth of Child (Month, day, year) Sept. 1, 1920

6. Sex girl

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Leamon John Randall
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Coltman (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zoe Fletcher
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 21 years, and that Dr. (First name) Hollister (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zoe Fletcher Randall Signature
P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) Olga Thielloff Clerk of Probate Court, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

MAY 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-209-022-593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344618
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Saint Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Saint Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Vanola Simonds

5. Date of Birth of Child (Month, day, year) April 9/1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Owen R Simonds
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Nicholes
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Solution

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Laura Simonds (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address [illegible] Date 5-11-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-225 006-869

344619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 26 years 7 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Ida.

4. FULL NAME OF CHILD Nola Mary Bowler

5. Date of Birth of Child (Month, day, year) Sept. 25, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Marion Bowler
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sandy, Utah (City or town) (State or foreign country)
14. Exact Occupation Clerk at
15. Industry or Business Shelley Mercantile Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu May Yorgesen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Taylor Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 18%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jas. M. Bowler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Ouler M.D. ~~Midwife~~ Address Shelley Date 5-12-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-231-005-255

344685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Helen Gorman

5. Date of Birth of Child (Month, day, year) Oct. 31, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Francis Gorman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Buckingham Quebec (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Marie Sever
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Oakesdale, Whitman Co., Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Oct. 31 1920 M. on the date and at the place stated above, and that personal particulars were furnished by Harry Gorman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature William B. Riley M.D. M.D. Midwife Address 81 East Haverhill St Date March 3 1942

State of Massachusetts
County of Essex } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 220 010 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. #3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Violet Ball ~~Blake~~

5. Date of Birth of Child (Month, day, year) Apr. 20-1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Willard J. Ball
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Downey (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Singley
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Florilla (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho — }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. E H Hollister (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel S. Ball Signature
RD #3 - Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me this 13th day of MAY, 1942
(SEAL) Delbert Wyoberg Notary Public, residing at Idaho Falls Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-29-034963

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344752
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Kimama, Idaho

4. FULL NAME OF CHILD Edna Maria Mahler

5. Date of Birth of Child (Month, day, year) 10-19-20

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ludwig Mahler
11. Color or Race Wh **12.** Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Rott
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for all life years, and that Mrs. Wm. E. Tyson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

Monica Mahler Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) A. E. DeMary Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mary A. DeMary, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-120-010-297 344767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address or~~ R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at the family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 8 days 21

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address~~ or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 7 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Orville Gayle Manion

5. Date of Birth of Child (Month, day, year) May 20, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville M. Manion
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fayette (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Martha Sipple
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Rush Hill (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Manion (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. Nimmaird M.D. ~~Midwife~~ Address 1-13 & 1/2 Los Angeles Ave Los Angeles California Date May 11 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1942

MAY 28 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 209 06-966 MAY 18 1942 344776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Oakley
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: Citizen
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Oakley Post office
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Crabb Wilma

5. Date of Birth of Child (Month, day, year) Feb 9th 1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Crabb Joseph H
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Liskeard (City or town) England (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business Mt St T & T Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose, Rowena
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Private Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. A. F. O. Nelson (First name) (Last name), who attended this birth ✓ (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rowena Rose Crabb ✓ Signature
Box 292, Boise P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942
(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1968

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-110001-569

344778

United States Department of Commerce
Bureau of the Census

MAY 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1815 N. 15th.
(d) Name of Hospital or Maternity Home: Saint Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1815 N. 15th
(e) How long has **MOTHER** lived in Idaho? 18 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Jay Norton Freeman

5. Date of Birth of Child (Month, day, year) June 10, 1920.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jay Winn Freeman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Salesman-Chicago Portrait Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Marie VanDorn Norton.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Fort Collins Colorado. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) Alive at 12:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel M. Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dolan (First name) Titus (Last name), who attended this birth (~~Is now deceased~~) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel M. Brown Signature
Depoe Bay, Oregon P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42.

(SEAL) Editha M. Baird Notary Public, residing at Depoe Bay, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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697 113 00-265 MAY 20 1942 344800

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items as of time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Leland James Fife

5. Date of Birth of Child (Month, day, year) March 13-1920

6. Sex male **7.** Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lee Fife
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Preston (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernobia Helen Soelberg
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Thomas C. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Bernobia Fife Signature
Route 3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this sixth day of May, 1942

(SEAL) Myrtle McDonald Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel Field, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-101-020-168 MAY 20 1942 344814 344814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City King Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City King Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) King Hill, Ida.

4. FULL NAME OF CHILD Kenneth Loyal Heidenreich

5. Date of Birth of Child (Month, day, year) June 1, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Ferdinand Heidenreich
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lena, (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Caroline Johnson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Laramie, (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6½ years of age, that I have known this person for 21 years, and that Dr. J. E. (First name) Davis (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Silas F. Heidenreich Signature
412 S. 13 th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942
(SEAL) L. Hanson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

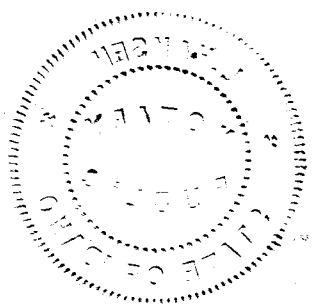
Received for filing on MAY 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-123-022-655

344967

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD CALVIN MAX CLARK

5. Date of Birth of Child (Month, day, year) Oct. 23 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred E. Clark
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Utah (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabell Henderson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary Talbert M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all of his life years, and that Calvin (First name) Max Clark (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Clark Signature
2965 E. 61st St. Huntington Park, Calif. Address

Subscribed and sworn to before me this 25th day of April, 19 42.

(SEAL) M Kasshall Notary Public, residing at Huntington Park, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

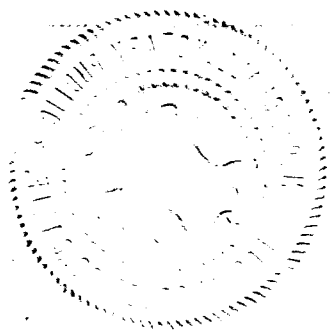
Received for filing on MAY 15 1942 by Mary Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292-109-003-[illegible] 219 345060

345060

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 101 So. Johnson
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 9 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 211 So. 4th Ave.
(e) How long has **MOTHER** lived in Idaho? 3yrs. 9 mos.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Roy Markley Bistline

5. Date of Birth of Child (Month, day, year) March 9, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jean Nesbitt Bistline
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Pocatello, (City or town) Idaho (State or foreign country)
14. Exact Occupation Business Man
15. Industry or Business Lumber (Retail Sales)

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie May Baird
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Arkansas City, (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown - due to lack of records.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of New York } ss.
County of New York }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. (Unknown) (First name) Woolley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jean N. Bistline Signature

5 Elmcrest Drive, Scarsdale, New York P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL)

James J. Lenihan Notary Public, residing at Bronx County - N.Y. City

Bronx County No. 97, Reg. No. 1350 — Cert. filed in New York County No. 250, Reg. No. 4-L-4-8-9 — Notary Public, State of New York — Commission Expires March 30, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary F. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

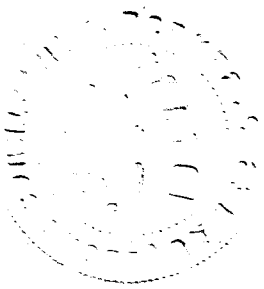
JAN 21 1966

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



968-111-032-238 MAY 23 1942

345065

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345065
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 1 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD William Howard Royer

5. Date of Birth of Child (Month, day, year) April 11, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Roy Royer
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Newton (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Barbara Schneeberger
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Watertown (City or town), Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia (First name) Royer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Edward (First name) Piper (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard R. Royer Signature
Oak Knoll Drive - Redwood City P. O. Address

Subscribed and sworn to before me this 7 day of May, 1942

(SEAL) E. A. Fletcher Notary Public, residing at 125 Lowell St Redwood City Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Jan. 6, 1944

Received for filing on MAY 23 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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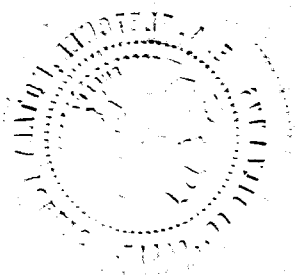

293-128'026-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harvey Elmer Killian

5. Date of Birth of Child (Month, day, year) April 28 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Killian
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Merrill
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for from birth years, and that Dr. C. S. Moody (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Merrill Killian Signature

Lorenzo Route L. Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) George M. Owen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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245-123-036168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346136
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City
(c) Street Address or R.F.D. No. Daniels
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No. Daniels
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Daniels Idaho

4. FULL NAME OF CHILD Charles Douglas Buehler

5. Date of Birth of Child (Month, day, year) March 23-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ferdinand Buehler
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation agriculture
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alveda Marie Johnson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho }
County of [illegible] } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alveda Marie Buehler Signature
Daniels, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942
(SEAL) Jno. W. Clark Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-107-02b-369 Delayed Report -

346224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. Box 412
(d) Name of Hospital or Maternity Home: Her home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 26 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. Box 412
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address (For registration notice):
Box 412 Rigby Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Milton Earnest Montague

5. **DATE OF BIRTH** (Month, day, year) June 7, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Glenn Earnest Montague

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Payson (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Harriet Cordon

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Rigby, Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Jr alive (born alive, stillborn) at 10. P M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Cordon Montague (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) Mark Heiden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M.D. M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date May 12, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 23 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DECEASED

DELAYED

318-124-039-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power.

City of Rockland.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 346233

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vera Madaline Taylor.

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes. | 7. Legitimate? Yes | 8. Date of birth June 24, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Raymond Nord Taylor.	18. Full maiden name Eleda Elizabeth Jensen.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Rockland Idaho.
11. Color or race White. | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Idaho Falls. Idaho.	22. Birthplace (city or place) (State or Country) Brigham City Utah.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, ~~nurse,~~ clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Sol Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) [signature], M. D.

or Physician, Midwife

Address American Falls

Filed MAY 12 1942, 193.. [signature] Registrar.

MAY 23 1942

DELAYED

386-124016-251

346269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 8
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Irwin, Ida.

4. FULL NAME OF CHILD Robert Ernest Thomas

5. Date of Birth of Child (Month, day, year) Jan. 24 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Thomas
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pocatello (City or town), Idaho (State or foreign country)
14. Exact Occupation Dary Labourer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Beam
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho Falls (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child [redacted] (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Dr. (First name) Cutler (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm. expires Oct. 15, 1944

Elmer Thomas Signature

Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) Grace Traughber Notary Public, residing at Swan Valley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-112-027-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346274
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 7 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho.

4. **FULL NAME OF CHILD** Robert Mckinney Chesnutt,

5. Date of Birth of Child (Month, day, year) Nov. 12, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Mckinney Chesnutt.
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rogersville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation laborer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Sensabaugh
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Rogersville, Tennessee. (City or town) (State or foreign country)
20. Exact Occupation housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since Birth years, and that Mrs Pratt (Nurse) (First name) (Last name), who attended this birth cannot be located ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Chesnutt Signature
P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) Jimmy M. Hall Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-210-029-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Washington St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Washington St.
(e) How long has **MOTHER** lived in Idaho? 2 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) same as mother

4. FULL NAME OF CHILD Norma Mayme Folkins

5. Date of Birth of Child (Month, day, year) Jan. 10, 1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Folkins
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Plainview (City or town) Nebraska (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business Manager of grocery store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Bertha Bastie ~~Folkins~~
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rushville (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Bertha Folkins Signature
Clarkston Wash. P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942
(SEAL) A N Roquistad Notary Public, residing at Clarkston Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel [illegible], Registrar.

MAY 16 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1949

FOLKINS

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-77132

963-203-039-799

346299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. no street
(d) Name of Hospital or Maternity Home: ~~my~~ my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. no street
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LOUISE MARGARETHA ROTH

5. Date of Birth of Child (Month, day, year) Dec. 3, 1920

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HENRY ROTH
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CAROLINA GRISCHKOWSKY
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at about 5 a.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 21 years, and that Louise Grischkowsky (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Carolina Roth Signature
x 3203 So. Quince Olympia Wash. P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) [signature] Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by [signature], Registrar.

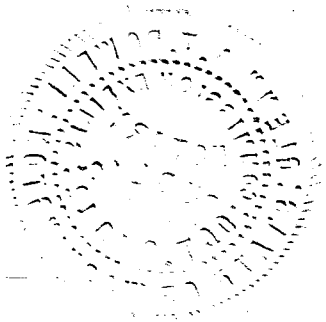
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-105-039-358

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. PLEASANT VALLEY
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. Pleasant Valley
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ROMEY SCHRITTER

5. Date of Birth of Child (Month, day, year) MARCH 5, 1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHRIS SCHRITTER
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Beresina (City or town) So. Russia (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH LEY
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Beresina (City or town) So. Russia (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Mrs. Abraham Friesen (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Sarah Ley Schritter Signature
Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942.
(SEAL) [illegible] Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

RESIDING AT AMERICAN FALLS, IDAHO
MY COMMISSION EXPIRES SEPT. 25, 1943

Received for filing on May 25 - 1942 by Mabel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~data, such report may~~ be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-206-022-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Saint Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Spencer, Idaho

4. FULL NAME OF CHILD Elizabeth Josephine

5. Date of Birth of Child (Month, day, year) Sept 6, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Willard Beauregard
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Brigham Canyon (City or town) Utah (State or foreign country)
14. Exact Occupation Stenographer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy M. Beauregard
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Stenographer
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 7:15 M. on the date and at the place stated above, and that personal particulars were furnished by Amy M. Beauregard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date 4-10-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-22-1027-855

346472

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Box Del
(d) Name of Hospital or Maternity Home: Residents.
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5.6 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho.

4. FULL NAME OF CHILD Kenneth DeVear Bennett

5. Date of Birth of Child (Month, day, year) Sept 24th 1920

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Moses Bennett.
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Jerome Idaho (City or town) (State or foreign country)
14. Exact Occupation Rock mason Millard Co. Utah
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ellen Hendricks Bennett.
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Rexburg Idaho Fremont (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for his birth years, and that Edgar (First name) Piper, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ellen Bennett Signature
601 N. Kimball St. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942.

(SEAL) Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Wheeler, Registrar.

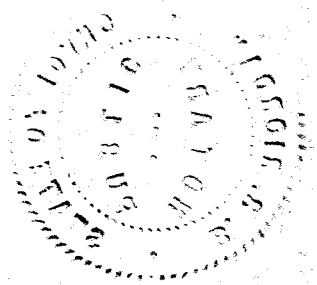
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-123-019-693

346534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD Fredrick Wilson Siebe

5. Date of Birth of Child (Month, day, year) Oct. 23 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Herman Siebe
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Louisville (City or town) Ky. (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Service Station

MOTHER OF CHILD

16. FULL MAIDEN NAME Rita Wilson Siebe
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 3 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. L. L. Kutley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rita Wilson Siebe Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942

(SEAL) Ex-Officio Cust. Co. Recorder Notary Public, residing at Challis Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Ex-Officio Recorder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257-108-010-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1915 S. Blvd
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1915 S. Blvd.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Richard Blomquist Beguin

5. Date of Birth of Child (Month, day, year) July 8, 1920.

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Chad Beguin
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Humboldt (City or town) Iowa. (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Louise Blomquist
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Goshen, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that Dr. H.D. Junkin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Louise Beguin Signature
P. O. Address

Subscribed and sworn to before me this 21st day of May 1942

(SEAL) [signature] Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho, My Commission Expires May 3, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1940

SEP 30 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 26 1948

693-102-001-415 346863

United States Department of Commerce Bureau of the Census

JUN 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Palatine 12th Street Rooms
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Palatine 12th St Rooms
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Vance Allen Wilburn

5. Date of Birth of Child (Month, day, year) Dec. 2, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Merle George Wilburn
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zella Mae Manes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clearwater (City or town) Idaho (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Eastman Bldg Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 21 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Eastman Bldg Boise Ida P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-221-210-291 346871 346871

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346871
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls,
(c) Street Address or R.F.D. No. 82 4th
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay BEFORE delivery: life time
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 82 4th street
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Ardella Grace Miller

5. Date of Birth of Child (Month, day, year) April 21 - 1920

6. Sex female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd single

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Albert Miller

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace West Weber (City or town) Utah (State or foreign country)

14. Exact Occupation Livestock Buyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margery Margaret Bramwell

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace West Portage (City or town) Utah (State or foreign country)

20. Exact Occupation home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the married (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 (twenty-two) years, and that Dr C E Rogers (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Margery M Miller Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942.
(SEAL) H. A. Miller Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

336-131-007285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Gannett Idaho

4. FULL NAME OF CHILD Keith Warren Cloud

5. Date of Birth of Child (Month, day, year) August 31, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joe Hazel Cloud
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Birmingham (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Sherkine
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Gannett (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at [illegible] on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 21 years, and that Plummer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Cloud Signature
Payette Idaho R.R. #2 P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942
(SEAL) Wm Blackaby Notary Public, residing at Ontario, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 7-15-44

Received for filing on MAY 26 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-212-014-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Everett, St
(d) Name of Hospital or Maternity Home: Minnett Maternity
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1210 Everett
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Ida.

4. FULL NAME OF CHILD Alice Jean Martin

5. Date of Birth of Child (Month, day, year) Mar. 12-1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Ira Martin
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace McKune (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Irene Compton
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn Irene Compton (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Whatcom }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for from birth years, and that D. D. (First name) Farrar (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Irene Compton Martin Signature

1610 C Street, Bellingham, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42.

(SEAL) Esthel Roeder Notary Public, residing at Bellingham, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by ____, Registrar.

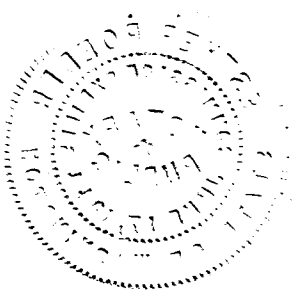
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-131-610-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route 3, Box 1
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route 3, Box 1
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Russell Melford Bate

5. Date of Birth of Child (Month, day, year) 10-31-20

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward William Bate
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Riverton, Utah (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Odd jobs

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Rebecca Spendlove
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Morgan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Dr. Hollister (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Rachel R. Bate, Signature
777 Vermont Street, Gridley, Calif. P. O. Address

Subscribed and sworn to before me this 14 day of May, 19 42

(SEAL) Gladys Hafferty Notary Public, residing at Gridley, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Sept 26-1945

Received for filing on MAY 28 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 - 120 - 010942

347071

United States Department of Commerce Bureau of the Census

JUN 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 347071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Cline Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Wyoming (b) County Carbon
(c) City Hanna
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Hanna, Wyoming

4. FULL NAME OF CHILD Benton Burford

5. Date of Birth of Child (Month, day, year) Feb. 20, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie Dean Burford
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Big Springs (City or town) Nebraska (State or foreign country)
14. Exact Occupation Superintendent of Schools
15. Industry or Business State School System

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolyn Mae Russell
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eaton (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of District of Columbia
County of Washington, D. C. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 yrs. 3 months years, and that Doctor William Kinnard (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Dean Burford Signature

424 No. Nelson, Arlington, Virginia P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) C.A. Bittinger Notary Public, residing at Washington, D.C.

Commission expires Apr. 14, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-22-222-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Tetons
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Tetons
(d) Street Address or R.F.D. No. 4½ years
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Tetons Idaho

4. FULL NAME OF CHILD Evelyn Lucille Bates

5. Date of Birth of Child (Month, day, year) Nov. 21 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Robert Bates
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Lamar (City or town) Mo (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Gertrude Doulavy
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Alamosa (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Fresno }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 21 years, and that Dr. J. E. Watkins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna D. Bates Signature
R.1 Box 215 Selma Calif. P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942

(SEAL) F. W. Loebner Notary Public, residing at Selma Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

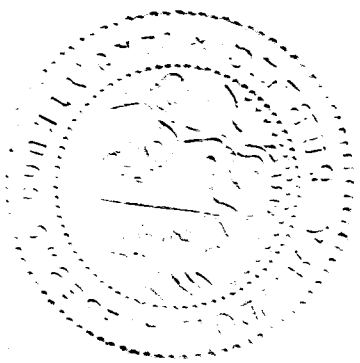
MAY 24 1954

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-129-003-258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347276
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Perry
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: birth was at home
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 1 years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Perry
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Perry, Idaho

4. **FULL NAME OF CHILD** Lynn Albert Forman

5. Date of Birth of Child (Month, day, year) March 29, 1920

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Aaron Forman
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cleveland, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business now runs tire & battery service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melva Ann Snyder
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bedford, Wyoming (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Dr. (First name) - Hubbard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melva Ann Forman Signature

288 Cliff St. P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 42.

(SEAL) ..... Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by ..... Registrar.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 366-109-020-542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347328
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glennsferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Glennsferry Idaho

4. FULL NAME OF CHILD Quentin Howard Towne

5. Date of Birth of Child (Month, day, year) Jan. 9, 1920

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Lea Towne
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Ree Heights, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flaudia Della Eubanks
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Jenkins, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Net known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9:00 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Flaudia Towne (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. ------- (First name) Davis (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flaudia Della Towne Signature
Coquille, Oregon P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942
(SEAL) [signature] Notary Public, residing at Coquille, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

FEB 11 1949

OCT 8 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-122-042-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347330
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Boyd Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gene Daniel Nelson
5. Date of Birth of Child (Month, day, year) July 22 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Ulysses Rabon Nelson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace CARBON-IOWA (City or town) (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Esther Danielson ~~Nelson~~
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace OMAHA-NEB. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Nelson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nebraska
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that William (First name) Boyd (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Esther Nelson Signature
x 3829 No. 21st Omaha Neb. P.O. Address

Subscribed and sworn to before me this 26 day of May, 1942
(SEAL) W. C. Benson Notary Public, residing at Omaha Neb.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942
APR 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-144-040-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 306 N. Division
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 306 N. Division
(e) How long has **MOTHER** lived in Idaho? 2½ years.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Dale Eugene Lovdahl

5. Date of Birth of Child (Month, day, year) August 14, 1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Gustof Lovdahl
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Bunker Hill & Sullivan Mng. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Marie Long
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bingham Canyon, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that ____ (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine L. Oman Signature
222 West 3rd South, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942.
(SEAL) Fawn Reading Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Weeden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

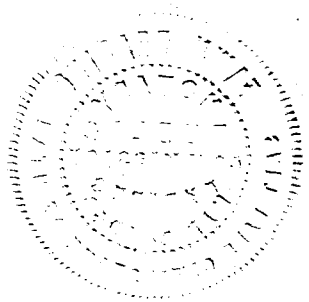
JUN 6 1942

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-116.040-663

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Renshawe Greusel

5. Date of Birth of Child (Month, day, year) Oct. 16, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Owen Greusel
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mount Pleasant, Illinois (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Own Drug Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Wollard
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Iacon, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6:00 a. M. on the date and at the place stated above and that personal particulars were furnished by Grace Greusel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Chas. R. Mowry M.D. Midwife Address Spokane, Wash. Date June 3, 1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-10-42 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-107-001-665 JUN 8 1942 347426

347426

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City ~~Boise~~ Kuna
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Kuna, Ida.

4. FULL NAME OF CHILD Richard Charles Turner

5. Date of Birth of Child (Month, day, year) 5/7/20

6. Sex male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles W. Webb Turner
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Marysville (City or town) Ohio (State or foreign country)
14. Exact Occupation Railroad; Station Agent
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ni Nina Evelyn Woesner
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Dawson North Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho Date June 6

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-105-004 JUN 9 53

347440

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida

4. FULL NAME OF CHILD John Leroy Watson

5. Date of Birth of Child (Month, day, year) Sept 5th 20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John G Watson

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Raysville (City or town) Utah (State or foreign country)

14. Exact Occupation Mc Cannic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Susan Welker

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Bloomington (City or town) Ida (State or foreign country)

20. Exact Occupation Home maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 21 years, and that S. F. Ashley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. G. Watson ✓ Signature

P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL) Marion L. Cox Notary Public, residing at Bonneyville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

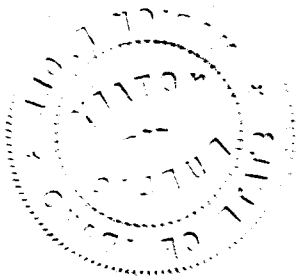
Received for filing on JUN 9 1942 by Mary F Ledger, Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



411-116.007-693

347448

347448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
At Parents Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Ketchum, Idaho

4. **FULL NAME OF CHILD** Jack Daniel Majors

5. Date of Birth of Child (Month, day, year) July 16th 1930

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Majors
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Blacksmith — Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Wilson
17. Color American or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kewaunee (City or town) Wisc. (State or foreign country)
20. Exact Occupation Nurse Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that Doctor Buttner (First name) (Last name), who attended this birth Has Gone Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gertrude Wilson Majors Signature

Ketchum, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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643-227-041-855

347534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia Id.

4. FULL NAME OF CHILD Verna May Fullmer

5. Date of Birth of Child (Month, day, year) Dec. 27 — 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Jensen Fullmer
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Providence Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leta May Hennie.
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Millville Utah (City or town) (State or foreign country)
20. Exact Occupation House work.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 — 9 M. on the date and at the place stated above, and that personal particulars were furnished by Leta M. Fullmer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ✓ Mrs. Ellen Bates M.D. Midwife Address Ogden, Ut. Date "

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1955

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-128010-695

347569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencers Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Fall Idaho

4. FULL NAME OF CHILD Logan Henry Jackson

5. Date of Birth of Child (Month, day, year) Apr. 28 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Logan Henry Jackson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lebanon (City or town) Missouri (State or foreign country)
14. Exact Occupation Farm labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Irene French
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Cleburn (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% ointment

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8-A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date 5/25/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1973

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-221-022-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton Wards
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Florence Louise Cunningham

5. Date of Birth of Child (Month, day, year) Mar. 21, 1926

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ephraim Cunningham

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Mt. Pleasant Pa.
(City or town) (State or foreign country)

14. Exact Occupation Auctioneer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Martha Kraemer

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Concord Mich.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that C C Meacham M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rose M. Cunningham Hamel Signature

..... P. O. Address

Subscribed and sworn to before me this 4 day of June, 1942

(SEAL) Thos. Thorgus Notary Public, residing at Ashton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

MAY 5 1967

JUN 4 1971

JUN 1 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 20-77970

812-1141016-595

347599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: stayed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Sublett, Ida

4. FULL NAME OF CHILD Arvin Rex Haskell

5. Date of Birth of Child (Month, day, year) 10-14-1920

6. Sex male

7. Twin or Triplet 120 If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Elijah Haskell
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Newton (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Matilda Nielson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Grover (City or town) Wyo. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by David E. Haskell (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Persis Horn ~~XXX~~ Midwife Address Sublett Ida Date May 3 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19..

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-207-026-867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Luscille Hannan.

5. Date of Birth of Child (Month, day, year) Oct 7 - 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Marion Henry Hannan.
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Common Laborer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Edlene Hogg
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kellogg (City or town) Idaho (State or foreign country)
20. Exact Occupation Nurse Midwife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Umatilla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr (First name) Price (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Edlene Hogg Hannan Signature
Hermiston Oregon P. O. Address

Subscribed and sworn to before me this 4 day of June, 1942

(SEAL) E P Todd Notary Public, residing at Hermiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com exp. 4/23/1943

Received for filing on JUN 5 1942 by Mary E Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 0 8 2011

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

279-121-032-963

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347626
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Kimama, Idaho
(c) Street Address or R.F.D. No. Kimama
(d) Name of Hospital or Maternity Home: None (Born at Home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Kimama
(d) Street Address or R.F.D. No. Kimama
(e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD REINHOLD MILTON SPRENGER

5. Date of Birth of Child (Month, day, year) Sept. 21, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Johann Sprenger
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Rott
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rosina Sprenger (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Johann Sprenger M.D. Midwife
Address P.O. Box 102 Lodi, California Date June 1, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Johann Sprenger (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosina Sprenger Signature
P.O. Address 102, Lodi, California P. O. Address

Subscribed and sworn to before me this 1 day of June, 1942

(SEAL) Notary Public, residing at Lodi, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

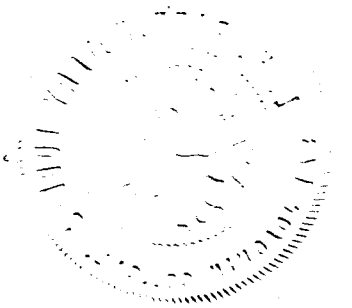
Received for filing on JUN 8 1942 by Mabel Keller, Registrar.

JUN 1 1 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-119-025-617

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347633
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: A lcorn
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City F erd inand
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 2 years
(f) Mother's mailing address 325 S. Boyer, Sanpoint,
3. RESIDENCE of FATHER (city, state) (same) Ida.

4. FULL NAME OF CHILD Elmo Kincaid Jr.
5. Date of Birth (Month, day year) May 19,1920.
6. Sex Ma le
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME E lmo Williams Kincaid	16. FULL MAIDEN NAME Mary Wagner
11. Color or Race White 12. Age at time of THIS birth 33 yrs.	17. Color or Race white 18. Age at time of THIS birth 37 yrs
13. Birthplace ~~Pa*lous e~~ Palouse, Washington (City or town) (State or foreign country)	19. Birthplace Witchita, Kansas (City or town) (State or foreign country)
14. Exact Occupation F a rmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 3 1942 (Date received) (b) Mabel F Elders (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmo Kincaid, being first duly sworn, say that I am related to (Related to (or) acquainted with) of Elmo Kincaid Jr. (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kora A lcorn (Name of attendant at birth), who attended said birth is deaceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmo William Kincaid Signature
Elmo Kincaid
325 South Boyer, S anpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of May 1942.

(SEAL) Glenn E Baudelin Notary Public, residing at Sandpoint

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

412-120-010-769

347634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Basalt Ida.
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Bonneville
(c) City Basalt
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Ida

4. FULL NAME OF CHILD Edwin Lewis Mastin

5. Date of Birth of Child (Month, day, year) Feb 20-1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Linwood Mastin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richmond Va. (City or town) (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Gordon
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Murray Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Yellowstone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr Quick (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Mastin Signature
P. O. Address

Subscribed and sworn to before me this 23d day of April, 1942

(SEAL) Edward Kuell Notary Public, residing at Billings Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. Expires Jan 30-1944

Received for filing on APR 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 279-229-006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 361 W. Judicial St.
(d) Name of Hospital or Maternity Home: Dr. Simmons Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City N. Pocatello
(d) Street Address or R.F.D. No. Rt. #4
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) N. Pocatello, Idaho

4. **FULL NAME OF CHILD** Myrtle Elaine Spraker

5. Date of Birth of Child (Month, day, year) Nov. 29, 1920

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Louis Emmett Spraker
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Marie Petersen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Gilliam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that Dr. Simmons (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Maria Small Signature
N. Evans St. McMinnville, Ore. P. O. Address

Subscribed and sworn to before me this 5 day of June, 1942

(SEAL) Gordon T. Carey Notary Public, residing at McMinnville, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JAN. 30, 1944.

Received for filing on JUN 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

APR 21 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-212-024-168

347639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Ida.

4. FULL NAME OF CHILD Uva Magdalene Yates

5. Date of Birth of Child (Month, day, year) May 12, 1920

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First 8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis David Yates
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Wellsville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Highway foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Louise Johnson
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Paris, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nit

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Wendell Date Idaho

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-131-028-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347646
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Christian Blinn

5. Date of Birth of Child (Month, day, year) May 31-1920

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Phillip Blinn
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lienum
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Spokane (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8.00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lenora Leinum (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature X Johanna Leinum MD Midwife Address Coeur d'Alene Date 6/3/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by ..... Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-12 4-008-369

347724

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise Co
(c) City Sweet
(d) Street Address or R.F.D. No. Rt #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Glen Biggers

5. Date of Birth of Child (Month, day, year) June 24 1920

6. Sex Male **7.** Twin or Triplet (B) 2 If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elb. Clarence Biggers
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fallsview (City or town) Greenwood Can (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Frances Christison
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Caldwell (City or town) Coffey Co Kans (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 30 P M. on the date and at the place stated above, and that personal particulars were furnished by Lula (First name) Biggers (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Mary B Raidy M.D. Midwife Address Homedale Idaho Date June 8

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

715-21-028-365

347840

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11/3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gladys May Panther

5. Date of Birth of Child (Month, day, year) August 11, 1920

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Tyre Blain Panther
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Grandview, (City or town) North Carolina (State or foreign country)
14. Exact Occupation Blacksmith's helper
15. Industry or Business Panhandle Lumber Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Lovingood
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Grandview, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Mrs. Will Millsap (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Lovingood Panther Signature

Opportunity, R. F. D. 1, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42

(SEAL) Notary Public, residing at Opportunity, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Dec. 12-1944

Received for filing on JUN 9 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962.224 4037-356 347912

United States Department of Commerce Bureau of the Census

JUN 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347912
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) ~~City~~ P.O. TINDALL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) TINDALL - IDAHO

4. FULL NAME OF CHILD Susan Martha Robertson

5. Date of Birth of Child (Month, day, year) Sept 24-1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ages

FATHER OF CHILD

10. FULL NAME FRED ROBERSON
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Idaho Lewis
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mountain Home (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Nevada } ss.
County of Humboldt }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 21 years, and that Susan (First name) Roberson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Fred Roberson Signature

Winnemucca Nevada P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942.

(SEAL) Elaine Germain Notary Public, residing at Winnemucca

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by Maud Fledea, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-228-027-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348195

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Julia Martin			2. Date Of Birth (month) (day) (year): November 28, 1920	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Jerome	
FATHER	6. Full Name of Father: William H. Martin			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Dorothy May Beck			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thelma M. Allen	11. Present Address of Registrant: 604-18 Ave. So.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 30 1980		12. Signature of Notary: [signature]	13. Notary Commission expires: 5-1 1982	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #364452	Date Issued: on file	Date Orig. Entry: child born Dec.3,1942	
	Date of Birth: Age: 22	Birth Place: Jerome, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: The Manufacturers Life Ins. Co.	Date Issued: Oct.20,1968	Date Orig. Entry: Oct.6,1968	
	Date of Birth: Nov.28,1920	Birth Place: Jerome, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Social Security # application	By whom issued and signed: Social Security Administration	Date Issued: Mar.6,1980	Date Orig. Entry: 0 June, 1939	
	Date of Birth: Nov.28,1920	Birth Place: Jerome, ID	Full Name of Mother: Dorothy Beck	Name of Father: William H. Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAY 07 1980

FORM BH 56067

to replace #348195

FILE # CHANGED FROM DE348195 ON 5/13/08 KMC

BOTH DELAYED

469 222-027 JUN 19 1942 253

348195

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Julia Martin

5. Date of Birth of Child (Month, day, year) Nov 28-1921

6. Sex Fem. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William H. Martin
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Lowry City (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy May Beck
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Goshen City (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 % Argyrol
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Ed. L. Simonton M.D. Midwife Address Wendell Ida Date 1-16-41

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

MAY 07 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest ~~of kin or guardian~~, or some ~~person having~~ direct knowledge in the premises.

DUP OF 1920-98568

BOTH DELAYED

DUP OF 20-98568

271-115010-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348241
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: no.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 36 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Thatcher, Idaho

3. **RESIDENCE of FATHER** (city, state) Thatcher, Ida

4. **FULL NAME OF CHILD** James De Verle Spackman

5. Date of Birth (Month, day year) Nov 15, 1920.

6. Sex male. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frances Albert Spackman
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Newberry (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Medy Mariah Larson Spackman
17. Color or Race White 18. Age at time of THIS birth 36 yrs
19. Birthplace Cleveland Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4.
(c) Born alive and now dead 1 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) 11 A. M. on the date Spackman and at the place stated above and that personal particulars were furnished by Medy Mariah Larson (First name) (Last name), who is related to this child as Mother (Mother etc.)

26. (a) JUN 17 1942 (Date rec'd) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Isabelle Iczzitt M.D. (D.O., Midwife, etc.)
and address Thatcher, Idaho Date Nov. 15, 1920

State of California
County of San Mateo, South } ss San Francisco

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Medy Mariah Larson Spackman, being first duly sworn, say that I am Mother (Related to (or) acquainted with) James De Verle Spackman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Isabelle Izzitt (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Medy Mariah Larson Spackman Signature
206 California Avenue, So. San Francisco, Cali P. O. Address

Subscribed and sworn to before me on this 11 day of June 1942

(SEAL) Daniel McSweeney City Clerk Notary Public, residing at So. San Francisco.
City & County of San Francisco, California

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

438-120-025-666

348244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 3 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Daniel Carroll McQueen

5. Date of Birth of Child (Month, day, year) Sept 20, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carroll Edward McQueen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Palouse (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Wood
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dale (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) McQueen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Kamiah Id Date 6/8/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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765-208029-253

348306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years ∞ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Wash (b) County ~~Spokane~~ Whitman
(c) City Garfield
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 1 month yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Idaho

4. FULL NAME OF CHILD Virginia Eileen Gonser

5. Date of Birth of Child (Month, day, year) Nov. 8th 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ralph Oliver Gonser
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lowry City (City or town), Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian L. Kellner
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Olean (City or town), N.Y. (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ~~Four~~ 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22½ years, and that Dr (First name) Wolfe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. O. Gonser Signature
Castle Rock, Route 1 P. O. Address

Subscribed and sworn to before me this 12 day of June Wash., 1942

(SEAL) A. C. Gowen Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel E. Zeller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1964

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

179-230009717

348316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Katherine April

5. Date of Birth of Child (Month, day, year) March 30, 1920

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sam April
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Itley (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Teresa Papandria
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Itley (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr. Stackhouse (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to Signature
Billie King Baker

Her Teresa April Signature
Mark.
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL) Francis J Long Probate Judge, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mark F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Dup of 1920-81475

DELAYED

763-227035-259 348421 348421

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. East Lewiston
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. East Lewiston
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Julia Elizabeth Polillo

5. Date of Birth of Child (Month, day, year) 8/27/1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joe Polillo
11. Color or Race Italian
12. Age at time of THIS birth 27 yrs.
13. Birthplace Spinzano (City or town) Italy (State or foreign country)
14. Exact Occupation Section hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Constance ~~Polillo~~ Seiglario
17. Color or Race Italian
18. Age at time of THIS birth 21 yrs.
19. Birthplace Trenta (City or town) Italy (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that my mother and Dr. Susan Bruce (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Constance Polillo Signature
0115 23rd St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

621 208 003 862 348432

348432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Ranch 2½ Mi. N. of town
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 2½ miles N. of town
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Aiko Okamura

5. Date of Birth of Child (Month, day, year) Apr. 8, 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kameji Okamura
11. Color or Race Japanese 12. Age at time of THIS birth 33 yrs.
13. Birthplace Kochiken, Japan (City or town) (State or foreign country)
14. Exact Occupation Truck farming
15. Industry or Business Farming (agriculture)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Miyoshi Yokota
17. Color or Race Japanese 18. Age at time of THIS birth 27 yrs.
19. Birthplace Kochiken Japan (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Miyoshi (First name) Okamura (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Annie Bird M.D. Midwife Address 413 So. 4th Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

1 Photostatic copy 6/24/42 ..... Signature
1 Photostatic copy 5/24/45 ..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1955

JUN 24 1942

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

883-724-023-469

348436

United States Department of Commerce
Bureau of the Census

JUN 24 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital of Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address (For registration notice):
   Emmett, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lyle Ebbie Hylton

5. **DATE OF BIRTH** (Month, day, year) Mar. 24, 1920

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ebbie Nicholas Hylton

11. Color or Race wh

12. Age at time of THIS birth 25 yrs.

13. Birthplace Mansfield, Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lutie Elizabeth Morehouse

17. Color or Race wh

18. Age at time of THIS birth 25 yrs.

19. Birthplace Loveland, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lutie Hylton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 24 1942 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W. T. Drysdale M.D. (D.O., Midwife, etc.)
and address Mtd Mac Date 6-22-42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

413 120 006-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348574
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: 1½ years months days
IN **THIS** county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Reed Anderson Dalley

5. Date of Birth of Child (Month, day, year) 3-20-1928

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melton Fitzgerald Dalley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Andrews
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 P. M. on the date and at the place stated above and that personal particulars were furnished by Melton F. Dalley (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5-20-42

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Edwin Cutler, M.D. (First name) (Last name), who attended this birth, is living (above sig) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella A. Dalley Signature
418 Central Av., San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) Mary V. Scully Notary Public, residing at 114 Powell St

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-109-019-695

348610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 14 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Holger Andreaus Petersen, Jr.

5. Date of Birth (Month, day, year) Sept. 9-1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Holger Andreaus Petersen	16. FULL MAIDEN NAME	Lottie Maria Finley
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	28 yrs.	18. Age at time of THIS birth	24 yrs.
13. Birthplace (City or town)	Audibon, Iowa (State or foreign country)	19. Birthplace (City or town)	Tipton, Missouri (State or foreign country)
14. Exact Occupation	Taxi Driver	20. Exact Occupation	Housewife
15. Industry or Business	Taxi	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lottie Maria Finley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 18 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

28. Attendant's OWN signature x Lottie F. Petersen ~~Mo.~~ (~~[illegible]~~)
Mother
and address Mackay, Idaho Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, x Lottie F. Peterson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Holger Andreaus Petersen, Jr (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Lottie F. Petersen Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of June, 1942

(SEAL) G. E. Dennis Notary Public, residing at Idaho Falls, Ida.

My commission expires Jan. 21, 1946

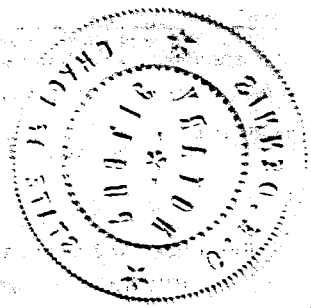
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-216019493

349648

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Near Goldburg
(c) Street Address or R.F.D. No. on Big Creek
(d) Name of Hospital or Maternity Home: Fahsimeroi at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Custer Idaho (b) County Custer
(c) City near goldburg
(d) Street Address or R.F.D. No. on Big Creek
(e) How long has **MOTHER** lived in Idaho? did 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho 12 years

4. **FULL NAME OF CHILD** Betty Churchill Thompson

5. Date of Birth of Child (Month, day, year) August 16, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cyril C. Thompson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Joliet (City or town) Illinois (State or foreign country)
14. Exact Occupation Air Transportation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vivian Ditto
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Joliet (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not sure

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... ② M.D. ② Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 4 years, and that ① Dr. Charles Gilman (First name) ② Mrs Wells (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian Ditto Thompson (Mrs. Cyril) Signature
P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42

(SEAL) Ruth Gates Notary Public, residing at Worster Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires August 18, 1943

Received for filing on JUN 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 220 007 693

349671

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Pansy Bohannon

5. Date of Birth (Month, day, year) 6-20-1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter A. Bohannon
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Springfield, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Toole } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter A. Bohannon, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Hazel Pansy Bohannon (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dutton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Walter A. Bohannon Signature

Sunburst, Montana P. O. Address

Subscribed and sworn to before me on this 15th day of December 1941

(SEAL)

Quinn M. Wood Notary Public, residing at Sunburst, Montana

NOTARY PUBLIC for the State of Montana
Residing at Sunburst, Montana
My Commission Expires April 2, 1942

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

235 211 014 165

349678

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Home Caldwell Hosp.
(e) Mother's stay BEFORE delivery: IN THIS county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Id

4. FULL NAME OF CHILD Shirley Irene Steensma

5. Date of Birth of Child (Month, day, year) Sept 11 1920

6. Sex Female **7.** Twin or Triplet ___ If so—born 1st, 2nd, 3rd ___ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicholas Peter Steensma
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Little Rivers (City or town) Rice Co. Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Jones
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Provo Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ at ___ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above that I am now 56 years of age, that I have known this person for 21 years, and that Dr. Lee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Myrtle Morris Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by ___ Registrar.

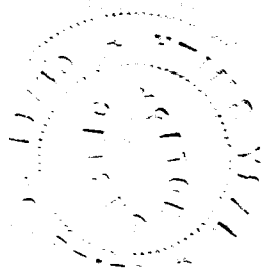
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-223026-285

349691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Lewel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewel, Idaho

4. **FULL NAME OF CHILD** Faye Floy Gerard

5. Date of Birth of Child (Month, day, year) July 23, 1920

6. Sex Female

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd 3rd in family

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Platt Gerard
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Macon (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Lora Shelton
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Fallon (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive/stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Jessie (First name) Lora Shelton Gerard (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Floy Gerard M.D. Midwife Nurse Address Idaho Falls, Ida Date June 15, 42

State of ____ County of ____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-105 024-447

349703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Lee Roberts

5. Date of Birth of Child (Month, day, year) 2-5-1920

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George C. Roberts
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Westmoreland (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vernona I. Umphenour
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pontiac (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Vernona Roberts (First name) (Last name) related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. L. Hossenlopp M.D. Midwife Address Wendell Idaho Date 6-16-42

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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349793 349793

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349793
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Alphonsus
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD James Robert Ware

5. Date of Birth of Child (Month, day, year) Feb. 4, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Voorhees Ware
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Boonville (City or town) Mo. (State or foreign country)
14. Exact Occupation Teaching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Marguerite Conyers
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Star (City or town) Idaho (State or foreign country)
20. Exact Occupation Teaching
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. Springer (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther M. Ware Signature
3019 22nd Ave., Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942

(SEAL) N. B. Fox Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by [illegible] Registrar.

JUN 26 1942

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley Idaho
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley Idaho
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rilla Beatrice Jensen

5. Date of Birth of Child (Month, day, year) Feb. 9, 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George O. Jensen
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Hyrum, (City or town) Utah. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella May Brockman
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Springfield (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farm housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Wyandotte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that Dr. Quick (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George O. Jensen Signature
117 Barber, Rosedale Sta Kansas City Kans Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) James Black Notary Public, residing at Kansas City Kans

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349836**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No. Mary Ida
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, May

4. FULL NAME OF CHILD Phyllis Bernson

5. Date of Birth of Child (Month, day, year) Oct. 8, 1920

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bernson
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Norway, Polan (City or town) (State or foreign country)
14. Exact Occupation Contractor (Building)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Erma Wilson
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Ida Gilman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erma W Bernson Signature
2336 So 21st E P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) J. M. Chapman Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mark E. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-203-019-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 37 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Ida

4. FULL NAME OF CHILD Elizabeth Ann Leaton

5. Date of Birth of Child (Month, day, year) Dec. 3-1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos F Leaton
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Challis (City or town) (State or foreign country)
14. Exact Occupation meat market
15. Industry or Business business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Cameron ~~Leaton~~
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for years, and that Chas (First name) L Kirtley (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Leaton Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942
(SEAL) John Boyd Custer Co. Recorder ~~Notary Public~~, residing at Challis Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
By Frank Bunstedt

Received for filing on JUN 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1967

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelly
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Farrell Glen Ahlstrom

5. Date of Birth of Child (Month, day, year) 9/12/20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Peter Ahlstrom
11. Color or Race white
12. Age at time of THIS birth 59 yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Sarepta Jolley
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Mt. Carmel (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Matilda (First name) Ahlstrom (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Mrs E J Wadsworth M.D. Midwife Address Date

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. J. Wadsworth Signature
Idaho Falls R 2 Idaho Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

APR 26 1949

APR 2? 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

391-107003-579

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349886
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Niter
(c) Street Address or R.F.D. No. R F D no 3
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Niter
(d) Street Address or R.F.D. No. R F D 3
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) niter Idaho

4. FULL NAME OF CHILD Edward Ingeman Traasdahl

5. Date of Birth of Child (Month, day, year) Dec. 7, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otto Birger Traasdahl
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Trondhjem (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Pauline Ericksen
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Trondhjem (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Dr John Husband (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires Oct 10-1944

× Anna Pauline Traasdahl Signature
2345 Ogden Ave Ogden Utah Address

Subscribed and sworn to before me this 23 day of June, 19 42

(SEAL)

Notary Public, residing at Ogden ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel Fisher, Registrar.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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349953

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 12 days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Briggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Briggs

3. **RESIDENCE of FATHER** (city, state) Briggs

4. **FULL NAME OF CHILD** VESTA JENNET KUNZ

5. Date of Birth (Month, day, year) Jan. 6, 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Samuel Kunz, Jr.
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Maude Foster
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Camp Floyd, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes, name unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 24 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

~~State of~~ United States of America
~~County of~~ Territory of Alaska } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Kunz, being first duly sworn, say that I am related (Related to (or) acquainted with) Vesta Jennet Kunz (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harry Wilson (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Kunz Signature

P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1942

(SEAL)

Notary Public, residing at

My commission expires April 28th, 1946.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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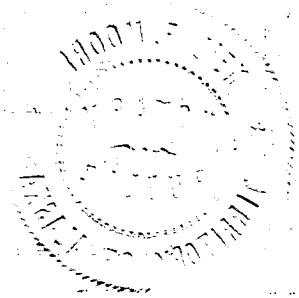
JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349996
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. 2. Kootenai County
(d) Name of Hospital or Maternity Home: Our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Mathias Edward Donart

5. Date of Birth of Child (Month, day, year) Feb. 8, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Solo Donart
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Winona, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bluette Paulus
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Switzerland (Les Ponts) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr. D. D. Drennan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bluette Paulus Donart Signature
R.F.D.#2, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of June, 19 42

(SEAL) Roger G. Wearne Roger G. Wearne Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 25 1942 by ____ Registrar.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Tensed
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Tensed
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yr. 2 mo.

3. RESIDENCE OF FATHER (city, state) Tensed, Idaho

4. FULL NAME OF CHILD Violet Mary Moser

5. Date of Birth of Child (Month, day, year) Jan. 21, 1920

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ramie I. Moser
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hays Station, Washington (City or town) (State or foreign country) Territory
14. Exact Occupation Engineer in saw mill
15. Industry or Business saw mill industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Marie Busherd
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Anslie, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. Klizer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Marie Moser Signature
Oroville, Washington P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) John Hancock Notary Public, residing at Oroville
Commission Expires Feb. 20, 1942

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel Kelsey Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivery at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Shirley Paul Jay

5. Date of Birth of Child (Month, day, year) July 5 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Guy Wheeler Jay

11. Color or Race White

12. Age at time of THIS birth 39 yrs. (39)

13. Birthplace Osage (City or town) Iowa (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Essie Pressly Munden

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Ames (City or town) Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sonoma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Dr (First name) VanCott (Last name), who attended this birth (cannot be located) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Essie P. Jay Signature

552 B St. Santa Rosa, Cal. P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942

(SEAL) L. E. Fulwider Justice of the Peace Notary Public, residing at Santa Rosa, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 28 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD ILA WORRELL

5. Date of Birth of Child (Month, day, year) Oct 10, 1930

6. Sex Fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jerry L. Worrell

11. Color or Race Quarter

12. Age at time of THIS birth 39 yrs.

13. Birthplace Cattaraugus County (City or town) Virginia (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Elizabeth Bird

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Meadow (City or town) Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 59 years of age, that I have known this person for 2 years, and that Jerome A. Gray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maud Worrell Signature
448 H St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1942

(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

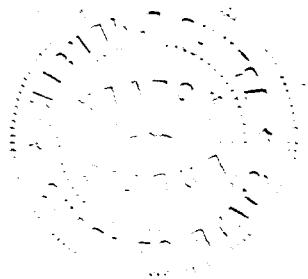
Received for filing on JUN 26 1942 by Maud Fielder, Registrar.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) ~~Street~~ Address or R.F.D. No. 1 Lorenzo
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Annis Idaho

4. FULL NAME OF CHILD Eloise Fisher

5. Date of Birth of Child (Month, day, year) Nov 21, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Martin Fisher
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Annis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Alice Harrop
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Annis (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for from birth years, and that Ivan (First name) Smithers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Alice Fisher Signature
Lorenzo Idaho R.F.D. 1 P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942

(SEAL) George M. Cowen Notary Public, residing at Menan Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-218010-395

350302

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. East Valley
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. outskirts of town
(e) How long has **MOTHER** lived in Idaho? since birth yrs.

3. RESIDENCE OF FATHER (city, state) does not know (since 1919-20)

4. FULL NAME OF CHILD LORRAINE BERNICE CINDELL

5. Date of Birth of Child (Month, day, year) JAN. 18, 1920

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME White CINDELL ANDREW
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Pittsburgh (City or town) Penn. (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Cindell Barbara
17. Color or Race white **18.** Age at time of THIS birth 34 abt. yrs.
19. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that Dr (First name) Cline (Last name), who attended this birth address unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Barbara Cindell Signature

State Hospital South, Blackfoot Ida. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942

(SEAL) H. W. Vanderwood Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-111-040-758

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingsbury
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingsbury
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) Kingsbury Ida

4. FULL NAME OF CHILD Forrest Gehret Faire

5. Date of Birth of Child (Month, day, year) July 1, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank LeRoy Faire
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Arlington (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Machinist

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Mabel Gehret
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bonnerstown (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Faire (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 21 years, and that Alex D McCracken (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frank Faire Signature
Chewelah Wash. P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942.

(SEAL) Edwin [illegible] Notary Public, residing at Chewelah Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

JUN 12 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-22 80 42 944

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Falls Co. Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, I

4. FULL NAME OF CHILD Betty Bernice Finch

5. Date of Birth of Child (Month, day, year) 8/28/20

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Grundy Finch
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Carmi (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Bernis Rudolph
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Carmi (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California } ss.
County of Contra Costa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. (First name) Sawyer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Bernis Finch Signature
7829 - Terrace Dr. El Cerrito Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) Notary Public, residing at Concord, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-204-040 715

350405

350405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Margaret Anna Schulhauser

5. Date of Birth of Child (Month, day, year) Jan. 4, 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles F. Schulhauser
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Marshfield (City or town), Wis. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Pankratz
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Auburndale (City or town), Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9-20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Schulhauser (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida. Date 7/3-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

761-215010 719

350579

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 714 - K St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 714 - K St.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Lucile alberta Poage

5. Date of Birth of Child (Month, day, year) Sept 15 - 1920

6. Sex Female **7.** Twin or Triplet **If so—born** Single 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Poage
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Broken Bow Neb. (City or town) (State or foreign country)
14. Exact Occupation O. S. L. fireman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Elizabeth Gardner
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Teton City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at near 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Iva Poage (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 21 years, and that Dr. Mollister (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva E. Gardner Poage Signature
1606 W. 4th North, Salt Lake City P. O. Address Utah

NOTARY PUBLIC
Residing at Salt Lake City, Utah
My Commission Expires ... 4, 1943

Subscribed and sworn to before me this 30 day of June, 19 42.

(SEAL) Mary S. McCarty Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

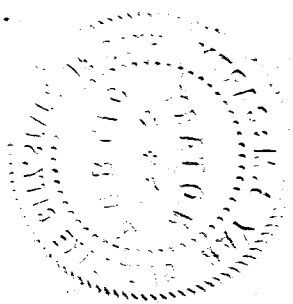
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



636-111-031-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350583
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aubrey Phillip Paul O'Conner

5. Date of Birth of Child (Month, day, year) June 11 1920

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Mark O'Connor
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Davenport Washington (City or town) (State or foreign country)
14. Exact Occupation painter and paper hanger
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Farmer
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 o'clock AM on the date and at the place stated above, and that personal particulars were furnished by this affiant (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife deceased Address Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Doctor (First name) Taylor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith O'Connor Signature
1114 7th st Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 30th day of June, 19 42.

(SEAL) Notary Public, residing at Clarkston Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by , Registrar.

JUL 8 1942

JAN 24 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-117-005-864

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of
No. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

350603

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD John Oliver Rowland

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth July 17, 1920 (Month, Day, Year)

FATHER

9. Full name Herman Rube Rowland

10. Residence (usual place of abode) (If non-resident, give place and State) Benewah

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work still engaged, 19

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Minnie May Young

19. Residence (usual place of abode) (If non-resident, give place and State) Benewah

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house

25. Date (month and year) last engaged in this work still engaged, 19

26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Minnie Rowland Mother, M. D.

or ..., Midwife

Address St. Maries, Idaho

Give name added from a supplemental report ...

(Date of) ...

Registrar.

Filed JUL 6 1942, 193 Mark Keeler Registrar.

DELAYED

966 117 005 864

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Winnie Rowland being first duly sworn says that she is the Mother (Relationship of child)* of John Oliver Rowland born July 17, 1920 (Date of birth) at Benewah County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Oliver Rowland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no M. D. was the Midwife medical attendant at the birth of said John Oliver Rowland and that the said medical attendant is none (Now deceased (or) cannot be located)

Name of Affiant Winnie Rowland

P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 29th day of June, 19 42

Notary Public.

Residing at St. Maries, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

666-126002-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350607
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows, Idaho

4. **FULL NAME OF CHILD** Daniel W. Woody Jr.

5. Date of Birth of Child (Month, day, year) 4-26-20

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel W. Woody

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Emmett (City or town) Idaho (State or foreign country)

14. Exact Occupation Forest Ranger

15. Industry or Business U.S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marjorie Gertrude Soule

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Princeton (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Dan (First name) W. (Last name) Woody, who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dan W. Woody Signature

8701 Vicksburg ave Los Angeles P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) Evelyn J. Muller Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires July 31, 1944

Received for filing on JUL 9 1942 by Mabel Hyde, Registrar.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-123010-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350690
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 295-6 ST
(d) Name of Hospital or Maternity Home: IN MY HOME
(e) Mother's stay **BEFORE** delivery: AT HOME
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 295 6 ST
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD VERNON EMIL CARLSON

5. Date of Birth of Child (Month, day, year) JUNE 23 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME EMIL CARLSON
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIE LINDGREN
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace IDAHO FALLS IDAHO (City or town) (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for many yrs. years, and that Dr. B. A. Coulthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Carlson Signature
290-6 Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942,
(SEAL) Earl T. Peterson Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel Nielson, Registrar.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-004010-993

350713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 12th St.
   (d) Name of Hospital or Maternity Home: Spencer Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 12 East
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Annabelle Smith

5. Date of Birth of Child (Month, day, year) April 4, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Kenneth Asa Charles Smith
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Jane Ricks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr H. D. Spencer (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kenneth Asa Charles Smith Signature

Residing at Logan, Utah 66 East 4th North P. O. Address

NOTARY PUBLIC

My Commission Expires July 20, 1943

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL) ____ Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

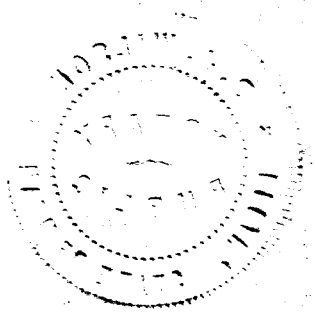
Received for filing on JUL 6 1942 by ____, Registrar.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-217-001-859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350726
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at our own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** Myrtle Jean Pritchett

5. Date of Birth of Child (Month, day, year) 2-17-1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Larue Andrew Pritchett
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Junction City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora F. Heise
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hampton, Nebr. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr W T Neal (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora F. Pritchett Signature

R. 1 Meridian Idaho P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942.

(SEAL) O M Lamm Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Mary F Eddie, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

AUG 4 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920 - 82229

134-103-001-199

350819

350819

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 207 E. Bannock
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Emilio Jon Aldecoa

5. Date of Birth of Child (Month, day, year) June 3, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marcelino Aldecoa
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ea (City or town) Spain (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anestasia Arriandiaga
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Elanchove (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. George (First name) Collister (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anastasia Aldecoa Signature

617 Fort Street P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL) Grace Bagley Notary Public, residing at Boise, Idaho

MY COMMISSION EXPIRES JANUARY 24, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Maud Felder, Registrar.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1655-201-023-618

1. PLACE OF BIRTH

County of Gem

~~City~~ of Vicinity of Emmett

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 350822
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 350822

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Margaret Wentworth

3. Sex ♀ | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Feb 1, 1920 (Month, Day, Year)

FATHER

9. Full name Ralph Benning Wentworth

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race w | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Irving Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work at present 1920

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Jessie Wayman

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

20. Color or race w | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Detroit

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work at present 1920

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver solution

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 0 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) R M Cummings, M. D.

or ....., Midwife

Address Emmett Idaho.

Filed JUL 15 1942, 193 Mary F Elder Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 15 1942

DELAYED

453-207-006-299 350857 **350857**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 392E. Bingham St.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 392E. Bingham St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idah

4. FULL NAME OF CHILD Gladys Eileen McClellan

5. Date of Birth of Child (Month, day, year) 2-7-20

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Samuel McClellan
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Payson, Utah (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Kirwan
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tehama } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Howard J. Simmons, MD (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Kirwan McClellan Signature
1347 Lincoln St., Red Bluff P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) Elsie Juhay Notary Public, residing at Red Bluff

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Naval F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

OCT 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-218-014-356 350864 **350864**

United States
Department of Commerce JUL 22 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Wilma Uletta Lewis

5. Date of Birth of Child (Month, day, year) Nov 18 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Alonzo Lewis
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Silver City Idaho (City or town) (State or foreign country)
14. Exact Occupation Deputy Revenue Collector
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Uletta Lewis
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Mineral Point, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that Dr. Thos D. Farrer (First name) (Last name), who attended this birth Is no deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Lewis Signature
Silver City Idaho P. O. Address

Subscribed and sworn to before me this 22 day of July, 1942
(SEAL) M. L. Hart Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

269-125-003-353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Ronald Gene Sorensen

5. Date of Birth of Child (Month, day, year) Feb.25,1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ronald Sorensen
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Bench (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Telford
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice T. Sorensen Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 1942
(SEAL) Harold B. Howe Notary Public, residing at Grace Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-015-015-165

JUL 3 1942

351129

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 5-7

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.
   (f) Mother's mailing address (For registration notice): Soda Springs
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Rilla Iona Perkins

5. **DATE OF BIRTH** (Month, day, year) Mar. 15, 1920

6. Sex fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Wilbur Perkins

11. Color or Race W

12. Age at time of THIS birth 34 yrs.

13. Birthplace Vernon Springs, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mar Jones

17. Color or Race Ellen W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Downey, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8A M. on the date and at the place stated above, and that personal particulars were furnished by Ellen O Perkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 2-5-42 (Date received) (b) Dr Russell Tigert (Registrar's signature)

25. Attendant's OWN signature Russell Tigert, M.D.
Dr. Russell Tigert Ashley (D.O., Midwife, etc.)
and address Soda Springs Date 2/5/42

27. Given name added on ..... by ..... (Registrar's signature)
(may be a Duplicate)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

BOTH DELAYED

Dup of 1920-332977

216-213-031-78

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

351159

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Olive Jane Bjorklund

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 13, ~~193~~ 1920 (Month, Day, Year)

FATHER

9. Full name Arthur Henry Bjorklund

10. Residence (usual place of abode) (If non-resident, give place and State) Winchester

11. Color or race white | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Moscow Latah Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sales Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 1½ yrs

MOTHER

18. Full maiden name Evelyn Gillespie

19. Residence (usual place of abode) (If non-resident, give place and State) Winchester

20. Color or race ..... | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Wollaston Massachusetts

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living yes (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Deceased~~, M. D.

or Arthur Bjorklund, ~~Midwife~~ Father

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JUN 24 1942, 193.. Mabel F. Elsner
Registrar.

Registrar.

DELAYED

216-213-031-797

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Latah } ss.

Arthur Bjorklund being first duly sworn says that he is the father of Olive Jane Bjorklund
(Relationship of child)*

born July 13, 1920 at Winchester, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Olive Jane Bjorklund hereto attached are true and ~~correct~~ as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. L. Kelly M. D. was the Midwife medical attendant at the birth of said Olive Jane Bjorklund and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Arthur Bjorklund

P. O. Address Troy Idaho

Subscribed and sworn to before me this 17 day of August, 1942

W. L. Armour
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 17 1942

MAY 10 1972

757 + 106-044-854

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Fred Dahl
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Robert Pease

5. Date of Birth of Child (Month, day, year) May 6, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leonard Walter Pease

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Ellensburg (City or town) Washington (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Hewitson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Roslyn (City or town) Washington (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Barbara Pease (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. } ss.
County of Kittitas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 22 years, and that Dr. W. R. Hamilton (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Pease Signature

Box 125, Thorp, Wash. P. O. Address

Subscribed and sworn to before me this 8th day of July 1942

(SEAL)

CLERK OF THE SUPERIOR COURT
KITTITAS COUNTY, WASHINGTON
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-220-010-345

351230

United States
Department of Commerce
Bureau of the Census

(Be sure the information ~~is as of~~ date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Rt # 5
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Marjorie Jacquette Goddard

5. Date of Birth of Child (Month, day, year) Dec. 20-1920

6. Sex FE.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jno. Henry Goddard
11. Color or Race W.
12. Age at time of THIS birth 34 yrs.
13. Birthplace Canada (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rented

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Victoria Lundberg
17. Color or Race W.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15% Sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 - 7 M. on the date and at the place stated above, ~~and that~~ personal particulars were furnished by John Goddard (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date July 15-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 16 1954

FEB 3 1971

OCT 30 1942

Idaho Falls, Idaho
October 28, 1942.

Bureau of Vital Statistics,
Boise, Idaho.

Sirs,

On the birth certificate of Marjorie Jacquette Goddard the date should be December 7, 1920, instead of December 20, 1920.

I do not know how the error occured, but Miss Goddard

is leaving today and asked me to write regarding the change.

If it is necessary to make out a new certificate, will you kindly send it to me and I will have it filled out and signed.

Yours truly,

Anna Bridges,
Registrar.

419 19 3044 43

352348

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 535 W 1st St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 535 W 1st
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Ida

4. FULL NAME OF CHILD Mary Melvin Main

5. Date of Birth of Child (Month, day, year) October 3rd 1920

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Judd M Main
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Nebo (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma M Cornick
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kenbyville (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive/Stillborn) at 8 A.M. on the date and at the place stated above and that personal particulars were furnished by Alma Main (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Eddie McCornick M.D. Midwife Address Weiser Date July 16/1942

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 43 years of age, that I have known this person for all his life years, and that Dr E O Tenney (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Main Signature

925 Hunter Place Boise Oregon P. O. Address

Subscribed and sworn to before me this 16 day of July, 1942

(SEAL)

Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3[illegible], Idaho Code Annotated.)

Received for filing on JUL 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of~~ Vital ~~Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-122022-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Lewis Hargis
5. DATE OF BIRTH (Month, day, year) Oct 22, 1920
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 2
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Doss Hargis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Christiana Tenn (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wood
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Hillsboro Ind (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum E. L. Hargis Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by William Hargis (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 16 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. L. Hargis M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 7-15-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 21 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician: .....

DELAYED

791-126-003-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352470
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Niter
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Niter
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Niter Idaho

4. FULL NAME OF CHILD William Clemens Graham
5. Date of Birth of Child (Month, day, year) 9 26 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Joseph Nels Graham
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Salt Lake City (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Clemens
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Gentile Valley (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that Dr. John H. Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Sharp Graham Signature
Soda Springs Ida P. O. Address

Subscribed and sworn to before me this 17th day of July, 1942
(SEAL) S. Chauchews Notary Public, residing at Soda Springs Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 120033-231

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD J. A. Junior Allen

5. Date of Birth of Child (Month, day, year) 6-20-20

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Andrew Allen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fay Stanford
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 22 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fay Stanford Allen Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942

(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

JUL 22 1942

Received for filing on ..... by Mabel Nielsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-26-04296 JUL 24 1942 352543

352543

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352543
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Twin Falls (b) City Filer
   (c) Street address or R. F. D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery: Home
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street address or R. F. D. No. Route 4
   (e) How long has MOTHER lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice): Route 4 (Street or R. F. D.) Buhl (Postoffice)

3. RESIDENCE OF FATHER (city, state) Buhl Idaho

4. FULL NAME OF CHILD Wanda Reva Skinner

5. DATE OF BIRTH (Month, day, year) Sept. 16 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Sidney Skinner
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Stillwater (City or Town) Oklahoma (State or foreign country) Payne Co
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Maye Rowland
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bigelow (City or Town) Kansas (State or foreign country) Butler Co.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 4:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Emmazette (First name) Sligar (Last name), who is related to this child as Midwife (Mother, etc.)

26. (a) JUL 24 1942 (Date received) Maud Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Emmazette Sligar M. D. (D. O., Midwife, etc.)
and address Twin Falls, Ida. Date Sep. 16. 1920

JUL 24 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. No carbon copy requires an advance payment of fifty cents, money order or coin.

363296 042 366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352639
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. 512 River St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. 512 River St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Lois Mae Cole

5. Date of Birth of Child (Month, day, year) Feb. 6, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman Clifford Cole
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mt. Ida (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguerite Ethel Cowles
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fayette (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia [illegible]

23. Number of children of this mother: (a) At time of birth and including this child [illegible] (b) Born alive and now living [illegible]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 12:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Marguerite (First name) Cole (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F W. Rolfs M.D. Midwife Address Mullan Ida Date July 21, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by ....., Registrar.

MAR 2 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 120, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure of [illegible] required subsequent to such [illegible] received and filed by the local registrar for record in the [illegible] for the purposes and uses prescribed in Chapter [illegible] 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

199 117 025 813

352642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Ernest Dean Arrante

5. Date of Birth of Child (Month, day, year) 11-17-1920

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest William Arrante
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Guide Rock (City or town) Nebr. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Celeste Hawkins
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Guide Rock (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Della (First name) Arrante (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah J George M.D. Midwife Address Woodland Idaho Date 11-17-1920 July 20

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 699-106 003-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No. -o-
(d) Name of Hospital or Maternity Home: -o-
(e) Mother's stay **BEFORE** delivery: IN **THIS** county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No. -o-
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Max Wayne Wright

5. Date of Birth of Child (Month, day, year) October 6, 1920

6. Sex Male

7. Twin or Triplet -o- If so—born 1st, 2nd, 3rd -o-

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leslie Wright
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Pond
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Thatcher (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~22~~ 57 years of age, that I have known this person for 22 years, and that Dr. John Hyrum Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Pond Wright Signature

Thatcher, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of July, 19 42

(SEAL) — Angus Lasley Notary Public, residing at Grace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

282-212006-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: At home
(e) Mother's stay BEFORE delivery: At home
In Hospital or Maternity Home ..... Days
In THIS county 17 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Francis Marion Bybee.

5. DATE OF BIRTH (Month, day, year) 5-72-1920

6. Sex Female

7. Twin or ~~Triplet~~ Yes If so—born 1st, 2nd, 3rd #1st

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion Lee Bybee

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Idaho Falls.
(City or Town) (State or foreign country)

14. Exact Occupation Mechanic

15. Industry Business Cliffe Lamberson - Idaho Falls

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Monroe

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace Shelley, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 30 A M. on the date and at the place stated above, and that personal particulars were furnished by Belle Monroe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 27 1942 (Date received) (b) Mabel F. Fleifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cuthr M.D. ~~(D.O., Midwife, etc.)~~
and address Shelley, Ida. Date 6-16-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

944 296 043895

United States Department of Commerce
Bureau of the Census

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) McCall, Idaho

4. FULL NAME OF CHILD Ilona Elizabeth Ruuska

5. Date of Birth of Child (Month, day, year) May 6, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ruuska

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Finland (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Hiekkila

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Finland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Alma (First name) Ruuska (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature x Lissie Karkkola M.D. Midwife Address McCall, Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary F Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-212006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352853
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence in Shelley
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Ruth Rose

5. Date of Birth of Child (Month, day, year) March 12, 1920

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Charles Rose
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Irene Hansen
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hyrum, Utah (City or town) (State or foreign country)
20. Exact Occupation Houswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Wm Charles Rose (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature F E Roberts M.D. ~~Midwife~~ Address Shelley Idg Date July 27th 42

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for all her life ~~years, and that~~ Dr. F. E. Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Irene Rose Signature
Shelley, Idaho, RFD 2. P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) L. Ivan Jensen Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Maud F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855 211 246 851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Dorothy Pearl Henley

5. Date of Birth of Child (Month, day, year) August 11, 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clay Regan Henley
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Asheville (City or town) North Carolina (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Bunker Hill Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Dorothy Nearing
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fernie B.C. (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida Date 7/28-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-106044 312

352954

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Wash~~ Idaho (b) City Weiser, Ida
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State S. Idaho (b) County ~~Washington~~ Wash
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gerald Douglas Rhodes

5. Date of Birth of Child (Month, day, year) Apr. 6, 1920

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Glenn Jay Rhodes
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Polk Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Manila Castle
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) XX M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Haley Raymond MDX Midwife Address Weiser, Idaho Date April 6th 1920

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glenn J Rhodes Signature
New Meadows, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of July, 1942

(SEAL) W. H. Rothwell Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

OCT 10 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Minidoka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Minidoka
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Minidoka, Ida

4. FULL NAME OF CHILD Bud Owen Yates

5. Date of Birth of Child (Month, day, year) Nov. 22, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John O. Yates
11. Color or Race wht
12. Age at time of THIS birth 49 yrs.
13. Birthplace Mona, (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Zimmerman
17. Color or Race wht
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fremont, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11th (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that Midwife, (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Celia Yates, Signature

Tacoma, Washington 4819 No. 33rd, P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 - 1942 by Mark H Elder, Registrar.

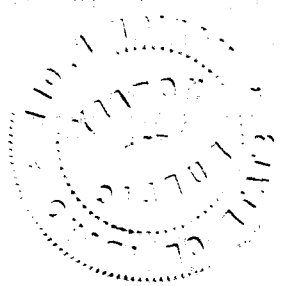
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

23-169 0313 AUG 6 - 1942 352993

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352993
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Willard Allen Aston

5. Date of Birth of Child (Month, day, year) Aug. 9 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Aston
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bancroft (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LaVera Allen
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cove (City or town) Cache Co. Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Dr. Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LaVera A. Aston Signature
Nyssa Oregon P. O. Address

Subscribed and sworn to before me this 6th day of August, 1942

(SEAL) Marion L. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

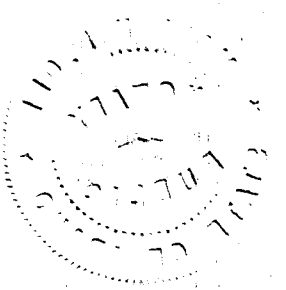
Received for filing on AUG 6 - 1942 by Mary F. Feder, Registrar.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, State) Rigby R 5 2.

4. FULL NAME OF CHILD Rex Levere Gundersen

5. Date of Birth of Child (Month, day, year) October 8, 1920

6. Sex Male **7.** Twin or Triplet No. If so, born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jens Christen Gundersen
11. Color or Race White **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Sundby, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming his own land
15. Industry or Business General farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Karoline Lovise Andersen
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Sundby (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (Born alive, stillborn) at 2:11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Karoline Gundersen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson MD M.D. Midwife Address Rigby, Idaho Date Aug 14, 1942.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by Mary E. Snyder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

JUN 26 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Ida

4. FULL NAME OF CHILD Dorothy Esther Dene Broadie

5. Date of Birth of Child (Month, day, year) Feby 17, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dean Broadie
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oklahoma (City or town) (State or foreign country)
14. Exact Occupation worked on drag line
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Verna Esther Baker
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Picabo, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Verna Baker Broadie (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Mrs. McCoy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verna Baker Broadie Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942

(SEAL) Lenora A Locke Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-12-022-857

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350143

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Marysville

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Family Residence

(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City Marysville, Idaho

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? all 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Andrew Brower

5. Date of Birth of Child (Month, day, year) Sep. 12, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry LeRoy Brower

11. Color or Race white

12. Age at time of THIS birth yrs.

13. Birthplace Richmond (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Matilda Head

17. Color or Race white

18. Age at time of THIS birth yrs.

19. Birthplace Preston, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that Dr. Mecham Rich (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Matilda H. Brower Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 19 42

(SEAL) Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing AUG 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? ~~about~~ 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Ted Riley

5. Date of Birth of Child (Month, day, year) July 24, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Riley
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kendrick (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Alice Cargill
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Riley (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Eva Jane Riley ~~M.D.~~ Midwife Address 8176 Perry Date 7-25-42

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that ~~Last~~ T. J. Riley ~~Riley~~ (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Riley Signature
3145 Hogan P. O. Address

Subscribed and sworn to before me this 25th day of July, 1942

(SEAL) A. W. Dolphin Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel L. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed~~ by the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Russell Eldridge Hackworth

5. Date of Birth of Child (Month, day, year) June 24, 1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edger Elster Hackworth
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Bedford (City or town) Virginia (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie D Tuck
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Franklin Junction (City or town) Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 22 years, and that Dr. F. Watkins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mannie D. Hackworth Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of August, 1942

(SEAL) Kathryn Watkins Deputy Clerk of District Court. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-10601013

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353253
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address~~ or R.F.D. No. 6
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address~~ or R.F.D. No. 6
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD Revel Oertle

5. Date of Birth of Child (Month, day, year) 7-6-20

6. Sex Boy. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Revel Elbert Oertle
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Crawford Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Pearl Hall.
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Cherokee Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Earl Oertle (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature N. L. Willson M.D. ~~Midwife~~ Address Idaho Falls Date Aug. 5, '42.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, sta Wendell, Ida.

4. FULL NAME OF CHILD Helen Barbara Suffa [redacted]

5. Date of Birth of Child (Month, day, year) Dec. 24/'20

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry J. Suffa
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Neome (City or town) Minn. (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza J. Suffa
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Berdsley (City or town) Minn. (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eliza J. Suffa (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Jessie Dean XXXXX Midwife Address Wendell, Idaho Date Jul. 21/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 301 3rd St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 301 3rd St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Neoma Maxine South

5. Date of Birth of Child (Month, day, year) Feb 28, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otis Willian South
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Vandalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Los Angeles Police Officer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Hannah Downs
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Underwood, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Nettie (First name) South (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature C E Rogers M.D. ~~Midwife~~ Address Pocatello Ida Date June 27 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353383

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Jerome years 1 months 2 days 26

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Hazelton Ida

4. FULL NAME OF CHILD ELMER MERLE HARDING

5. Date of Birth of Child (Month, day, year) Feb 7 1920

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Herschel Harding

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Tyro (City or town) Kans (State or foreign country)

14. Exact Occupation meat + grocer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Margaret Tasker

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace (City or town) Oklahoma (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that (First name) Price (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Herschel Harding Signature

Filer Idaho P. O. Address

Subscribed and sworn to before me this 31st day of July 1942

(SEAL) Ernest Black Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated)

Received for filing on AUG 8 1942 by Mary [illegible], Registrar.

AUG 1 3 1942

APR 8 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-204003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353429
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 37 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Gwen Fowler

5. Date of Birth of Child (Month, day, year) August 4, 1920

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Turner Fowler
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Murrey, (City or town) Utah. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Mercantile Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret E. Peck
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Thatcher, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that Dr John H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E. Fowler Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942

(SEAL) Harold B. Lowe Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142.221 025-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353431
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand

4. **FULL NAME OF CHILD** Doris Lorraine Adkison

5. Date of Birth of Child (Month, day, year) Oct. 21st 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jay Rupert Adkison
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Near Elkton, Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Elvera Johnson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Waterville, Kansas (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MONTANA
County of CASCADE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that DR CORA ALCORN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith E. Adkison Signature

2911 7TH AVE N. GREAT FALLS, MONTANA P. O. Address

Subscribed and sworn to before me this 8TH day of AUGUST, 19 42

(SEAL) Jakarsky Notary Public, residing at GREAT FALLS, MONTANA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

JUL 31 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-210-003-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353433

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Cleveland

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Cleveland

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho.

4. FULL NAME OF CHILD Melba Leone Forman

5. Date of Birth of Child (Month, day, year) Aug 10, 1920

6. Sex female

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John George Forman

11. Color or Race White Am

12. Age at time of THIS birth 34 yrs.

13. Birthplace Cleveland, Idaho. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Banks.

17. Color or Race White American

18. Age at time of THIS birth 34 yrs.

19. Birthplace Maybell Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that Dr. John H Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Banks Forman Signature

Cleveland, Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of August, 19 42

(SEAL) Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel E Clifton, Registrar.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4:

Where the birth of a child born prior to the effective date of [redacted] 191, 1911 Session Laws, has not been recorded, or in case of [redacted] report any birth which has occurred subsequent to such [redacted] report may be received and filed by the local registrar for [redacted] the Bureau of Vital Statistics for the purposes and uses pre[redacted] Chapter 2, Title 38, Idaho Code Annotated, when such report [redacted] panied by a certificate of the attending physician or midwife, [redacted] Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-223-044-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353511
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. R. F. D. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Dorothy Pearl Sutton

5. Date of Birth of Child (Month, day, year) Dec. 23, 1920

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Clay Sutton
11. Color or Race White **12.** Age at time of THIS birth 33 yrs. yrs.
13. Birthplace Dodge City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Opal Williams
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Pearl (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Midvale } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that DR. Seeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Opal Williams Sutton Signature

Midvale, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of July 19 42

(SEAL) J. Woodnight Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Weeks, Registrar.

AUG 17 1942

AUG 26 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

664-210-019-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353534
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay

4. FULL NAME OF CHILD Charlotte Katherine [redacted] Wornek

5. Date of Birth of Child (Month, day, year) Dec. 10, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Wornek
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pocatello (City or town), Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nell Gracen Howard
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boulder (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. F. C. (First name) BAKER (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nell G Wornek Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) C. P. Thomson Jr. Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel H Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-201-001-819

35375

353675

United States Department of Commerce Bureau of Census

AUG 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353675

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1509 N 5th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City ~~Boise~~ Boise
(d) Street Address or R.F.D. No. 1509 N 5th ST
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address 1509 N 5th ST

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Dorothy Cleo March

5. Date of Birth (Month, day year) Jan. 1, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester Auther

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Danville Ill. (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Cleo Harrison

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Collen Co. Texas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 27 1942 (Date received) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary A. Calloway M.D. (D.O., Midwife, etc.) and address Boise Idaho Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pearl Cleo March, being first duly sworn, say that I am related to Dorothy Cleo March as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mary Calloway (Name of attendant at birth), who attended said birth is now in Boise, Idaho (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Cleo March Signature

23rd & Smith Ave., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of August, 19 42

(SEAL) John Jackson Notary Public, residing at Probate Judge Ada County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-202 1006-6662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353731
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moreland, Ida.

4. **FULL NAME OF CHILD** Lavon Hatch

5. Date of Birth of Child (Month, day, year) Feb 2, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Elias Ransom Hatch
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Neelyville — Mo (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Marie Foster
17. Color or Race White
18. Age at time of THIS birth 22-21 yrs.
19. Birthplace Redwing, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that [illegible] (First name) [illegible] (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias Ransom Hatch Signature

Richland P. O. Address

Subscribed and sworn to before me this 13 day of Aug, 1942

(SEAL) A L Murray Notary Public, residing at Richland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel Heuber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

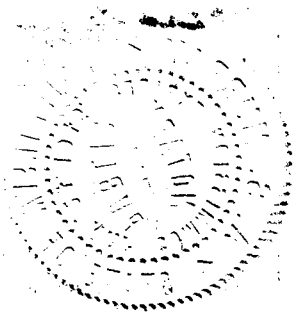
OCT 1 0 1974

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-201-032-258

353793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353793
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Jerome
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 9 months unknown days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Jerome
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same Idaho

4. **FULL NAME OF CHILD** Hazel Lavina Bowers

5. Date of Birth of Child (Month, day, year) Aug. 1, 1920

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Wesley Bowers
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Powys (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna Kathryn Kehrer
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Montoursville (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ellen (First name) Baer (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Penna.
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 22 years, and that Mrs. (First name) Spencer (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Baer Signature

Star Rt. Shippensburg, Pa. P. O. Address

Subscribed and sworn to before me this 13th day of August, 1942, 19

(SEAL) My Comm. expires Jan. 1, 1946 W. E. Umberger Justice of the Peace Notary Public, residing at Orrstown, Pa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mark Keeler, Registrar.

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

225-124-040-225

353806

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PROVIDENCE HOSPITAL
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City KELLOGG
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address KELLOGG

3. RESIDENCE of FATHER (city, state) KELLOGG IDAHO

4. FULL NAME OF CHILD SHIRLEY EDISON SKEMAN

5. Date of Birth (Month, day year) JUL. 2**0**, 1920

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME RUSSELL A. SKEMAN
11. Color or Race WHITE **12.** Age at time of THIS birth 21 yrs.
13. Birthplace DETROIT (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation ELECTRICIAN
15. Industry or Business ELECTRICAL

MOTHER OF CHILD

16. FULL MAIDEN NAME KATHERYN E. SKEMAN
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace ST. CHARLES (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEKEEPER
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Katherym E. Skeman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) [illegible] (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Chas. R. Morgan M.D. (D.O., Midwife, etc.)
and address 305-6 Fernwell Bldg. Date June 29, 42

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-206-042-351

353809

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Murphy Hospital
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 1

4. FULL NAME OF CHILD Dorothy MAE Hastings

5. Date of Birth of Child (Month, day, year) Aug 6, 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Edward Hastings

11. Color or Race white **12.** Age at time of THIS birth 33 yrs.

13. Birthplace LaVern (City or town) Minn (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola May Leasure

17. Color or Race white **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Jewel City (City or town) Kans (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that D.R. Geo. Jennings (First name) (Last name) who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola May Hastings Signature
Rt 1, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of August, 1942

(SEAL) John M. Barker Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 17 1942 by Maud E Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

699-12-4011-7419

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353896

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry, Ida
No. — St. —
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold George Wright

3. Sex: Male.

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth June 24 1920 (Month, Day, Year)

FATHER

9. Full name George Wright

10. Residence (usual place of abode) (If non-resident, give place and State) Emporia

11. Color or race White 12. Age at last birthday 38 years

13. Birthplace (city or place) (State or Country) Cashelane, Cork, Co Ireland.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work At present 19 time

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Ella Guiles.

19. Residence (usual place of abode) (If non-resident, give place and State) Emporia, Kan.

20. Color or race White 21. Age at last birthday 38 years

22. Birthplace (city or place) (State or Country) West Olive, Mich. U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Minister.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work Present time. 19 ____

26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) George Wright Father ~~M. D.~~

or ____ ~~Midwife~~

Address 9 West Randolph-Emporia Kansas

Filed AUG 20 1942, 193 Mabel F. Fuller Registrar.

Registrar.

DELAYED

699-J24-011-749

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Calif
County of Los Angeles } ss.

George Wright being first duly sworn says that

he is the Father of Harold George Wright
(Relationship of child)*

born June 24-1920 at Bonners Ferry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harold George Wright hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. E. E. Fry M. D. was the ~~Midwife~~ medical attendant at the birth of said Harold George Wright and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant George Wright

P. O. Address 9 West Randolph Emporia Kans

Subscribed and sworn to before me this 20th day of August, 1940

Elizabeth C. Allen
Notary Public.

Residing at Long Beach Calif, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 1 1942

243-209-017-413

354925

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354925
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clark (b) City Hamphrey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Hamphrey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hamphrey Ida.

4. **FULL NAME OF CHILD** Bobbie Kuchler

5. Date of Birth of Child (Month, day, year) June 9-1920

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert H. Kuchler
11. Color or Race W Cyte 12. Age at time of THIS birth 37 yrs.
13. Birthplace Bluffton Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Matejka
17. Color or Race W Cyte 18. Age at time of THIS birth 32 yrs.
19. Birthplace Portland Ore. (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name ~~prophylactic~~ used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that None (First name) None (Last name), who attended this birth None (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Kuchler Signature
Lima Mont. P. O. Address

Subscribed and sworn to before me this 17 day of August, 1942

(SEAL) John W. Kays Notary Public, residing at Dubois Idaho
My Com expires April 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has~~ occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-118010-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355013
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 248 E St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 248 E St
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD James Phillip Christensen
5. Date of Birth of Child (Month, day, year) 3-18-1920
6. Sex Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Albert James Christensen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Laramie, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nellie E. Mulhall
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:45 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ✓ Midwife Address Idaho Falls, Ida. Date Aug 12-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91[illegible] Idaho Code Annotated)

Received for filing on AUG 24 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

675-211003-269

355109 355109

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355109
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 957 W. Fremont
(d) Name of Hospital or Maternity Home: Pocatello Gen. Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 957 W. Fremont
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD MARY CATHERINE OGEE

5. Date of Birth of Child (Month, day, year) JAN. 11, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Stewart Ogee
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Silver Lake (City or town) Kansas (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eula Drothea Swink
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Oxford (City or town) Ark. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. W. A. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eula Drothea Swink Ogee Signature

315 So. 6th, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 31st day of August, 19 42

(SEAL) Anna Reed Clerk of Sixt. Court
Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mabel H. Elder, Registrar.

SEP 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-121-001-132 AMENDED ITEM #10 3-2-99 MS 355122 **355122**

United States Department of Commerce Bureau of the Census

SEP 4 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: 701½ Main St
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Hilario B. Saizar

5. Date of Birth of Child (Month, day, year) March 21, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ~~Jaun~~ JUAN Saizar
11. Color or Race Basque
12. Age at time of THIS birth 32 yrs.
13. Birthplace Berriatua (City or town) Spain (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Petra Alberdi
17. Color or Race Basque
18. Age at time of THIS birth 23 yrs.
19. Birthplace Llequeitio (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Petra (First name) Saizar (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Petra Urresti M.D. Midwife Address 910 Grove St, Boise Ida Date Mar 21, 1920

State of IDAHO
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. George Collister (First name) (Last name), who attended this birth, is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Petra Saizar Signature

419 South Fifth St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of September, 1942.

(SEAL) Mary B Edwards Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1970

SEP 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

3-2-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1920-355122
Date Filed SEP. 4, 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for HILARIO B. SAIZAR (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 21, 1920 (Date of Event)

in BOISE (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#10 FATHER'S NAME	JAUN SIZAR	JUAN SAIZAR

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Subscribed and sworn to before me this 2nd day of March, 1999.

Notary Public, Mary Schneider
Residing at Preston Ida
My commission expires 2-16-2000
(Seal)

Ramón P. Saizar
Signature of Applicant

419 South 5th St. Boise, Idaho 83702
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/5/1927 FILE #1927-156520 SHOWS THE FATHER'S NAME AS JUAN SAIZAR VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 2/27/1963 FILE #63-500 SHOWS JUAN SAIZAR DIED FEB. 20, 1963 IN BOISE (ADA) ID VIEWED VS.

619-116-027-963

355246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD John Davenport Ward

5. Date of Birth of Child (Month, day, year) Sept. 16, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Irving Dean Ward

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Pownal, Maine (City or town) (State or foreign country)

14. Exact Occupation bookkeeper

15. Industry or Business County Treasurer

MOTHER OF CHILD

16. FULL MAIDEN NAME Floy Elizabeth Rockwell

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace Rock Island, Illinois (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth nearly 22 years, and that Dr. Charles J Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floy E. Ward Signature X

495 E. Rose St., Lebanon, Ore. Address

Subscribed and sworn to before me this 25 day of August, 1942

(SEAL) J. E. Estep Notary Public, residing at Lebanon, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by Mark H. Keller, Registrar.

AUG 31 1942

DELAYED REGISTRATION LAW

(7 Session Laws, Chapter 139, Section 4)

Where [illegible] of a child born prior to the effective date of Chapter 191, 1911 [illegible] Laws, has not been recorded, or in case of failure to report a[illegible] which has occurred subsequent to such date, such report m[illegible] ceived and filed by the local registrar for record in the Bure[illegible]al Statistics for the purposes and uses prescribed in Chapter [illegible]8, Idaho Code Annotated, when such report is accompanied by [illegible]ficate of the attending physician or midwife, or by Affidavit [illegible]father or mother of the child, or if neither father or mother o[illegible]ild is living or accessible, of the nearest of kin or guardian, [illegible] person having direct knowledge in the premises.

172-209-003-884

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child).

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355279
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Turner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Turner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Turner, Ida.

4. **FULL NAME OF CHILD** Jessie Louise Albiston

5. Date of Birth of Child (Month, day, year) Aug. 9 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kelsy Albiston
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lewiston, Utah -U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farm Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Jane Hyde
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Crescent, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that John (First name) Hubbard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. K. Albiston Signature

Conda, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942, 19

(SEAL) L. M. Richards Notary Public, residing at Conda, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

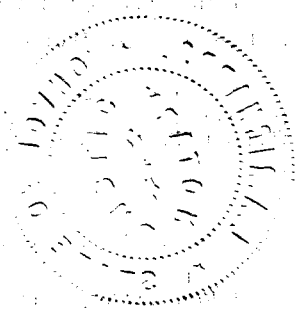
Received for filing on AUG 27 1942 by Mary Hedges, Registrar.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



492.130-D03-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 418 No Arthur
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** Thomas Alfred Dibble

5. Date of Birth of Child (Month, day, year) 7-20-20 August 30 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Dibble
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Onterio, Canada (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Marie Bowman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Perry, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. W.A. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Marie Bowman Dibble Signature
1014 So. 3rd Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of August, 19 42

(SEAL) E. R. Nelson Notary Public, residing at Pocatello, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mark H. Gulp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-11 8·022-916

355617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Ida.

4. **FULL NAME OF CHILD** Asael Cloud Clark.

5. Date of Birth of Child (Month, day, year) Oct 16th 19[illegible]

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Cloud Roger Clark.
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Teton Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Rawlins
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewiston Utah. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at Teton Ida. M. on the date and at the place stated above, and that personal particulars were furnished by Frances Rawlins (First name) (Last name), who is related to this child as Vera Rawlins Clark. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 21 years, and that Eva Hanshbarger (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cloud Clark Signature

Teton City Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of September, 19 42

(SEAL) Alma F Rawlins Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 4 1942 by [illegible], Registrar.

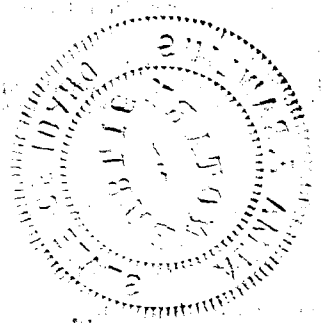
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. This certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356-270-203.231

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) - 16

4. FULL NAME OF CHILD Gladys Pearl Leffler

5. Date of Birth of Child (Month, day, year) June 30, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Paul Leffler
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace KNOX, (City or town) IOWA (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Eliza Black
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Morgan, (City or town) UTAH (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA, County of ALAMEDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all her life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Eliza Leffler
Signature
1121-7th Avenue, Oakland, California P. O. Address

Subscribed and sworn to before me this 2nd day of September, 19 42

(SEAL) B. Winther B. Winther, Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mary E. Hughes, Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-211-001-255

355643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Idaho City Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Idaho City Road
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Filomena Veristain

5. Date of Birth of Child (Month, day, year) Oct. 11 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ventura Veristain
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Andarroa (City or town), Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elena Rita Bengochea
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Liquetio (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ventura (First name) Veristain (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Petra Arrieta M.D. ~~Midwife~~ Address Meridian, Idaho Date Sept 1, 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1969

MAY 13 1952

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957-162-010-395

355647

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idahofalls
(c) Street Address or R.F.D. No. J. Street
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county, 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. J. Street
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elden Victor Ingram

5. Date of Birth of Child (Month, day, year) Jan. 2, 1920

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd. **8.** No. months of Pregnancy **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Charles LeRoy Ingram
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Nephi, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Augusta Lindgren
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Mendocino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for years, and that Doctor Rogers (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joey Ingram Signature

My Commission Expires January 30, 1943

Box 775 Fort Bragg, California P. O. Address

Subscribed and sworn to before me this 8th. day of August, 19 42

(SEAL) NOTARY [illegible] In and for the County of Mendocino, State of California

Notary Public, residing at Fort Bragg, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1974

SEP 9 1942

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session ~~Laws, has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the~~ Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355664

United States
Department of Commerce
Bureau of the Census

SEP 4 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Lynn Bros. Hospital
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home 1 Days
In THIS county years months 14 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address (For registration notice): Dubois
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Dubois, Idaho

4. FULL NAME OF CHILD Jack Lyle Mc Dermott

5. DATE OF BIRTH (Month, day, year) 1/18/20

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter James Mc Dermott Sr.

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Montpelier (City or Town) Idaho (State or foreign country)

14. Exact Occupation Locomotive Engineer

15. Industry Business Union Pacific System

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Callahan

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Inkom, Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 30 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 8 1942 (Date received) Mary F. Elsfin (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J. H. Lynn M.D. (D.O., Midwife, etc.)
and address Pocatello Date 5-14-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

365-10-4810-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359725
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Iona, Idaho

3. RESIDENCE of FATHER (city, state): Iona, Idaho

4. FULL NAME OF CHILD Victor Hain Longhurst
5. Date of Birth (Month, day, year) Sept. 4, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Longhurst
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Iona, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Iona Hain
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Denison Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Iona Longhurst, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Victor Hain Longhurst (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Thomas C. Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Iona Longhurst Signature
Iona Idaho P.O. Address

Subscribed and sworn to before me on this 2 day of Sept, 1942

(SEAL) Eugene Olsen Notary Public, residing at Iona Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-214-010-551

355741

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital Idaho Falls
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years 6 months ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Jean Louise Evans

5. Date of Birth of Child (Month, day, year) 10-14-20

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Usual

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Floyd Evans
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Muscoda (City or town) Wisconsin (State or foreign country)
14. Exact Occupation US Forester U.S.D.A.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Evans
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Albia (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ___ M. on the date and at the place stated above, ~~and that~~ personal particulars were furnished by Martha (First name) Evans (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls Ida Date 8/24

State of ___ } ss.
County of ___ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ___ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ___ years of age, that I have known this person for ___ years, and that ___ (First name) ___ (Last name), who attended this birth ___ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

___ Signature
___ P. O. Address

Subscribed and sworn to before me this ___ day of ___, 19___

(SEAL) ___ Notary Public, residing at ___

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 SEP 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-212-010-869

355757

United States
Department of Commerce
Bureau of the Census SEP 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Bannock Avenue & Elva St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Bannock Ave. & Elva St.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Marjorie Miller

5. Date of Birth of Child (Month, day, year) Nov. 12, 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Oley Miller
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace IdahoFalls, (City or town) Idaho (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Lindholm Horman
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Tooele (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for since birth years, and that Dr. Thomas C. Hollister (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Lula H. Miller Signature

884-9th Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942

(SEAL) Myrtle H. Chamberlin Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-22-0229 44

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Fathers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Parker Idaho

4. FULL NAME OF CHILD Effie Stoddard

5. Date of Birth of Child (Month, day, year) 7. 24. 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Arden Stoddard
11. Color or Race American **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Rudd
17. Color or Race American **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Parker (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr. Frank J. Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis Arden Stoddard Signature

Parker, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of September, 19 42

(SEAL) [illegible] Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by [illegible], Registrar.

SEP 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-109-022-214

355766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sarilda
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years 31 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sarilda, P.O.
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Sarilda Idaho

4. FULL NAME OF CHILD Joseph Thor Bowman

5. Date of Birth of Child (Month, day, year) May 9 1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Wilson Bowman
11. Color or Race White **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jerusha Malinda Sadores
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for xx years, and that W. S. West (First name) (Last name), who attended this birth na (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda Sadores Bowman Jas. Signature
Swan Valley, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of September, 19xx

(SEAL) ..... Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 SEP 9 1942 by ..... Registrar.

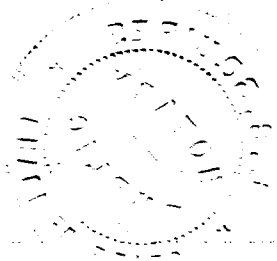
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-213-039-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355793
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD Marco Henrietta Kiilsgaard

5. Date of Birth of Child (Month, day, year) Oct 13, 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Peder Christian Kiilsgaard
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Faldy (City or town) Denmark (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Vernita Kinneker
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Mt. Oneyville Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Martha V. Kiilsgaard (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Boundary }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 21 years, and that Dr. VonLogan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha V. Kiilsgaard Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of September 1942

(SEAL) J. W. Reed Notary Public, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated) MY COMMISSION EXPIRES SEPT. 20th 1944

Received for filing on SEP 10 1942 by Mabel Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 2 194

JUL 31

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-108037-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 4 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Ida

4. **FULL NAME OF CHILD** Richard Franklin Bown

5. Date of Birth of Child (Month, day, year) 11-8-20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harold White Bown
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mt Home (City or town) Idaho (State or foreign country)
14. Exact Occupation ~~working abroad~~
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May agnes Stone
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Riddle (City or town) Ida (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Bruneau M. on the date and at the place stated above, and that personal particulars were furnished by Barbara anna E Lowe (First name) (Last name), who is related to this child as Grand M[illegible] (Mother, etc.)

25. Attendant's **OWN** signature Barbara E Lowe M.D. Midwife Address Rigby, Idaho Date Sept. 2-13-42

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 21 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold W. Bown Signature

P. O. Address

Subscribed and sworn to before me this 9 day of Sept 1942

(SEAL) [illegible] Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

JUL 8 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-227042-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355900
Local Reg. No.
Reg. Dist. No.

SEP 11 1942

1. **PLACE OF BIRTH** (Address at time of this birth)
(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Twin Falls County General
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer Ida

4. **FULL NAME OF CHILD** Mary Ann Gourley

5. Date of Birth of Child (Month, day, year) Sept 27 20

6. Sex Fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Gourley

11. Color or Race W

12. Age at time of THIS birth 36 yrs.

13. Birthplace South Lyons Mich. (City or town) (State or foreign country)

14. Exact Occupation Truck Driver

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Nelson

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace Sioux City Ia (City or town) (State or foreign country)

20. Exact Occupation Waitress

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 12:45 a M. on the date and at the place stated above, and that personal particulars were furnished by Nina (First name) Gourley (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Filer Ida Date 9/27/20

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 19[illegible]

SEP 16 1942

DEC 14 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 26 1954

142-P1044132

United States
Department of Commerce
Bureau of the Census

SEP 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355905
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Gilbert Russell Amburgey

5. Date of Birth of Child (Month, day, year) June 21 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Amburgey
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ky. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Alice Ackerman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salubria Ida. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Amburgey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lillie McMillan ~~M.D.~~ Midwife Address Weiser, Idaho Date 9-1-42

State of ~~Idaho~~
County of ~~Washington~~ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Aunt~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~45~~ years of age, that I have known this person for ~~since~~ ~~birth~~ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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356114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Fillmore St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Fillmore St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Plato Jr. Frazelle

5. Date of Birth of Child (Month, day, year) November 27, 20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Plato Durham Frazelle

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Gum Branch (City or town) North Carolina (State or foreign country)

14. Exact Occupation Custodian

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Athalia King

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Gum Branch (City or town) North Carolina (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Sacramento } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that Dr. Vancot (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for the County of Sacramento, State of California
My Commission expires Jan. 31, 1944.

Mary Athalia Frazelle Signature
Rt 2 Box 1600, Del Paso Heights, Cal. P. O. Address

Subscribed and sworn to before me this 15th day of September, 1942

(SEAL)

Edna S. Fisher Notary Public, residing at 1515 Arcade Blvd. Sac. Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

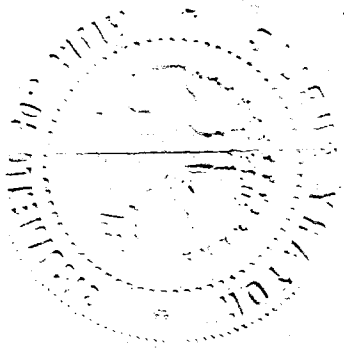
SEP 21 1942

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-107 042 364

357148

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Falls County Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Scott

5. Date of Birth of Child (Month, day, year) Dec. 7- 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Daniel Scott
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dixon County (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Julia Loula
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montgomery, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. J.R. Norgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Daniel Scott Signature

P. O. Address

Subscribed and sworn to before me this 11th day of September, 19 42.

(SEAL) Clarence Robt Lodge Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mabel F. Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 20-91166

465-208

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 18

1. PLACE OF BIRTH
County of Ada
City of Boise
No. South 12 St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 357209
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Viola Julia Montgomery

3. Sex female, If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature ..... Full term yes 7. Legitimate? yes 8. Date of birth April 8 1920 (Month, Day, Year)

FATHER
9. Full name James Leo Montgomery
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Walnut Grove Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work April 8, 1920
17. Total time (years) spent in this work 18

MOTHER
18. Full maiden name Fannie Amanda Cummans
19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Kansas city Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Susan Cummans, Midwife
Address South 12 St.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed ....., 193.. Mabel F. Eldridge
Registrar.

SEP 24 1942

DELAYED

154-225003 693

357226

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Central, Idaho

4. FULL NAME OF CHILD Flora Travis Andersen

5. Date of Birth of Child (Month, day, year) April 25, 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wilford Peter Andersen
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Marie Witt
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Brooklyn (City or town) New York (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Matilda M. Andersen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tyson M.D. ~~Midwife~~ Address Soda Springs Ida Date 9/26/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mary K Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-125014-313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

U. S. Department of Commerce
Bureau of the Census

SEP 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357376
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD John Bryce Fincher Lucas

5. Date of Birth of Child (Month, day, year) Apr. 25, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vern Brief Lucas
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Advance, (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Caldwell
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lebanon, (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Mrs. Hoagland (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Blanche C. Lucas Signature

2927 San Jose Way, Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of September, 1942

(SEAL) Bernice Fox Notary Public, residing at 205 Court House

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Mabel Welden, Registrar.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-230009-915

357570

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 29 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years 8 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)
Granite, Idaho

4. FULL NAME OF CHILD Jeannette Del Puppo

5. Date of Birth of Child (Month, day, year) May 30, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Angelo M. Del Puppo
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Polcenigo, Italy (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Giuditta A. Zanolin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Polcenigo, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Giuditta Del Puppo (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA, County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that Dr. (First name) Wenz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Giuditta A. Del Puppo Signature
404 Vallejo St. San Francisco, Calif. P. O. Address

Subscribed and sworn to before this 26th day of September, 1942

(SEAL) Joseph A. Tarassa Notary Public, residing at San Francisco

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Mark Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2

JUL 14 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 229006 365

DELAYED

357602

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 1 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Gingree
(c) Street Address or R.F.D. No. R. D. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. neither
IN **THIS** county yes years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gingree
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Gingree, Idaho

3. RESIDENCE of FATHER (city, state) Gingree Idaho

4. FULL NAME OF CHILD Ellen Ruth Mark

5. Date of Birth (Month, day year) 7-29-20

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louie Mark

11. Color or Race white **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Angone (City or town) Italy (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Forla

17. Color or Race white **18.** Age at time of THIS birth 31 yrs.

19. Birthplace Angone (City or town) Italy (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Utah } ss.
County of Salt Lake }

I, Mrs. Gabriel Mark, being first duly sworn, say that I am Sister to Ellen Ruth Mark as Sister, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jos. Decarlos, who attended said birth is now deceased and that this birth has not been previously recorded.

(Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) (Name of attendant at birth) (Is now deceased (or) cannot be located)

Mrs Gabriel Mark Signature

544 1st St Murray Utah P. O. Address

Subscribed and sworn to before me on this 29 day of Sept, 1942

(SEAL) C. C. Rasmussen Notary Public, residing at Murray Utah

My Commission Expires May 7, 194[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE 11/30/2017 AJT

OCT 3 1942

NOV 2 2 2017 X10 A

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

√458-210026-863

357604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts, Idaho

4. FULL NAME OF CHILD Martha Barbara Mehlhoff

5. Date of Birth of Child (Month, day, year) Jan 10, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christ Mehlhoff
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace South (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karolina Hochhalter
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace South (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that I saw and real name (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

PUBLIC IN AND FOR THE STATE OF OREGON
COMMISSION EXPIRES JUNE 18, 1946.

Christ Mehlhoff Signature
P. O. Address

Subscribed and sworn to before me this 28th day of September, 1942
(SEAL) C N Bilden Notary Public, residing at Seaside Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 129 027 854

357789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. R. F. D
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida

4. FULL NAME OF CHILD William Lyle Martin

5. Date of Birth of Child (Month, day, year) Dec. 29, 1920

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Smith Martin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Pikeville (City or town) Tenn (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hemphill
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Pikeville (City or town) Tenn (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I knew of the birth of this child, who was born alive (Born alive, stillborn) at 2 p M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Martin (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Jerome, Ida Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person since birth years, and that E. D. Piper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Smith Martin Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942

(SEAL) Estella H. Pierce Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mary Helen, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284-29 010-295

357796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357796
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Shelly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Shelly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelly Idaho

4. **FULL NAME OF CHILD** Eula Blanche Shurtliff

5. Date of Birth of Child (Month, day, year) Oct 29 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Leo Shurtliff
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ucon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Biver
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Summerville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo Silvol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mamie (First name) Shurtliff (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Date

State of Washington
County of Jerry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 45 years, and that Dr (First name) Egbert (Last name), who attended this birth (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest L. Shurtliff Signature

Route #5 Box 56 Seattle P. O. Address

Subscribed and sworn to before me this 29 day of September, 1942

(SEAL) Ralph M. Bellenza Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel Keeler, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-103-042-996

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 5 1942

State File No. 357823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D 2 #
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 11 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Route 2 #
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD John Burton Cobb

5. Date of Birth of Child (Month, day, year) April 3, 1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Harrison Cobb
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Fulton (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lorna Grant
17. Color or Race White Age at time of THIS birth 30 yrs.
19. Birthplace Churchill Tenn. (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 3:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by James Cobb (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 22 years, and that Dr. C. H. Churchill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Cobb Signature
Rt 2 # Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of October 1942

(SEAL) O. Adams Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

AUG 2 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-113-022-689

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony Idaho

4. FULL NAME OF CHILD Merrill Smith Orme

5. Date of Birth of Child (Month, day, year) 9/13/1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milo Smith Orme
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Louise White
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chester (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. (First name) Watkins (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Louise White Orme Signature

Route 1, Biggs, California P. O. Address

Subscribed and sworn to before me this 7th day of October, 19 42

(SEAL) My Commission Expires July 2 1946 [illegible] Notary Public, residing at Gridley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Mabel [illegible], Registrar.

OCT 12 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed~~ by the ~~local~~ registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-123010-681

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358087
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 386 - 6th St
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 386 - 6th St
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Matthew Gust Gregoratos

5. Date of Birth of Child (Month, day, year) Sept 23 1920

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gust M Gregoratos

11. Color or Race white

12. Age at time of THIS birth 20 yrs.

13. Birthplace ~~Idaho Falls~~ (City or town) Kheikolonia Greece (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Hyatt

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Hazelhurst, Miss (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrols 15%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruby Hyatt Gregoratos (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ruby N. Hirst M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date 10/13/42

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mary Phelps, Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-84761

553-223-001-154

358107

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358107

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 809 E. State
(d) Name of Hospital or Maternity Home: St Alphonsus Hosp.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 809 E. State
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irene Marguerite Nelson

5. Date of Birth of Child (Month, day, year) April 23, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy XXXXX **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Christian A. Nelson
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Kongsberg (City or town) Norway (State or foreign country)
14. Exact Occupation Brickmason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Laurentia Andersberg
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Gothenburg (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that now deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chris A. Nelson Signature

Route 5. P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942.

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

502-219-037-749

358112

358112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mary Pearl Noble

5. Date of Birth (Month, day, year) Jan 19-1920

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jno Francis Noble

11. Color or Race W

12. Age at time of THIS birth 48 yrs.

13. Birthplace Mich (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dollie Purpie

17. Color or Race W

18. Age at time of THIS birth 38 yrs.

19. Birthplace Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business in home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Noble Hutchison (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) OCT 19 1942 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's OWN signature W H Becker M.D. (D.O., Midwife, etc.)
and address Bruneau Ida Date 1-19-1920

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

OCT 20 1942

APR 23 1952

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of 0

(b) Labor: Complications: 0

Induced? no

(c) Was there an operation for delivery? no

State all operations: none

(d) Did baby have any:

(1) Congenital Malformation? no

Describe: 0

(2) Birth Injury? none

Describe:

(3) Was mother given a Wasserman before delivery? no

(4) Signature of Physician:

W. H. Beckes

DELAYED

155-131-019-819

358234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Idmon, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Idmo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wesley Aldo Jensen

5. Date of Birth of Child (Month, day, year) Dec. 31, 1920

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Aldo Jensen
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Elsnora, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Millie Harmon
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Lewsville, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 21 years, and that R. D. TUCKER (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Millie Jensen Signature

Fallon, Nevada. P. O. Address

Subscribed and sworn to before me this 1st day of Oct, 1942

(SEAL) S. B. Maule Notary Public, residing at Fallon, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mabel Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-210-016-713

United States
Department of Commerce
Bureau of Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Heglar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years 3 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Heglar, Idaho
3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Ruth Leone Jensen
5. Date of Birth (Month, day year) Aug 10/20
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Claude Jensen
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wakefield (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elsie Louisa Palmer
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Creston (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 5 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) ..... (Date received) (b) Mary K. Elder (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elsie Louisa Jensen, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Ruth Leone Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary K. Watsons (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elsie Louisa Jensen Signature
Heglar, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of November 1941
(SEAL) J. C. Gaskill Notary Public, residing at Burley, Idaho
OCT 26 1942
Mary K. Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-206-019-618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359438
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Stanley
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Stanley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Stanley, Ida.

4. FULL NAME OF CHILD Charlotte Mary Thompson

5. Date of Birth of Child (Month, day, year) July 6th 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie Smith Thompson
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Custer (City or town) Idaho (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Hoist Operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie May Way
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mitchell (City or town) So Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Lottie (First name) Thompson (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's X **OWN** signature Mary Hoffhall ~~M.D.~~ Midwife Address Stanley Idaho, Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Father~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~50~~ years of age, that I have known this person for ~~24~~ years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mark F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943-205-042-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 26 1942

State File No. 359440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. RFD 5
(d) Name of Hospital or Maternity Home: Dr. Murphy's private hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. RFD 5
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Alta Lois Rutherford
5. Date of Birth of Child (Month, day, year) Dec. 5, 1920
6. Sex Female
7. Twin or Triplet Single
If so—born 1st, 2nd, 3rd ---
8. No. months of Pregnancy 8 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Lee Rutherford
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Tellico Plains, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Eugenie Chamberlain
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Gillmanton Twp., Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Vera E. Clow (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Placer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. George Jennings (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Eugenie (Chamberlain) Clow Signature

General Delivery, Roseville, California P. O. Address

Notary Public in and for the County of Placer, State of California.
My commission expires ~~Aug. 30, 1942~~ 10-2-46

Subscribed and sworn to before me this 15th day of October, 1942

(SEAL) Clayton J. Goodpastor Notary Public, residing at Roseville, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-127-022-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 359452
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) - - - -

4. **FULL NAME OF CHILD** William Stanley White
5. Date of Birth of Child (Month, day, year) 3-27-1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emery Claude White
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Yankton (City or town), South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ann Simonds
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace — (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Jessie Barker (First name) (Last name), who is related to this child as Midwife (~~Mother, etc.~~)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Indiana
County of Montgomery } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Bro. (~~Mother,~~ etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 24 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse A. White Signature
Crawfordsville Indiana R.6 P. O. Address

Subscribed and sworn to before me this 16 day of September, 1942
(SEAL) Ira D Fasler Notary Public, residing at Ladoga, Montgomery County Indiana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1942 by commission expires Oct 14-1945 Registrar.

Mabel F. Elsner

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-212-014-864

359481

359481

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Melba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Melba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Melba Ida

4. FULL NAME OF CHILD Helen Loraine Williams

5. Date of Birth of Child (Month, day, year) Feb 12, 1926

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Judson Williams
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Daviess Co (City or town) Mo (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Young
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Putnam Co (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Ida M Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. J. Coleman M.D. Midwife Address Kuna Ida Date 11/4 '42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing certificate. Mail in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, free of charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-205-001-855 359486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359485
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Idaho Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Idaho Street
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Jewel Virginia Carpenter

5. Date of Birth of Child (Month, day, year) 2-5-1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy —

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy E. Carpenter
11. Color or Race W.
12. Age at time of THIS birth 29 yrs.
13. Birthplace Missouri Valley Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby G. Stevenson
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sheridan Wyo (City or town) (State or foreign country)
20. Exact Occupation Hw.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nit

23. Number of children of this mother: ~~(a)~~ At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho Date Nov. 1-1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

JUL 20 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-106-044-238

359511

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359511
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Carroll Vernon Elley

5. Date of Birth of Child (Month, day, year) Jan. 6, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter O. Elley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Linn County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavina Schwabauer
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lavina Elley (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address Wenatchee Date 10-20-42

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. Schmitz (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavina Elley Signature
R#3, Bx 974, Auburn, Wn. P. O. Address

Subscribed and sworn to before me this 25th day of Sept., 19 42

(SEAL) [signature] Notary Public, residing at Auburn, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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522-109.024.435

359529

United States
Department of Commerce
Bureau of the Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ashley Errot Ebberts

5. Date of Birth of Child (Month, day, year) 2-9-1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Myrom Bushnel Ebberts
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Corinne Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane McEvoy ~~Ebberts~~
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Spring Field Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10%

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 ~~M.~~ on the date and at the place stated above, and that personal particulars were furnished by Jane Ebberts (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J H Cromwell M.D. ~~Midwife~~ Address Goodrey Ida Date 10-13-14

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Merl F. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-220-001-795

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 859535
Local Reg. No.
Reg. Dist. No.

OCT 12 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** BETTY ANN GWIN

5. Date of Birth of Child (Month, day, year) FEB. 20, 1920

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WALTER WALLACE GWIN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace Shoshone (City or town) IDAHO (State or foreign country)
14. Exact Occupation ASST. MANAGER
15. Industry or Business C.C. ANDERSON - GOLDEN RULE DEPT. STORE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Morton Pinney
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace ANACONDA (City or town) MONTANA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as: (Mother, etc.)

25. Attendant's **OWN** signature H. Goodfriend M.D. Midwife Address Eastman Bldg Boise Date Oct 17/42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. Goodfriend (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claudia Morton Gwinn Signature

800-S. Pacific San Pedro, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of October 1942

(SEAL) William Starr Baldwin Notary Public, residing at San Pedro, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Dec. 16, 1943

OCT 12 1942

Received for filing on by Mark H. Ireland, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1957

JUN 30 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-22-009-693

359587

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sawyer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sagle, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Fae Crabb

5. Date of Birth of Child (Month, day, year) May 21, 1920

6. Sex Female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Delno Crabb
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Lacey, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Mae Wilson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. Wallentine (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Mae Wilson Crabb Signature

Sagle, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 42

(SEAL) Francis J. Lang Probate Judge ~~Notary Public~~, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mark Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-105-024-895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Eugene Paul Clark

5. Date of Birth of Child (Month, day, year) 2-5-1920

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde Clark
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clifty (City or town) Arkansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Addie Hinds
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Clifty (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eunice (First name) Clark (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simonton M.D. ~~Midwife~~ Address Wendell, Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1920-98565

BOTH DELAYED

413-205-006-168

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359685
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No. R.F.D. No 4
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No. R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodville, Idaho

4. **FULL NAME OF CHILD** Vernette Mathews
5. Date of Birth of Child (Month, day, year) Jan. 5, 1920
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Whittier Mathews
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Albertha Johnson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lincoln (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. (First name) Cutler (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Albertha Mathews Signature
651 Stanford Av. Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 15th day of Oct., 1942.

(SEAL) [signature] Notary Public, residing at Los Angeles, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires [illegible]

Received for filing on NOV 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-122-6241-815

359699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359699

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Ida.

4. **FULL NAME OF CHILD** Vernal Dennis Wardle

5. Date of Birth of Child (Month, day, year) Nov. 22, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Vernal Haston Wardle
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace West Jordan (City or town), Utah (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Jane Hansen
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Victor (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lucy (First name) Wardle (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Idaho [illegible] M.D. Midwife Address Date

State of Bannock } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 40 years of age, that I have known this person for 22 years, and that Mrs Joshua Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy Jane Wardle Signature

1239 No. Hayes Pocatello P. O. Address

My Commission Expires Jan. 24, 1944

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Helen Darling Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1942 by Mary E Eden, Registrar.

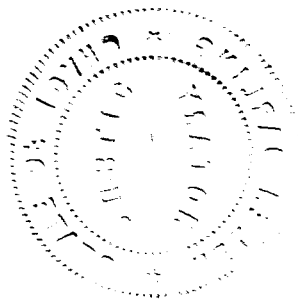
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-208-003-719

359701

359701

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359701
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannack (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Linn Bros. Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannack
(c) City Pocatello
(d) Street Address or R.F.D. No. 845 No. Lincoln
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD SHIRLEY IRIS PARK

5. Date of Birth of Child (Month, day, year) Nov. 8, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Park
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Bayhorse Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna U. Parrish
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Woods Cross (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Sanders } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Mrs. J. H. Linn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Park Thompson — Signature
Thompson Falls, Montana — P. O. Address

Subscribed and sworn to before me this 7th day of November, 1942

(SEAL) Glenn F. Larson — Notary Public, residing at Thompson Falls Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1942 by Mary F. Eldon, Registrar.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-210-234-396

359807

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At their home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7+ yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Cles Evelyn Kirkpatrick

5. Date of Birth of Child (Month, day, year) July 10-1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elton James Kirkpatrick
11. Color or Race American **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Alma, Harlan Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business Farming-Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Jane Prosper
17. Color or Race American **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Cambridge (City or town) Nebraska (State or foreign country)
20. Exact Occupation Farmer's wife, Homemaker
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by E. J. Kirkpatrick (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. F. Elmore M.D. Midwife Address Rupert, Idaho Date Oct 26-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 5 1942 by Mabel F. Gilbert, Registrar.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-104033 685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sunny Dell
(c) Street Address or R.F.D. No. Star Rt.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Madison
(c) City Sunny Dell Idaho.
(d) Street Address or R.F.D. No. Star Rt.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernal Buckland.

5. Date of Birth of Child (Month, day, year) 8 - 4 - 1923

6. Sex Male. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Carl Lionel Buckland.
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Sunny Dell Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie J. Wheaton.
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Buttes Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bessie J. Buckland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Nola Wheaton M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Residing at Rigby, Idaho Signature

My Commission Expires Feb. 3, 1943 P. O. Address

Subscribed and sworn to before me this 6th day of November, 19 42

(SEAL) A. L. Smith Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-127033689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. #3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. #3
(e) How long has **MOTHER** lived in Idaho? 32 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD Jack Reed Seipert

5. Date of Birth of Child (Month, day, year) March 27, 1920

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roman Richard Seipert
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Fairfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Layman White
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Harrisville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Lassen } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Doctor (First name) Walker, (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Layman Seipert Signature
Westwood, California. P. O. Address

Subscribed and sworn to before me this 5th day of November, 1942

(SEAL) Martha Julia Hause Notary Public, residing at Westwood, Cali.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 3/19/46

Received for filing on NOV 12 1942 by Mary L. Seipert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-231029-152

United States
Department of Commerce
Bureau of the Census

NOV 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360034
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years 2 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Reta Maude Presby

5. Date of Birth of Child (Month, day, year) July 31 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alba Sanders Presby
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Mable Jessup
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cherokee Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Anna M Presby (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Abbott ~~M.D.~~ Midwife Address Potlatch Ida Date Nov 6-42

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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199-104010-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Morris Ivan Wright

5. Date of Birth of Child (Month, day, year) Mar. 4, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Renclier Wright
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Eagle Rock (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Amy VanEpps
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Calander (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for since birth years, and that Dr. Thomas C. Hollister (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter R. Wright Signature

My Commission Expires June 26th, 1943.

Route 3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of October, 1942

(SEAL) Myrtle M. Chamberlain Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414 111010-395

360261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360261
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 295 - 6th
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Delmer Ernest Damgaard

5. Date of Birth of Child (Month, day, year) Aug. 11, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Nicolai T. Damgaard
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kolding (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Lindgren
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Mendocino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 10 years, and that Dr. (First name) Couldthard (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hannah Damgaard Signature

Ukiah Cal. P. O. Address

Subscribed and sworn to before me this 12 day of November, 1942

(SEAL) [signature] Notary Public, residing at Ukiah, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel E. [illegible], Registrar.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 208010-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360338
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Morgan Street
(d) Name of Hospital or Maternity Home: Not in Hospital or Maternity Home At Home
(e) Mother's stay **BEFORE** delivery: does not apply
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Morgan Street
(e) How long has **MOTHER** lived in Idaho? 8 months yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Margaret Carol Davies

5. Date of Birth of Child (Month, day, year) April 8, 1920

6. Sex Female **7.** Twin or Triplet Single birth If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 months **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles W. Davies
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Monmouth (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Blanche Sutton
17. Color or Race White **18.** Age at time of THIS birth 50 yrs.
19. Birthplace Shanta (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business Nursing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used Proper Prophylactic

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nora B. Davies (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Nora B. Davies M.D. ~~Midwife~~ Address Idaho Falls Idaho Date April 8 1920

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Orange } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 42 years, and that Nora B. Davies (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora B. Davies Signature
814 Minter St. Santa Ana Calif. P. O. Address

Subscribed and sworn to before me this 13 day of November, 1942

(SEAL) S M Davis Notary Public, residing at Santa Ana, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mary F Elder, Registrar.

NOV 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

APR 26 1954

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-104025-532

360403

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360403
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ## years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HARRISON DANIEL LUTE

5. Date of Birth of Child (Month, day, year) May 4, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harrison Franklin Lute

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Indiana, (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Adele Gulematine Eckermann

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace Remsen (City or town), Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Sophia Kaus (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) Notary Public, residing at Cottonwood, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 25 - 1942 by Mabel F Felder, Registrar.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-131-010-284

361473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361473
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Ammon, Ida.
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 16 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ammon, Ida.

4. **FULL NAME OF CHILD** Don Heber Waters

5. Date of Birth of Child (Month, day, year) Jan. 31, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Webster Waters
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salina (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Louise Shupe
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Sarah (First name) Bowberry (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Bessie Louise Waters ..... Signature

Idaho Falls, Idaho R.F.D. 5 ..... P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942

(SEAL) Leo Walker ..... Notary Public, residing at Notary Public for the State of Idaho Residence Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F. Felder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-208043-268

361598

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Mc Call
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Mc Call
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mc Call, Idaho

4. **FULL NAME OF CHILD** Edna Ingrid Heikkila

5. Date of Birth of Child (Month, day, year) May 8, 1920

6. Sex female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Heikkila
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Jeuva (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Liina Liisa Rokkala
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Jeuva (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Peter Heikkila (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature mrs maria Rokka Midwife Address Mc Call, Idaho Date 11/20/1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel H. Gilpin, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-214-010-853

361601

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Birth was at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ella Klotilda Muehlfeit

5. Date of Birth of Child (Month, day, year) Mar 14, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME August Muehlfeit

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Coltman (City or town) Ida (State or foreign country)

14. Exact Occupation Farmer, Potato Dealer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Mary Hecker

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 1 AA M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs August Muehlfeit Signature

Idaho Falls Ida R. R. 2 P. O. Address

Subscribed and sworn to before me this 28 day of Nov., 1942

(SEAL) Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel McClain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-231-026-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361628
Local Reg. No. 161
Reg. Dist. No. 641

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** FAYE JULIA RUSSELL

5. Date of Birth of Child (Month, day, year) Dec. 31, 1920

6. Sex F. M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wesley Waitstill Russell.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Anaconda, Montana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Elnora Peterson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Richfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Wesley Russell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho. Date 11/20/42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21 1942 by Mrs A. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-214-022-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida

4. **FULL NAME OF CHILD** BARBARA JANE ADAM

5. Date of Birth of Child (Month, day, year) June 14, 1920

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** F. Sprague Adam
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Payette (City or town) Idaho (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Freemont Auto Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Naomi Gould
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Irene (First name) Adam (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature J. Frank Watkins M.D. ~~Midwife~~ Address 5414 N. Figueroa Los Angeles, Cal Date 11-12-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elsfere, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-214-022-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361652
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** BETTY JEAN ADAM

5. Date of Birth of Child (Month, day, year) June 14, 1920

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2d

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** F. Sprague Adam
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Payette (City or town) Idaho (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Freemont Auto Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Naomi Gould
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Irene (First name) Adam (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature J Frank Watkins M.D. ~~Midwife~~ Address 5414 N. Figueroa Los Angeles, Cal Date 11-12-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 30 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-114-005-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361797
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City St. Maries (rural)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Roy James William Johns

5. Date of Birth of Child (Month, day, year) Feb. 14, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude James Waltham Johns
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Coldwater, Mo. (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Helen Lutge
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Big Sandy, Mont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Augusta H. Johns (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Pendroy, Mont. Date Nov. 24, 1942

State of Montana
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Mrs. Ina Daisey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Augusta H. Johns Signature

Pendroy, Mont. P. O. Address

Subscribed and sworn to before me this 24 day of November, 1942

(SEAL) Geo. A. Darrell Co. Clerk (Notary Public) residing at Choteau, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 27 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-204 B2-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36 1832
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4yr 9mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nieves Berriochoa

5. Date of Birth of Child (Month, day, year) 11/4/1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carlos Berriochoa
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Cape, (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ramona Camporredondo
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace San Salvador (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ramona (First name) Berriochoa (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's ✕ **OWN** signature [signature] M.D. Midwife Address Shoshone Ida. Date Nov. 28/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 42

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-222-001-249 361836

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. Lee Adision
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [redacted] years 13 months 2 [redacted]

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. Lee Adision
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Conchita Cenarosabeitia

5. Date of Birth of Child (Month, day, year) Aug 22, 1920

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cenarrosabeitia
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Amorebeta (City or [redacted]) Spain (State or foreign country)
14. Exact Occupation Saw Mill Worker
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ambrusia-Burgoa
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ondarrua (City or town) Spain (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Acunson (First name) Aberasturi (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cenarrosabeitia Signature

Emmett, Idaho Box 786 P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942

(SEAL) N. L. Clark Notary Public, residing at Emmett Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires Jan 5 1943

Received for filing on DEC 11 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-230-016-744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361871
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City yale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City yale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 7 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) yale, Idaho

4. **FULL NAME OF CHILD** Juanita Scherer

5. Date of Birth of Child (Month, day, year) July 30, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Scherer
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosie Pudwill
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Herried, S. Dak. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of So. Dakota
County of Wolworth } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosie Scherer Signature
Mobridge SD P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) My Com Expires Mar 2-1943 Notary Public, residing at Mobridge SD

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mabel F. Eldin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible; of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 - 229-007-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

361872

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Blaine
City of Bellevue
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Louise Brown

3. Sex F

If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth —

6. ~~Premature~~ — Full term X

7. Legitimate? Yes

8. Date of birth January 29, 1920 (Month, Day, Year)

FATHER

9. Full name William Franklin Brown

10. Residence (usual place of abode) Bellevue
(If non-resident, give place and State) Bellevue

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) Hailey, Blaine Co.
(State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work At time of Birth, 1920

17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Evelyn Ann Breazeal

19. Residence (usual place of abode) Bellevue
(If non-resident, give place and State) Bellevue

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) McAllister
(State or Country) Oklahoma

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own work

25. Date (month and year) last engaged in this work At present time 1920

26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother ONE (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed DEC 5 1942, 193 Mabel W. Eddin
Registrar.

_____
Registrar.

1L

DELAYED

296 - 774 - 007 - 295

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho, Bellevue } ss.
County of Blaine }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Franklin Brown, being first duly sworn says that he is the Father (Relationship of child)* of Helen Louise Brown born January 29 1920 (Date of birth) at Bellevue, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Louise Brown hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Stitts ~~M. D.~~ Midwife was the medical attendant at the birth of said Helen Louise Brown and that the said medical attendant is now deceased (Now deceased (or) ~~cannot be located~~)

Name of Affiant William Franklin Brown

P. O. Address 4037 E. 1st Ave, Forest Grove, Ore.

Subscribed and sworn to before me this 2nd day of April, 1942

My com. expires Nov 18 1944

Leo A. M. Graham
Notary Public.

Residing at Forest Grove, Ore., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 7 1973

DEC 7 1942

FEB 2

453-125-1010-846

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361905

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** William Lewis Melogue

5. Date of Birth of Child (Month, day, year) April 25, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Casper Melogue
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Sigourney (City or town) Iowa (State or foreign country)
14. Exact Occupation Machinist helper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lonetta Alberta Huffaker
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Warmsprings (City or town) Summit Co. Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7-A- M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature A. B. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Sept 1-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mark Tibbetts, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-105-209-368

362065

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 417 Ark
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 417 Ark St.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida.

4. **FULL NAME OF CHILD** William Lee Lindt

5. Date of Birth of Child (Month, day, year) June 5, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Lee Lindt.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Plainview Minn. (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Plumming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Ethel Lohrey
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Wolf Creek, Wisconsin. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Mrs. Alice Lohrey (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Lindt Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) Robt. E. McFarland Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel Hedden, Registrar.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-204-028-849

362109

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rocky Washington
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 months yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Evelyn Joyce Hodges

5. Date of Birth of Child (Month, day, year) July 4th 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Delray Virl Hodges
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Arlington (City or town) South Dak. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Emma Quinn
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Myrtle point (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not any

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at one P. M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Hodges (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Shasta }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. (First name) Clausen (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rose Hodges Signature
Anderson Calif. R.F.D. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942.
(SEAL) Lena Null Notary Public, residing at Anderson, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1972

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

*864 22800-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362205
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 465 2nd Street
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 465 2nd Street
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD ELEANORE HOMER

5. Date of Birth of Child (Month, day, year) March 28, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Earl Homer
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rigby, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Dairy farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elda Muir
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. Charles (First name) Rogers (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elda Muir Homer Signature

145 North State -- Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 1st day of December, 1942

(SEAL) Bernice Homer Notary Public, residing at Salt Lake City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark Feltner, Registrar.

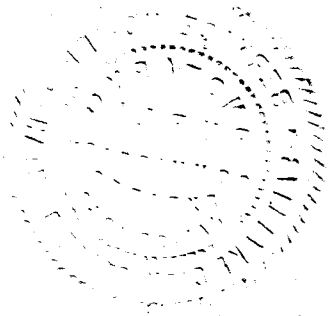
DEC 17 1942

MAY 13 1988

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



622-227-016-267

363307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Yale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home of parents.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county no years 7 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Cassia
(c) City Yale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lucy Anne Osborn

5. Date of Birth of Child (Month, day, year) Sept. 27 1920.

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Edson Osborn
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Point Pleasant, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Bogardus
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Garden City, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business School Teaching.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 22 years, and that Mrs. Schultz, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delford Osborne Signature

R.F.D. # 1, Paul, Idaho. P. O. Address

Subscribed and sworn to before me this 12 day of December, 1942.

(SEAL) Paul A. Strevey. Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 21 1942 by Mark Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH PLAINTIFF

Dup of 1920-115287

699-206-026-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363322
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Dorothy Frances Friedel

5. Date of Birth of Child (Month, day, year) Rigby, Idaho April 6, 1920

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Martin Friedel
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace ? (City or town) Germany (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elin Karoline Alexanderson
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace ? (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elin Friedel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M. D. M.D. Midwife Address Rigby, Idaho. Date Dec 18, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Elefson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

NOV 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-209-042-442 363380

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363380
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hansen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hansen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) 26 yrs

4. **FULL NAME OF CHILD** Irene Marie Huff

5. Date of Birth of Child (Month, day, year) December 9-1920

6. Sex Female

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Grice Huff
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cleburne (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virgie Nettie Musgrave Huff
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Berryville Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that Mamorino Musgrave (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgie Nettie Huff Signature

Parma R. 2 Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942

(SEAL) Ora V. Giesel Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mavel F Elder, Registrar.

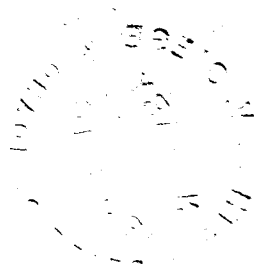
DEC 2 9 1942

MAY 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



651-108-031-243

363448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD William Ischmal Weaver

5. Date of Birth of Child (Month, day, year) June 8, 1920

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Chuning Weaver
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Itala Co. (City or town) Mississippi (State or foreign country)
14. Exact Occupation Carpenter -market gardening
15. Industry or Business working for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Bensen Buckland
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hinton, West Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that Mrs. Matthew (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora B Weaver Signature

MY COMMISSION EXPIRES SEPT. 30, 1945

6933 N Bellevue Ave Portland Ore. P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942

(SEAL) H B Davis Notary Public residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by [illegible] Registrar.

FEB 25 1971

DEC 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-218-009-689

363455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNER (b) City BLANCHARD
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNER
   (c) City BLANCHARD
   (d) Street Address or R.F.D. No. UNKNOWN
   (e) How long has **MOTHER** lived in Idaho? 16 Mo/yrs.

3. **RESIDENCE OF FATHER** (city, state) BLANCHARD-IDAHO

4. **FULL NAME OF CHILD** PHYLLIS-JEAN-MAINE

5. Date of Birth of Child (Month, day, year) 8/18/1920

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED-ELROY-MAINE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace PRAIRIE-FARM (City or town), WISCONSIN (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business [redacted] LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES-HELEN-WHITTAKER
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace WETASKIWIN (City or town), ALBERTA, CANADA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by FRANCES (First name) MAINE (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Agnes E. Blanford M.D. Midwife Address Post Falls Idaho Date Dec. 31, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mark Keller, Registrar.

DEC 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-221-031-311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363456
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City near Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No. Star route
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clarkston Wn

4. **FULL NAME OF CHILD** Lois June Kriebel

5. Date of Birth of Child (Month, day, year) June, 21, 1920

6. Sex girl

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel B. Kriebel
11. Color or Race white
12. Age at time of THIS birth 55 yrs.
13. Birthplace Berks County, Penna (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Laarveld
17. Color or Race white
18. Age at time of THIS birth 39 yrs yrs.
19. Birthplace near Winchester, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 22 years, and that Jerome McLaughlin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Kriebel Signature
1246 Elm St Clarkston Wn P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

(SEAL) Elmer E. Halsey Notary Public, residing at Clarkston Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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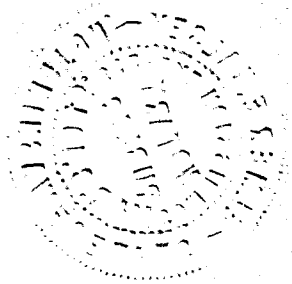

364-228042-437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363601

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. R.F.D. #5
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 2 yrs. 10 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Evelyn Ernestine Couch

5. Date of Birth of Child (Month, day, year) Feb 29-1920

6. Sex Fem

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Ernest Couch
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boulder (City or town) - Colorado (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Blanch McGary
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sabetha (City or town) - Kansas (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Doctor None Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Blanch Couch Signature

3817-41st or San Diego Ave. P. O. Address

Subscribed and sworn to before me this 29 day of December, 19 42

(SEAL) Notary Public, residing at 1810 Ash St San Diego Co

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 13, 1944.

Received for filing on JAN 5 1943 by Registrar.

JAN 5 1943

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-129 044 635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. P.O. Box No 25
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. P.O. Box No 25
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Archie Lassiter
5. Date of Birth of Child (Month, day, year) August, 29, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas Archie Lassiter
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mayfield (City or town) Kentucky (State or foreign country)
14. Exact Occupation Stone cutter (Monuments)
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Evelyn Fletcher
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Midway (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Evelyn Lassiter Signature
10337 S. E. Knight St Portland Ore P. O. Address

MY COMMISSION EXPIRES JAN. 20, 1945.

Subscribed and sworn to before me this 5th day of January, 1943

(SEAL) M. Opal Matthews Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 5 - 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-26 015 356 Date of birth amended 10-6-83 fs

363735

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 5 - 1943

State File No. ~~363735~~
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Caribou (b) City Soda Springs
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street address or R. F. D. No. 25
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs, Idaho
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city or town) Soda Springs

4. FULL NAME OF CHILD Wilma Stoor

5. DATE OF BIRTH (Month, day, year) ~~June 5, 1920~~ September 16, 1920

6. Sex fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mathias Stoor

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Finland (City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lewis

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Farmington Utah (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3P M. on the date and at the place stated above, and that personal particulars were furnished by Mathias Stoor (First name) (Last name), who is father related to this child as (Mother, etc.)

26. (a) JAN 6 1943 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M. D. (D. O., Midwife, etc.)
Dr. Ellis Kackley
and address Soda Springs Date 1/3/42

JAN 8 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

9/21/83
1cc pd.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

FOR THE
BUREAU OF
VITAL STATISTICS
OCT 3 2 30 PM '83

State of _____ } ss.
County of _____ }

Certificate No. 363735
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wilma Stoor (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1920 (Date of Event)

in Soda Springs, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	June 5, 1920	September 16, 1920

Subscribed and sworn to before me this 27th day of September 1983

Notary Public, VICKI PICCININI
Residing at Notary Public - State of Nevada
My Commission expires White Pine County, Nevada
(Seal) Appointment Expires May 4, 1987

+ Wilma E Bland
Signature of Applicant

+ Box 120 Ely Nevada
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of White Pine }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September 1983

Notary Public MADELINE K. TIERSACK
Residing at Notary Public - State of Nevada
My Commission WHITE PINE COUNTY
(Seal) Commission Expires Sept. 14, 1985

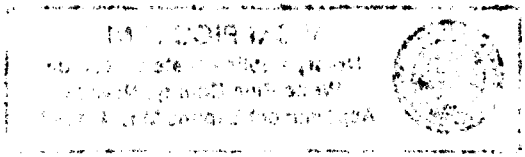
Warren H. Thiel
Supporting Signature

Box 1082 Ely, Nv. 89301
Street Address, City, State

Application for Social Security # gives name as Wilma Elizabeth Stoor
born September 16, 1921, in Soda Springs, Idaho, to Matt Stoor and Sarah Elizab
Lewis. # 519 14 9475
Application dated April 25, 1940.
Viewed by V.S.

OCT 6 1983

Insurance Policy issued by Bankers Life & Casualty Company shows name as
Wilma Elizabeth Stoor Bland born September 16, 1920, in Soda springs, Idaho.
Policy issued October 8, 1964.
Viewed by V.S.



389-122-042-546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. Two (2)
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. Two (2)
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida.

4. **FULL NAME OF CHILD** Boyd Duane Thietten
5. Date of Birth of Child (Month, day, year) Dec. 22, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Thietten
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Knox City (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Edwards
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cole Creek (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frank Thietten (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Rose Thietten Maxum M.D. Midwife Address 1539 Elizabeth Bremerton, Wash. Date Jan 4, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1948 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-128016 239

363765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363765
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Ida

4. **FULL NAME OF CHILD** David Erie Pennington

5. Date of Birth of Child (Month, day, year) Jan 18, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lewis Pennington
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lamar Creek, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Strom Pe
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cambridge Minn (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that unknown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Strom Pennington Signature

P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Marion E Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-126-010-365 363770 363770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363770
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. Iona, Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. Iona, Idaho
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Dean Edmund Thornton

5. Date of Birth of Child (Month, day, year) July 26, 1920

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edmund Thornton
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace American Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alverda Longhurst
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr. T. C. Hollister (First name) (Last name), who attended this birth is Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Edmund Thornton Signature
Iona, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of January, 1943

(SEAL) L. L. Brewin By Luler Foley Deputy Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-43 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-221025-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353797
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Whitebird, Idaho

4. **FULL NAME OF CHILD** HAZEL THELMA OLNEY

5. Date of Birth of Child (Month, day, year) Aug. 21, 1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Olney
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Juliaetta, Idaho (City or town) (State or foreign country)
14. Exact Occupation Saw mill operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie June Pettingill
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for over 22 1/6 years, and that Dr. W. A. Foskett as physician (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. That I attended said birth as assistant

Jessie Olney Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 1943

(SEAL) [signature] Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 713061 566 AMENDED- March 23, 1951

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363880
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 635 Ash St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edward Geo. Thomas

5. Date of Birth of Child (Month, day, year) Feb. 13, 1920

6. Sex male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roscoe H. Thomas
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Railway Express Messinger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Bell Nowell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. Midwife Address Boise, Idaho Date Oct. 28, 1942

State of ____
County of ____ } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 12, 1943 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

This certificate was amended according to a life insurance policy with the Metropolitan Life Insurance Co. issued Feb. 28, 1940

M. F. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 635 Ash St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 635 Ash St.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edward Geo Thomas

5. Date of Birth of Child (Month, day, year) FEB 13-1922

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roscoe H Thomas
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Nezperce (City or town) Mich. (State or foreign country)
14. Exact Occupation Rural Way Express Messenger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Bell Bonnell
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum "

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) ——— (Last name), who is related to this child as ——— (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho Date Oct 28-42

State of ———
County of ——— } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ——— (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ——— years of age, that I have known this person for ——— years, and that ——— (First name) ——— (Last name), who attended this birth ——— (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

——— Signature

——— P. O. Address

Subscribed and sworn to before me this ——— day of ———, 19———

(SEAL) ——— Notary Public, residing at ———

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by ——— Registrar.

JAN 13 1943

MAR 23 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-212-033-336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D. No. COLLEGE AVE.
(d) Name of Hospital or Maternity Home: MRS. ALBERT HEATH'S MATERNITY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County MADISON
(c) City REXBURG
(d) Street Address or R.F.D. No. 1st NORTH + 2nd EAST
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) REXBURG-IDAHO

4. **FULL NAME OF CHILD** JENNIE ROMAYNE CAHOON
5. Date of Birth of Child (Month, day, year) 9-12-1920
6. Sex FEMALE
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BRENT FARRINGTON CAHOON
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace MURRAY (City or town) — UTAH (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business REXBURG MOTOR Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLEN LLOYD
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace WELLSVILLE (City or town) — UTAH (State or foreign country)
20. Exact Occupation SCHOOL TEACHER
21. Industry or Business REXBURG PUBLIC SCHOOLS

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [signature]
County of [signature] } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr. JAMES WALKER (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nelle Lloyd Cahoon Signature

68-29 Burns St. Forest Hills - N.Y. P. O. Address

Subscribed and sworn to before me this 4 day of January, 1943

(SEAL) [signature] Notary Public, residing at N.Y. City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by [signature] Registrar.

Notary Public [illegible] Cert. filed in N.Y. Co. [illegible] Commission expires March [illegible] 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, ~~or by~~ Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-118 040-451

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 126A Railroad Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 117 W. Idaho
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Ida.

4. FULL NAME OF CHILD Henry Pape Savage

5. Date of Birth of Child (Month, day, year) June 18, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sam D. Savage
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Popina (City or town) Yugoslavia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sarah DeJanovich
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Joliet (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 22 years, and that Mrs. Mary DeJanovich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Savage Signature

Cataldo, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January 1943, 19

(SEAL) L W Butler Notary Public, residing at Cataldo, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1943 by Mark Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1967

JAN 14 1943

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

296-226034 459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Bernice Pauline Brooke

5. Date of Birth of Child (Month, day, year) July 26, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Herbert Brooke
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Weiser, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Merrill
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grover, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bn alive (Born alive, stillborn) at 49 M. on the date and at the place stated above, and that personal particulars were furnished by Fleury (First name) Brooke (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Rupert Ida Date 8/8/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

K

Received for filing on JAN 14 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547 222-025-265

363952

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clara A. Nuxoll

5. Date of Birth of Child (Month, day, year) June 22, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank W. Nuxoll
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Effingham, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Koepl
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nezperce, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Frank W. Nuxoll (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Wesley F. Orr M.D. ~~Midwife~~ Address Cottonwood, Idaho Date 1-11-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-220024 555

363959

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD HATTIE MAY PETERSON

5. Date of Birth of Child (Month, day, year) DEC. 20, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Nathaniel Peterson
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace //?? (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Lillie Eves
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Weeksville (City or town) North Carolina (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes - name unknown

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Peterson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Califomia } ss.
County of Stanislaus }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life ~~years~~, and that cannot recall (First name) doctor's name (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lillie Taylor (formerly Emma Lillie Peterson) Signature
610 - 2nd St., Modesto, California P. O. Address

Subscribed and sworn to before me this 8th day of January, 1943, 19

R.G. WARING, COUNTY RECORDER (SEAL) STANISLAUS COUNTY, CALIFORNIA Notary Public, residing ~~in~~ F. S. Bergstrom Deputy Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 106-024 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 864152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GOODING (b) City WENDELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Mothers Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GOODING
(c) City WENDELL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) WENDELL, IDAHO

4. FULL NAME OF CHILD ALTON JAY MILLETT
5. Date of Birth of Child (Month, day, year) MAY 6, 1920
6. Sex MALE
7. Twin or Triplet NO
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** CLARENCE ARTIMUS MILLETT
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace PROVO (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** GENEVA MAY JOHNSON
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace MONROE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Geneva May Johnson (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E L Simonton M.D. ~~Midwife~~ Address Glenns Ferry Ida Date 1-14-43

State of ~~JEROME~~ IDAHO
County of JEROME } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 23 years, and that E.L. (First name) SIMONTON (Last name), ~~who~~ attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clarence Millett Signature

JEROME, IDAHO P. O. Address

Subscribed and sworn to before me this 11th day of JANUARY, 1943

(SEAL) R. H. Seeley Notary Public, residing at JEROME, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 19 1943 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-224006-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364153
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City FIRTH
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home: AT ~~HOME~~ RESIDENT
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 8 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City FIRTH
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) FIRTH IDA

4. FULL NAME OF CHILD VERDELL CHRISTENSEN

5. Date of Birth of Child (Month, day, year) FEB 24 1920

6. Sex FEMALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EZRA CHRISTENSEN
11. Color or Race WHITE **12.** Age at time of THIS birth 51 yrs.
13. Birthplace HYRUM (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business ~~Farming~~ AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME RACHEL MAY KILLIAN
17. Color or Race WHITE **18.** Age at time of THIS birth 38 yrs.
19. Birthplace GLENWOOD (City or town) UTAH (~~State or foreign~~ country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE — At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rachel (First name) Christensen (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Sutter M.D. Midwife Address Shelley Ida Date 1-16-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of .....
County of ..... } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by ..... Registrar.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-22-8016-766

365342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City Burley
(c) Street Address or R.F.D. No. CONANT, AVE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City Burley
(d) Street Address or R.F.D. No. CONANT, AVE.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruby Ernestine CONDIT

5. Date of Birth of Child (Month, day, year) FEb. 28, 1920

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 MO **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herbert MARION CONDIT
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace SOLDier (City or town) IOWA (State or foreign country)
14. Exact Occupation FArmer
15. Industry or Business GeneraL FArming

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA DeLILAH Powers
17. Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
19. Birthplace SubLETT (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 22 years, and that Dr Cooper (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Herbert Marion Condit — Signature

Vernonia Oregon — P. O. Address

Subscribed and sworn to before me this 23 day of January, 1943

(SEAL) Chas. F. Nisbet — Notary Public, residing at Vernonia Or.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 1/8-1944

Received for filing on JAN 26 1943 by Mabel F. Nisbet, Registrar.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-221-004-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365433
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 25 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St. Charles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Charles, Idaho

4. **FULL NAME OF CHILD** Doris Winnie Young

5. Date of Birth of Child (Month, day, year) March 21, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Richard Riley Young
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Vernice Clark
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. R. J. Sutton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Richard R. Young Signature

1005 Mountain Ave., Coeur d'Alene, Idaho P.O. Address

Subscribed and sworn to before me this 25th day of January, 1943

(SEAL) [signature] Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-214-022-867

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Ashton, Idaho

3. RESIDENCE of FATHER (city, state) Ashton, Ida

4. FULL NAME OF CHILD Lois Elvina Garrett

5. Date of Birth (Month, day year) Apr. 14, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 1/2 Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glen George Garrett
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Murry (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Arminta Hopkins
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ashton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Garrett (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) JUN 26 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature E. L. Hargis M.D. (D.O., Midwife, etc.) and address Ashton, Idaho Date 1-13-43

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bertha A. Garrett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lois Elvina Garrett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E.L. Hargis (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha A Garrett, Signature
Box 727 Sunland calif P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1942
(SEAL) Anne M. Hanlon Notary Public, residing at Tujunga, Calif.

My Commission Expires Nov. 10, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

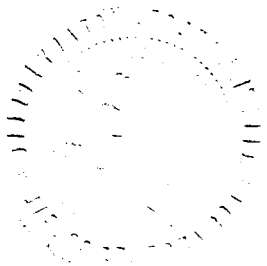
FEB 2 1943

NOV 15 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-217 003-893

United States Department of Commerce Bureau of the Census Bannock

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365486
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: At my private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello Bannock
(d) Street Address or R.F.D. No. farm
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Elaine Lora DeVinna

5. Date of Birth of Child (Month, day, year) April 17 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Lee DeVinna
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Versailles Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena May Hickam
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Syracuse Nys. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lorena DeVinna (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ira D. Lynn M.D. Midwife Address 1707 Bay View Ave Wilmington Calif Date 4-18-43

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 22 years, and that Dr I. W. Lynn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lorena DeVinna Signature
130 E 55th Long Beach Calif P. O. Address

Subscribed and sworn to before me this 2 day of Dec, 1942

(SEAL) Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel F. Gibson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

AUG 2 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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915-218003-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365528
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City GRACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City CLEVELAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) CLEVELAND

4. **FULL NAME OF CHILD** GRACE RANSOM

5. Date of Birth of Child (Month, day, year) FEB 18 1920

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** HYRUM AMES RANSOM
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace CLEVELAND (City or town) IDAHO (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTTIE COVERT
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace BUTLERVILLE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr. John H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Ransom Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1943

(SEAL) Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel Helsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343 122 007 493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365560
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Samuels
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Samuels
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Samuels, Ida.

4. FULL NAME OF CHILD Kenneth Walter Tucker

5. Date of Birth of Child (Month, day, year) April 22, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Valis E. Tucker
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Blanchard (City or town) Michigan (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Mabel Miller
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Blanchard (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ No

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sara (First name) Penson (Last name), who is related to this child as not related (Mother, etc.)

25. Attendant's **OWN** signature Sara E Penson M.D. Midwife Address Samuels Date 1/30/1943

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel Keeler, Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651 123022 466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365602
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City EGIN
(c) Street Address or R.F.D. No. # 2
(d) Name of Hospital or Maternity Home: MRS. ANNIE MOON'S HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City EGIN
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? ALL LIFE 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MILES HEBER WEAVER

5. Date of Birth of Child (Month, day, year) NOV. 23. 1920

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mon.

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MILES JUNIUS WEAVER
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace MONTPELIER (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CHARLOTTE IRENE MOON
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace EGIN (City or town) IDAHO (State or foreign country)
20. Exact Occupation FARMER'S WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 12:09 A.M. on the date and at the place stated above, and that personal particulars were furnished by IRENE (First name) WEAVER (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs Annie Moon M.D. Midwife Address St ANTHONY Date IDAHO

State of IDAHO
County of FREMONT } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that DR. W. B. (First name) WEST (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. Irene Weaver Signature

R. F. D. #2, St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January 1943

(SEAL)

Clerk of District Court. ST. ANTHONY, IDA
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mabel Fisher, Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-214 003-231

365725

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City GRACE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City GRACE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) GRACE, IDAHO

4. **FULL NAME OF CHILD** EYVON SANT

5. Date of Birth of Child (Month, day, year) FEB. 14, 1920

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK SANT
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace AFTON (City or town), WYOMING (State or foreign country)
14. Exact Occupation ROAD WORK
15. Industry or Business BANNOCK COUNTY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FANNIE LUELLA STANFIELD
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace LITTLE ROCK (City or town), ARKANSAS (State or foreign country)
20. Exact Occupation HOMEMAKER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that DR. HUBBARD (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Luella Sant Signature
177 E Olive St. Baldwin Park O. Address

Subscribed and sworn to before me this 3 day of February, 1943
(SEAL) E. L. CHANDLER Notary Public, residing at Baldwin Park, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1943 by Maud F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-202-016 793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365730

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. General Del.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. General Del.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Wanda Lowe

5. Date of Birth of Child (Month, day, year) Feb. 2, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Lowe
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Worked in Sugar Beet Fact.
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Priscilla Gilbert
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:50 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian (First name) Lowe (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Dr. Patterson Midwife Address Burley, Idaho Date Feb 2, 1920

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Lillian (First name) Lowe (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Priscilla Lowe Signature

2215 Piru St., Compton, California P. O. Address

Subscribed and sworn to before me this 23 day of November, 19 42

(SEAL) My Commission Expires Nov. 14, 1945 Selma Price Notary Public, residing at Compton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 9 1943 by Mary E Elders, Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968 119 042-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365820
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 322 Blue Lakes Blvd.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 322 Blue Lakes Blvd.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Wilbert Joseph Roy
5. Date of Birth of Child (Month, day, year) Jan 19, 1920
6. Sex Male
7. Twin or Triplet T[illegible] If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolph Roy
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Indianapolis (City or town) Ind. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Toupin
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mentor (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Cordelia Toupin deceased Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Cordelia Toupin (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Johnston Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1943

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-221-010-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365839
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 702 Taylor Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 702 Taylor
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ruth Hibbert

5. Date of Birth of Child (Month, day, year) June 21, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Garland Bryce Hibbert
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Enterprise, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Larsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Manti Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that Doctor (First name) Rogers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Larsen Hibbert Signature

Revised February 27, 1946

835 Potrero Ave., El Monte, California P. O. Address

Subscribed and sworn to before me this 4th. day of February, 19 43

(SEAL) Lloyd E. Conklin Notary Public, residing at El Monte, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mavel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 121 022.964

365860

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 1 2 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford Ida.

4. FULL NAME OF CHILD Douglas Gene Allen

5. Date of Birth of Child (Month, day, year) June 21. 1920.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Albert Allen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Coalville Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Bouche
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wilford Ida. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business " Keefer.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Moorefield (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Allen Signature
St. Anthony, Idaho, P. O. Address

Subscribed and sworn to before me this 2 day of Feb., 1943

(SEAL) Or Meservy Probate Judge ~~Notary Public,~~ residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 2 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-912-003-183

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

FEB 8 1943 STATE OF IDAHO

State File No. 365915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 1 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD Verla McClellan

5. Date of Birth of Child (Month, day, year) January 12, 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Scott McClellan
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Benjamin (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Jone Aylett
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace West Jordan (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 23 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Aylett McClellan Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 1943

(SEAL) Harold B Lowe Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-22-0215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365917
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Frances Eloese Dummitt

5. Date of Birth of Child (Month, day, year) January 29, 1920

6. Sex female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elvin A. Dummitt
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Monett, Missouri (City or town) (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Oral Randall
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Columbus, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at 10:00 M. on the date and at the place stated above, and that personal particulars were furnished by Elvin A. Dummitt (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J.H. Cromwell M.D. Midwife Address Gooding Ida Date 10/28/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Gooding } ss.

I, the undersigned, being first duly sworn, say that I am the grand mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 22 years, and that J.H. Cromwell (First name) (Last name), who attended this birth has signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iona Dummitt Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 19 42

(SEAL) M. E. Gar Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mavel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-219-033-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365920
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City
(c) Street Address or R.F.D. No Archer Ward
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Archer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD Doris Melba Bingham

5. Date of Birth of Child (Month, day, year) Dec 19, 1920

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Rubin Bingham
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Lima (City or town) Montana (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Novella Celesta Nielson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Coonshum (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. (First name) Evans (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Bingham Signature
Rexburg, Ida P. O. Address

Subscribed and sworn to before me this 13 day of Feby 1943.

(SEAL) L. E. Erdman Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mabel Fielder, Registrar.

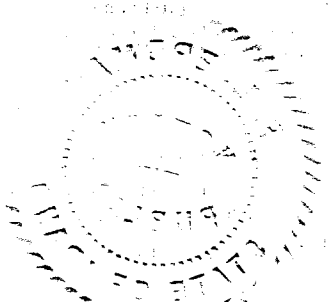
FEB 17 1943

NOV 21 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



655-228-02-231

366003

366003

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. R 2/1
   (d) Name of Hospital or Maternity Home: at home of relative
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Irwin
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Irwin, Idaho

4. **FULL NAME OF CHILD** FAY MARGRET WEEKS

5. Date of Birth of Child (Month, day, year) Dec 28, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abram Weeks
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rexburg (City or town) R 2/1 Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Priscilla Staten
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Murray (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna P. Staten (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby Idaho Date Feb 5th 1943

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mavel Felden, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes~~ and ~~uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-224-043-693 366016 **366016**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Norwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Norwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Norwood Idaho

4. FULL NAME OF CHILD Viola Ruth Meador

5. Date of Birth of Child (Month, day, year) Oct. 24, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Manfred Edwin Meador
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Berry County Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Blanche Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Adrein County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of New Mexico
County of Colfax } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that no doctor (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Blanche Meador Signature
Maxwell R.R. #1 N. Mex. P. O. Address

Subscribed and sworn to before me this 15th day of Feb., 1943

(SEAL) Ignacio Lopez Notary Public, residing at Maxwell N.M.

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Maud F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1943

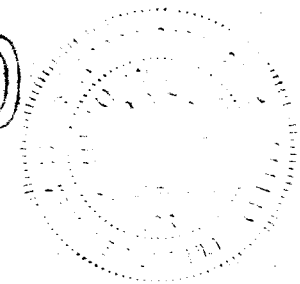
JUN 21 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



313-220-015-893 366019 366019

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Idaho

4. FULL NAME OF CHILD Mary Ruth Lallatin

5. Date of Birth of Child (Month, day, year) May 20, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Louis Lallatin
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila Mary Hicks
17. Color or Race Female **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Bingham, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 345A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph L. Lallatin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tigert M.D. ~~Midwife~~ Address Soda Springs, Ida Date 2/22/43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-722006-249

JAN 5 19

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367174
Local Reg. No. 116
Reg. Dist. No. 2164

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 12½ yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Hampton Burke Hall

5. Date of Birth of Child (Month, day, year) 4/22, 1920

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elbert Martin Hall
11. Color or Race White American **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Wilkesboro (City or town) N. Carolina. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Alice Burke
17. Color or Race White American **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Wilkesboro, N. Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:50 A. M. on the date and at the place stated above and that personal particulars were furnished by Lulu Hall (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature W. E. Patrick M.D. ~~Midwife~~ Address Blackfoot Ida. Date Apr. 30, 1920 Filed this date

State of Idaho, County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that Dr. Walter E. Patrick (First name) (Last name), who attended this birth, ~~cannot be located~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elbert Martin Hall Signature
Hamer Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Jan, 1942
(SEAL) Maude E. Freeman Notary Public, residing at Hamer Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Maude E. Freeman Registrar.
This is on file with Department Public Health, Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1976

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED FEB 1943 FORMER REJECT

714 124 010-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367185
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonaville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonaville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Elba Gausz
5. Date of Birth of Child (Month, day, year) Apr. 29, 1920
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Gausz
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kampsville (City or town) Illinois (State or foreign country)
14. Exact Occupation Potato Inspector
15. Industry or Business at a Wholesale House

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Virginia Likes
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kampsville (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois
County of Calhoun } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Dr. Junkins (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission 7/29/43. James L. Likes Signature
Kampsville, Ill. P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943

(SEAL) [signature] Notary Public, residing at Kampsville, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1961

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FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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367228

367228

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kooskia, Ida.

4. **FULL NAME OF CHILD** LYDIA JUANITA YATES
5. Date of Birth of Child (Month, day, year) May 18, 1920
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Yates
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Denver (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Adeline Seger
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Genessee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of County } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. J. M. Verberkmoes (First name) (Last name), who attended this birth is now in hosp. paralyzed. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Adeline Yates Signature

Winona, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL) Wilbur L. Campbell Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 224037 364

367-33

367233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Givens Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Givens Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Givens Springs Idaho

4. FULL NAME OF CHILD Agnes Louise Hall

5. Date of Birth of Child (Month, day, year) Dec. 24, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Raymond Hall
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Monroe Township, Pa. (City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Compton
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Monroe township, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive ~~and now living~~ 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mrs Louise H. Mather R.N. Midwife Address 131 Warm Spring Ave. Date Mar. 9. '43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes ~~and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-228-004-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367380
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Geneva, Idaho

4. FULL NAME OF CHILD Lucy Lina Boehme

5. Date of Birth of Child (Month, day, year) Nov. 28, 1920

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hugo Boehme
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Dresden, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Postmaster

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Helen Marx
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Dresden, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Boehme (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline Boehme M.D. Midwife Address R.F.D. Box 393 Woods Cross Utah. Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-131-040-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367619
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 months

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Jack Landis Baker

5. Date of Birth of Child (Month, day, year) July 31, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Minor John Baker
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mercur, Utah (City or town) (State or foreign country)
14. Exact Occupation Ore Mill man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Esther Bagley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:59 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Esther (First name) Baker (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M. I. Baker M.D. Midwife Address Ainsworth, B.C. Date Feb. 25/43

State of British Columbia
County of Kootenay } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 9 mos. years, and that McCracken, Dr. A.D. (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Esther Baker Signature

Ainsworth, B.C. P. O. Address

Subscribed and sworn to before me this 25th day of February 1943

(SEAL) Notary Public, residing at Kaslo B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 Stipendiary Magistrate for the County of Kootenay by Carl H. Elder, Registrar.

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-210-003-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367636
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. West Bridger
   (d) Name of Hospital or Maternity Home: General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. West Bridger
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Ellen Bernice Powell

5. Date of Birth of Child (Month, day, year) March 10, 1920

6. Sex Female

7. Twin or Triplet — If so—born ~~1st, 2nd,~~ 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Davis Powell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Samaria, Idaho (City or town) (State or foreign country)
14. Exact Occupation Machinest
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Shields
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Toole, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Doctor Wooley (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John D Powell Signature

1133 South Fifth, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March 1943

(SEAL) J Blackhurst, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR - 8 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1943

MAR 11 1943

DEC 15 1960

SEP 23 1992

MAY 15 1995

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code ~~Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 219-211039-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: L. E. Hampton Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 26 months 11 days 11

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Monteview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Monteview, Ida.

4. FULL NAME OF CHILD Helen Bernice Barnard

5. Date of Birth of Child (Month, day, year) Dec. 11, 1920

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oakley L. Barnard
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Rockland (City or town) Idaho (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah J. Barnard
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Geneva, Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Rockland, Ida. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Barnard (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 48 years of age, that I have known this person for 27 years, and that Sarah Davis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Barnard Signature

P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943.

(SEAL) [illegible] Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

AUG 2 7 2008

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-113-224-363

367704

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. R.F.D. No. 1.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell, Ida.

4. **FULL NAME OF CHILD** Wesley Mc Kinley Bottoms

5. Date of Birth of Child (Month, day, year) July 13th 1920.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Wesley Mc Kinley Bottoms
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilate Collings
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Monroe (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Vilate (First name) Bottoms (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. W. Simonton M.D. Midwife Address Glenn's Ferry Ida Date Mar 5 43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Maud E. Edgar, Registrar.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-202.007-356

367708

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blane
(c) City Hailey
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 6 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma Marie Bates

5. Date of Birth of Child (Month, day, year) June 2nd 1920

6. Sex girl

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9m0

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Trentom Bates

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Rebecca Lewis

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Hailey (City or town) Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child eight Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/Stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Bates (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Hailey Idaho Date Feb 14-43

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for since birth years, and that Dr (First name) Wright (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verda Margaret Bates Kelley Signature

Rt 1 Box 626 Los Altos California P. O. Address

Subscribed and sworn to before me this 28th day of January, 1943

(SEAL) Charles H Spencer Notary Public, residing at Los Altos Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1949

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-214-003-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367786

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Central Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Pocatello (b) County Bannock
   (c) City City Pocatello Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dolores Elaine Jordan

5. Date of Birth of Child (Month, day, year) 14 Mar 1920

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ernest Jordan
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Pocatello Idaho (City or town) (State or foreign country)
14. Exact Occupation Railroad Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Stevenson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Fielding Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Jordan Signature

Los Angeles P. O. Address

My Commission Expires August 30, 1944

Subscribed and sworn to before me this 12 day of March, 1943

(SEAL)

Notary Public, residing at Los Angeles Co

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Carl Fielder, Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-101-024-265

367878

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367878
Local Reg. No. 1239
Reg. Dist. No. 420

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. 5 Wyoming
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. Wyoming 87
   (e) How long has **MOTHER** lived in Idaho? 7 mo. 7 da.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Hugh Robert Guthrie

5. Date of Birth of Child (Month, day, year) April 1 - 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Brownie Frances Guthrie
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Christiansburg (City or town) Ohio (State or foreign country)
14. Exact Occupation Shoe Repair Shop
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gertrude Koverman
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Swanders (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Sol Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gertrude Guthrie (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Cromwell M.D. Midwife Address Gooding Idaho Date 3-18-43

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maud F Elden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-203 026 - 762

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367882
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street address or R.F.D. No. 0
(d) Name of Hospital or Maternity Home: Bevills maternity Home.
(e) Mother's stay **BEFORE** delivery, **IN THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) dead.

4. **FULL NAME OF CHILD** Lavarn Elvira Svedin

5. Date of Birth of Child (Month, day, year) Dec. 3 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Carl Fredrick Svedin

11. Color or Race wht

12. Age at time of THIS birth 39 yrs

13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Katherine Post.

17. Color or Race wht

18. Age at time of THIS birth 29 yrs.

19. Birthplace Grantsville (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Orgyol 2 Orgyol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Katherine Svedin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature O.F. Call M.D. Midwife Address Pocatello Ida Date 3/3/43

State of MONTANA, County of Silver Bow. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that ~~Dr.~~ Dr. Call O.F. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Katherine Svedin Caldenwood. Signature

130 E. Park St., Butte, Montana. (Temporary address.) Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 1943.

(SEAL) Notary Public residing at Butte, Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 3/8/1944

Received for filing on MAR 22 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-230-019-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367883
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay Ida

4. FULL NAME OF CHILD NELLIE LOUISE RUSSELL

5. Date of Birth of Child (Month, day, year) July 30, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MILTON RUSSELL
11. Color or Race WHITE **12.** Age at time of THIS birth 53 yrs.
13. Birthplace North Platte (City or town) Nebraska (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME BESSIE SANDERS
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Springfield (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Bessie Russell (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 12 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Russell Signature
1324 East Hayden Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1943

(SEAL) B Stacy Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maud Fiedler, Registrar.

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-130-033276

369015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 22 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Idaho
   (c) Street Address or R.F.D. No. 168 East 2nd. So.
   (d) Name of Hospital or Maternity Home: Dr. Joseph Walker hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg,
   (d) Street Address or R.F.D. No. 168 E. 2nd. So. St.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** David William Stowell, Jr.

5. Date of Birth of Child (Month, day, year) 6-30-20

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David William Stowell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Automobile dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Elizabeth Spori
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by D. W. Stowell (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Joseph Walker M.D. (Midwife) Address Rexburg, Idaho Date 6-30-1920

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the no relation (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 20 years, and that Dr. Joseph Walker (First name) (Last name), who attended this birth, ~~cannot be located~~ now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Dietrich Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943.

(SEAL) Dee Stowell, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-22-0029-437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Deary
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Doris Nadine McCay

5. Date of Birth of Child (Month, day, year) July 24, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Vernon McCay
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fullerton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Blanche McGraw
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Deary (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Santa Clara } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth years, and that Doctor (First name) Faust (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Vernon McCay Signature
1187 E. San Fernando St. San Jose, Cal. P. O. Address

My Commission expires Nov. 17, 1946

Subscribed and sworn to before me this 20 day of March, 1943

(SEAL) Notary Public in and for the County of Santa Clara, State of California. George L. West, Notary Public, residing at San Jose, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

42-216-024-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369097
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Hagerman
   (c) Street Address or R.F.D. No. Ranch
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Hagerman
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** DOROTHY CHRISTINE MASTERS

5. Date of Birth of Child (Month, day, year) Febr. 16.1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Stanley Masters
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carbondale (City or town) Kansas (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch Work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eugenie LOuise Christie
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace La Junta, (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household Work

22. Name prophylactic used to prevent Ophthalmia Neonatorum Uninformed
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Arizona } ss.
County of Maricopa }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Dr. H. E. (First name) Green (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eugenie L. Masters Signature
2346 West Jefferson St. Phoenix, Ariz. Address

Subscribed and sworn to before me this 18. day of March, 1943.

(SEAL) Adam Abet, Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mark H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-207-210-364

369105

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannerville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Emerson st.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hosp.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months ½ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Emerson.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Id.

4. **FULL NAME OF CHILD** Arminia Riley

5. Date of Birth of Child (Month, day, year) Jan. 7 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Vernon Riley
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace New York (City or town), New York (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mabel Todd.
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mankato (City or town), Minnesota (State or foreign country)
20. Exact Occupation Registered Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Riley (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Cline M.D. ~~Midwife~~ Address Idaho Falls, Ida Date Jan 19-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-212-006-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369126
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parker's Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Alice Eva Johnson

5. Date of Birth of Child (Month, day, year) Sept. 12, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Swan Johnson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Skane, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Marie Carlson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Smoland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Helena M. Johnson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Date 3-16-43

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mabel F. Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-219-009-243

369154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369154
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sagle, Idaho
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)
Same

4. FULL NAME OF CHILD Dorothy Letha Deroshia

5. Date of Birth of Child (Month, day, year) Mar. 19, 1920

6. Sex Female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 8th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wallace Deroshia

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Michigan (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Angeline Bullock

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace S. Dakota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.).

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Mrs. DeVeral (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Angeline Deroshia Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before this 24th day of March, 19 43

(SEAL) Frances J. Long Probate Judge Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Maud E. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-20-1042-553

369247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 29 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Twin Falls County General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hazelton, Idaho

4. **FULL NAME OF CHILD** Bernice Marie Oliver

5. Date of Birth of Child (Month, day, year) March 4, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer John Oliver
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace McCracken, Hays Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Victoria Nelson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Jerome } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for twenty-three years, and that Dr. H W Cloucheck (First name) of Twin Falls, Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olga V Elmer Signature

Hazelton, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 43.

(SEAL) Samuel E. Vance Jr., Notary Public, residing at Hazelton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1943 by Mabel E Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-217-006-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 8 months no days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Cleo Oler

5. Date of Birth of Child (Month, day, year) Nov. 17, 1920

6. Sex Female

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Oler
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace American Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie McGary
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Taylorsville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of NEVADA
County of CLARK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for since birth ~~years~~, and that Elizabeth (First name) Wadsworth (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Oler Signature
B M B Las Vegas, Nevada P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1943

(SEAL) Camellia A. Butts, Notary Public, residing at Las Vegas, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. ex: Oct. 16, 1945

Received for filing on APR 1 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1973

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-104-010-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369290
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route # 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ida. Falls, Ida.

4. **FULL NAME OF CHILD** James William Sullivan

5. Date of Birth of Child (Month, day, year) 7/4/20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Ray Sullivan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Humboldt, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Stanger
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22yrs 9 mo. years, and that Dr Shaupe (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ray Sullivan Signature

P. O. Address

Subscribed and sworn to before me this 27th day of March, 1943

(SEAL) ____ Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 314-213-026-213

369296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Leatha Campbell

5. Date of Birth of Child (Month, day, year) Apr. 13, 1920

6. Sex Female

7. ~~Twin or Triplet~~ If so, born 1st, ~~2nd~~, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alma LeRoy Campbell
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Edna Bate
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ft. Harriman (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1 o/o

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Vera Bate Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Mar 27, 1943.

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. Anderson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Edna Campbell Signature
158 West 18th St. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1943

(SEAL) E. O. Dixon Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-229-032-818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369318
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) S

4. **FULL NAME OF CHILD** Bertha Katherine Garner

5. Date of Birth of Child (Month, day, year) October 29-1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ely Garner
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Black River Falls (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Chain Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Hahn
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Shell Lake (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 a.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Hahn (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Emma Fields M.D. Midwife Address Shoshone, Idaho. Date Oct 29/1920

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-201-010-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonniville (b) City Gray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Annie Eilene Schneider

5. Date of Birth of Child (Month, day, year) Dec. 1, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Christian Schneider
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Marie Hansen
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Newton (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ephraim (First name) Schneider (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Almeda Sibbett. M.D. Midwife. Address Gray Idaho Date March, 26 1943

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-127-022-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) ~~City~~ Mile Ward
   (c) Street Address or R.F.D. No. 2, Rigby Route
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont Co.
   (c) ~~City~~
   (d) Street Address or R.F.D. No. 2 Rigby Route
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Route, Idaho

4. **FULL NAME OF CHILD** Richard Merlin Cleverley

5. Date of Birth of Child (Month, day, year) 27 Sept 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Thomas Cleverley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Shelton Ward, Idaho (City or town) (State or foreign country)
14. Exact Occupation At this time
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Carolina Ferguson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Silden Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that Mrs. Newman- mid-wife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles T Cleverley Signature
Rt. 5, Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 5th day of April, 1943

(SEAL)

CLERK OF [illegible], residing at Idaho, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1943 by Maud F Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-207-03-1-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. Gen. Del
(d) Name of Hospital or Maternity Home: Home Birth
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Nellie Mae Wilson

5. Date of Birth of Child (Month, day, year) May 7 1920

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Cicero Wilson
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Murphysburg (City or town) Ala. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Monuments

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Mary (Wilson) Smith
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Stewartville (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 22 years, and that Dr. (First name) Taylor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Mary Wilson Signature
313 Granite St Ashland Ore. P. O. Address

Subscribed and sworn to before me this 9" day of April, 19 42

(SEAL) E. H. Billings Notary Public, residing at Ashland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My com expires 5/12/1944

Received for filing on MAY 18 1942 by Mary F Baldwin Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

MAR 8 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-230-022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369578
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: In own home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice): 301 West Main (Street or R.F.D.) Klamath Falls, Oreg. (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Klamath Falls, Oreg.

4. **FULL NAME OF CHILD** Eunice Avilda Baker

5. **DATE OF BIRTH** (Month, day, year) Dec. 30, 1928

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace Winfield Baker

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Stubbs (City or Town) Nebraska (State or foreign country)

14. Exact Occupation Threshingman

15. Industry Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dagmar Avilda Larsen

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Spanish Fork - Utah (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by Dagmar Baker (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 16 1943 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Date

APR 17 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

453-204-003-153

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 14 1943

State File No. 369605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 919 N Arthur
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannock.
(c) City Pocatello.
(d) Street Address or R.F.D. No 919 No. Arthur.
(e) How long has **MOTHER** lived in Idaho? Life. yrs.

3. RESIDENCE OF FATHER (city, state) 2 ears.

4. FULL NAME OF CHILD Carolyn Meloy.

5. Date of Birth of Child (Month, day, year) Dec. 4. 1920.

6. Sex Female.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Fredrick Orange Meloy.
11. Color or Race White.
12. Age at time of THIS birth 39 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Hotel Clerk.
15. Industry or Business Hotel Clerk.

MOTHER OF CHILD

16. FULL MAIDEN NAME Gwendolyn Jenkins.
17. Color or Race White.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3. 2%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (Born alive, stillborn) at I A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature J. H. Lyman M.D. Midwife Address Pocatello. Date Dec. 4. 1920

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Maud F Elder, Registrar.

JUN 1 8 1971

APR 1 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

667-211-035-168

369625

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369625

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lapwai

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Woodland,

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Patty Jean Fox

5. Date of Birth of Child (Month, day, year) Aug 11, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Desceased at time of birth

11. Color or Race

12. Age at time of THIS birth yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lee Ona Johnson

17. Color or Race White

18. Age at time of THIS birth 47 yrs.

19. Birthplace Union Grove, Missouri (City or town) (State or foreign country)

20. Exact Occupation Farmer

21. Industry or Business Farming own property

Birth certificate made according to the 1937 Session Laws permitting certificate to be made in the name of foster parent for an adopted child. Adoption made on June 1, 1928 in the Probate Court in Idaho County. Date of birth given on adoption papers as Aug. 11, 1920.

Use only BLACK Ink or BLACK Record cate in envelope bearing FIRST-CLASS charge for filing. Each certified copy re

mpleting this certificate. Mail COMPLETED certifi- n of Vital Statistics, Boise, Idaho, for filing. No lent of fifty cents, money order or coin.

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the foster Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 22 years, and that _____ (First name) _____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X [signature] Signature

Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 19 47

(SEAL) [signature] Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] by [signature], Registrar.

APR 2 2 1948

FEB 23 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

599-211-027-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Betty June Erickson

5. Date of Birth of Child (Month, day, year) 12/11/1920

6. Sex female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Dec 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Junius L. Erickson
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Spring City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Clair Erickson
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Jerome (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr Zellar (First name) (Last name), who attended this birth Cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Junius L Erickson Signature
245 E So Temple S.L. City P. O. Address

Subscribed and sworn to before me this 17 day of April, 1943
(SEAL) H.B. Thomsen Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by Maud F Eld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1943

OCT 1 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 149, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-115-0035-452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 148-25th Street
   (d) Name of Hospital or Maternity Home: born at home —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 148-25th Street
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Vincent John Lavoie

5. Date of Birth of Child (Month, day, year) March 15, 1920

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alphonse Francois Xavier Lavoie
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. Moise, P.Q. (City or town) Canada (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emelia Josephine Deschamps
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hurley (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 5:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emelia (First name) LaVoie (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature W. J. McMahan M.D. Midwife Address Lewiston Idaho Date 4-16-43

AFFIDAVIT

State of Ida
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied ~~by a certificate~~ of the ~~attending~~ physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 10 1946

513-213-010-215

369675

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 Months yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Felecitas Valdez

5. Date of Birth of Child (Month, day, year) May 13, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Juan Pedro Valdez
11. Color or Race Mexican
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leandra Santos
17. Color or Race Mexican
18. Age at time of THIS birth 23 yrs.
19. Birthplace Durango Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for all the time years, and that (First name) the doctor (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leandra Santos Signature

1401 6 Yellowstone P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943

(SEAL) [illegible], Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1943

NOV 26 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-118-007-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370898

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Verle Kohler			2. Date Of Birth (month) (day) (year): December 18, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: Christof Kohler			7. State or Country of Father's Birth: Munster, Germany
MOTHER	8. Full Maiden Name of Mother: Hanna Christina Strum			9. State or Country of Mother's Birth: Wilhelmahaven, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George V. Kohler		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 19 82	12. Signature of Notary: N R Jackson		13. Notary Commission expires: Late Time 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho		Date Issued: Nov.10,1945	Date Orig. Entry: Nov.10,1945
	Date of Birth: Dec.18,1920	Birth Place: Bellevue, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army		Date Issued: Dec.18,1943	Date Orig. Entry: July 17,1942
	Date of Birth: age21yrs	Birth Place: Bellevue, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: Bureau of the Census		Date Issued: Mar.20,1981	Date Orig. Entry: Apr. 1,1930
	Date of Birth: age 9yrs	Birth Place: Idaho	Full Name of Mother: Hanna Kohler	Name of Father: Chris Kohler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 13 1982

FORM BH 56067 10cpd #17726

7-13-82 To replace old Certif

SEP 2 1982

268 718 007 237

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Blaine
   (c) City Bellevue,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho.

4. **FULL NAME OF CHILD** George Verle Kohler

5. Date of Birth of Child (Month, day, year) Dec. 18, 1921

6. Sex male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) siggle

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christof Kohler
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Munster (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna Christina Strum
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wilhelmshaven (City or town) Germany (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Blaine }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Mrs. Janette Stitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hanna Kohler Signature

Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 27th. day of April, 19 43.

(SEAL) R. N. McCoy, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Maud E. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-208042-48

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. Route No. 4
   (d) Name of Hospital or Maternity Home: — (at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 3 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. Route No. 4
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Ruth Eleanora Raedels

5. Date of Birth of Child (Month, day, year) Sept. 8, 1920

6. Sex Fem.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Prentiss Augusta Raedels
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springdale (City or town), Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Augusta Dahlquist
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this~~ mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Diego } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Prentiss Augusta Raedels Signature
4078-42nd San Diego Cal. P. O. Address

Subscribed and sworn to before me this 22 day of April, 1943

(SEAL) Corinne E. Nelson, Notary Public, residing at 3534 El Cajon San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 - 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1969

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-214 001-795 NAME CHANGED PURSUANT COURT ORDER 7-24-84 370955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 370955

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Certificate amended Aug 21, 1984

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 8 years 2 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Kuna, Ida.

4. FULL NAME OF CHILD --Myrtle Viola Proffitt, PATRICIA ANN

5. Date of Birth of Child (Month, day, year) 7-14-1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar A Proffitt

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Knoxville (City or town) Tenn. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta May Green

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Dexter (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Silver Nitrate

23. Number of ~~children of~~ this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Stella Green (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Boise, Idaho Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Baker } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr F J Coleman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta M Proffitt Signature

My commission expires Oct 27 1943.

Sumpter, Oregon P. O. Address

Subscribed and sworn to before me this 18 day of Feb 1943, 19

(SEAL) R W Shelley Notary Public, residing at Sumpter Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 - 1943 by Mary F. Folger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

J. T. KNUDSON
Attorney at Law
1121 Mullan Avenue, Suite 210
P.O. Box C
Coeur d'Alene, Idaho 83814
Telephone: 208/664-8117

STATE OF IDAHO
COUNTY OF KOOTENAI
FILED
1984 JUL 24 AM 11:
CLERK, DISTRICT COURT
LINDA FRANKS
DEPUTY

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

IN THE MATTER OF THE PETITION FOR CHANGE OF NAME OF MYRTLE VIOLA AUSTIN, (maiden name, MYRTLE VIOLA PROFFITT).	CASE NO. 58965 ORDER FOR CHANGE OF NAME

The verified "Petition for Change of Name" of MYRTLE VIOLA AUSTIN, filed herein on June 21, 1984, came regularly on for hearing this 24th day of July, 1984, pursuant to Notice duly and regularly given as required by law.

There being no objections to said Petition, and the Court being satisfied that there is no reasonable objection to the change of name proposed and that the change is in the best interest of the Petitioner, NOW THEREFORE;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows:

1) That the name of MYRTLE VIOLA PROFFITT AUSTIN be, and the same hereby is changed to PATRICIA ANN PROFFITT AUSTIN.

2) That pursuant to the provisions of Idaho Code, §39-250(c), the Certificate of Birth of the said Petitioner, issued under State file No. 370955, be amended to show Petitioner's name as PATRICIA ANN PROFFITT.

DATED this 24th day of July, 1984.

A.H. PARISOT, JR.
District Judge

STATE OF IDAHO }
COUNTY OF KOOTENAI } ss

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE ORIGINAL NOW ON FILE OR RECORD IN THIS OFFICE. CAROL DEITZ
CLERK OF
DISTRICT COURT By Linda L Franks
Deputy

AUG 21 1984

252-223010-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 12th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 12th St.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Betty Jane Sessions

5. Date of Birth of Child (Month, day, year) February 23, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Homer Richard Sessions
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation District Manager Metropolitan
15. Industry or Business Life Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Pitzer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 - 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Louise Pitzer Sessions (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that Metropolitan Insurance MD (First name), Idaho Falls (Last name) who attended this birth (X) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Pitzer Sessions Signature

92 1st Ave. N. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1943

(SEAL) Grant Carroll, Jr., Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 4 1943 by Mark F Elder, Registrar.

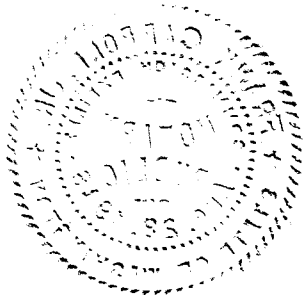
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



663 21701D-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371048
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route #6
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Route #6
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Pauline Josephine Wolff

5. Date of Birth of Child (Month, day, year) Jan. 17, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karl Wolff
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Alsace Lorraine, France (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Catherine Keller
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wadena, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. Shoupe (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Catherine Keller Wolff Signature

Route #2-Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1943

(SEAL)

Genevieve Buck, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 - 1943 by Mary E Edson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Pauline Wolff
Mendon Utah
Base Signal Office

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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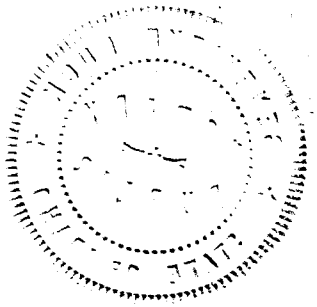

313 209003 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371118
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 653 N.11th Ave.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 653 N.11th Ave.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Olympia Cattoni

5. Date of Birth of Child (Month, day, year) May 9, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leopoldo Cattoni
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bustica (City or town) Italy (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Asunta Filippi
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pozzo (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Illinois
County of Cook } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for 22 years, and that Dr. Young (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Asunta Cattoni Signature
9850 Avenue "J" P. O. Address

Subscribed and sworn to before me this 3 day of May, 19 43

(SEAL) C. Arthur Carlson Notary Public, residing at 9224 Commercial Ave. Chgo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary M. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1974

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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453-215025-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371132
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** Julia Ann Decker

5. Date of Birth of Child (Month, day, year) Aug. 15 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Decker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fullerton (City or town) Nebr. (State or foreign country)
14. Exact Occupation Packer
15. Industry or Business Run Pack train

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mervyl Gertrude Kerr
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Palouse (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Daisy E. Decker (First name) (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Daisy E Decker M.D., Midwife Address 515 So 5th Kelso Wash Date May 6-1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1943 by Mary F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1940

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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614-207010-212

371176

371176

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. N. 8th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. N. 8th St.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Plantation #1.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Alyce Ethel Fawcett

5. Date of Birth (Month, day year) Feb. 7. 20

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jack C. Fawcett
11. Color or Race Wh.
12. Age at time of THIS birth 28 yrs.
13. Birthplace Alamosa (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois M. Baker
17. Color or Race Wh.
18. Age at time of THIS birth 25 yrs
19. Birthplace Union Fort (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 17 1943 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John C Fawcett, being first duly sworn say that I am father (Related to (or) acquainted with)
Jalyce Ethel Fawcett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John C Fawcett Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of June 1941

(SEAL) J. W. Greenwood Notary Public, residing at Boise

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

145-223010-214

371253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371253
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City
   (c) Street Address or R.F.D. No. Fairview, Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) 25

4. **FULL NAME OF CHILD** Jeannett Ameila Ames

5. Date of Birth of Child (Month, day, year) Sept 23, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hyrum Clark Ames
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Trenton (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Saunders
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the Hester Ames (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 22 years, and that Dr Frank Moller (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hester Ames Signature
770 W. 3rd No. P. O. Address

Subscribed and sworn to before me this 12 day of May, 1943.

(SEAL)

Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-16-006-719

372421

United States Department of Commerce
Bureau of the Census

MAY 17 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Thomas Franklin Christensen

5. Date of Birth of Child (Month, day, year) Feb. 16, 1920

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Lorenzo Christensen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Esther Gardner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Teton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E. Gardner (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 4/30, 43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

81V-222-010-259

372481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruth Hampton

5. Date of Birth of Child (Month, day, year) Feb. 22-1920

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Wells Hampton
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Berry
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg No 3

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mildred (First name) Hampton (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J E Roberts M.D. Midwife Address Shelley Ida Date May 13-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-two years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 24th day of May, 19 43

(SEAL) , Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 1 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1943

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

NEW DELAYED TO FIX?
H - PLACE OF BIRTH

365-211-237-493

372533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Pleasant Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 8 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Pleasant Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho - Pleasant V

4. **FULL NAME OF CHILD** Janet Teresa Connors

5. Date of Birth of Child (Month, day, year) Aug - 11 - 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Patrick Connors
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Silver City (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Della Miller
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Coburg (City or town) Oregon (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W W Jones M.D. ~~Midwife~~ Address Jordan Valley Ore Date 6-28-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1953

MAR 26 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-106-016-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUN 3 1943

STATE OF IDAHO

State File No. 372579

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Rupert

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Rupert

(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. **FULL NAME OF CHILD** JAMES ARNOLD SMITH

5. Date of Birth of Child (Month, day, year) Feb. 6-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Benson Smith

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Bathurst (City or town) N.B. (State or foreign country) Canada

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zetta Pearl Fabrin

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Hepner (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol 15%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 12:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Zetta Pearl Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. H. Elmore M.D. Midwife Address Rupert Date May 25-43

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL)

____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Mary F. Elder, Registrar.

MAR 1 8 1976

JUN 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-123-006-543

372610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home At home
   (e) Mother's stay BEFORE delivery: at home
   In Hospital or Maternity Home ..... Days
   In THIS county 19 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 19 yrs.
   (f) Mother's mailing address (For registration notice): Shelley Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Billie Muttall Oler

5. **DATE OF BIRTH** (Month, day, year) 11-23-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Wm. Oler.

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace American Fork Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business At home.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Juliett Muttall

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Walsburg Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 a. M. on the date and at the place stated above, and that personal particulars were furnished by Wm. Oler (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUN 9 1943 (Date received) (b) Mark Heiner (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M. D. (D. O., Midwife, etc.) and address Date

27. Given name added on ..... by ..... (Registrar's signature)

JUN 10 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

286-227-004-546

372678 372678

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372678
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1407 River Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1407 River Street
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Theda Shoemaker

5. Date of Birth of Child (Month, day, year) Feb. 27, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence George Shoemaker
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Edwards
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fall River (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-one years of age, that I have known this person for twenty three years, and that Dr. Shurtz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Shoemaker Signature
R.D. #2 Box 54 B Lodi, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of July, 1943

(SEAL)

Pauline Aubinet, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 7-1943 by Mary E. Eagan, Registrar.

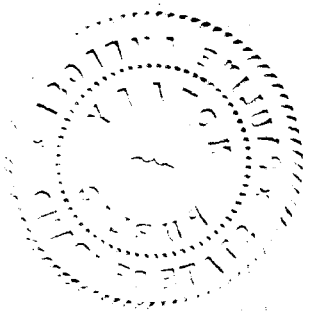
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1949 JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-229-007-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. Postoffice
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county 39 years 3 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. Bellevue
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Bellevue

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Clara Eydeth Walker

5. Date of Birth (Month, day year) May 29, 1920

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd XXX 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter George Walker
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Scotland (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sheep Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Walker
17. Color or Race Negro 18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Ogden Utah (State or foreign country) U.S.A.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 11 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harold E. Walker, being first duly sworn, say that I am Brother of (Related to (or) acquainted with) Clara Eydeth Walker (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs David Davis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harold E. Walker Signature
1632-22nd Ave P. O. Address

Subscribed and sworn to before me on this 24th day of June, 1942
(SEAL) Sarah Barnes Notary Public, residing at 702-23rd Ave

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to said date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-213-040753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City KELLOGG
   (c) Street Address or R.F.D. No. 16 WEST MULLAN AVE.
   (d) Name of Hospital or Maternity Home: BORN AT ABOVE ADDRESS.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 0 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City KELLOGG
   (d) Street Address or R.F.D. No. 16 WEST MULLAN AVE.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ANNA DOMIJAN

5. Date of Birth of Child (Month, day, year) SEPT. 13, 1920

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** KUZMA DAMIAN DOMIJAN
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace DRIVENIK (City or town) YUGOSLAVIA (State or foreign country)
14. Exact Occupation MASONRY WORK
15. Industry or Business BUNKER HILL MINING CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY PETRINOVICH
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace DRIVENIK (City or town) YUGOSLAVIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Domijan (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho, County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that DR. GEORGE (First name) LESCHER (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Domijan Signature
16 West Mullan, Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 1943

(SEAL) Commission expires July 30, 1945 Mary M. Hunt, Notary Public, residing at Kellogg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Maud B Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294222-028-295

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374027

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 2 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Hayden Lake

3. RESIDENCE of FATHER (city, state) same as mother

4. FULL NAME OF CHILD Eileen Mabel Ruth Sims

5. Date of Birth (Month, day year) March 22, 1920

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Sims

11. Color or Race white

12. Age at time of THIS birth 53 yrs.

13. Birthplace Sullivan (City or town) Illinois (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Elizebeth Kreamer

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Muskegon, Michigan (City or town) (State or foreign country)

20. Exact Occupation farmers wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 23 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, County of Kootenai } ss.

I, Nellie Elizebeth Sims, being first duly sworn, say that I am Related (Related to (or) acquainted with) Eileen Mabel Ruth Sims (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sherman (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Elizebeth Sims Signature

Route 2 Coeur d'Alene Ida P. O. Address

Subscribed and sworn to before me on this 7 day of May 19 43

(SEAL) Notary Public, residing at Coeur d'Alene Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-131-025-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374092
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home: No
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. X
   (e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Id.

4. **FULL NAME OF CHILD** Wm. Delbert Seay

5. Date of Birth of Child (Month, day, year) Jan. 31, 1920

6. Sex Male

7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Seay
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Benton Co. (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Barton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Benton Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was XX (Born alive, stillborn) at XX M. on the date and at the place stated above, and that personal particulars were furnished by XX (First name) (Last name), who is related as XX (Mother, etc.)

25. Attendant's **OWN** signature XX M.D. Midwife Address XX Date XX

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 23 years, and that Rebecca Lyle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas H Seay Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 19 43

(SEAL) H. Rothwell, Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943 107-016 845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374139
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho.

4. **FULL NAME OF CHILD** Howard Storey Rutledge

5. Date of Birth of Child (Month, day, year) Sept 7-1920.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A. Rutledge
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Jackson County, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Hunt
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace LaJara, Colorado. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life long years, and that Dr. Storey, of Albion (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Rutledge Signature
Lorenzo-1, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of June, 19 43

(SEAL) Basta G. Bennett, Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Comm. Exp. 11-9-46

Received for filing on JUN 29 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-216 029-962

374141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 28 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City moscow
   (c) Street Address or R.F.D. No. Rt 3
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City moscow
   (d) ~~Street Address~~ or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Mildred Mae Hall

5. Date of Birth of Child (Month, day, year) Oct. 16-1920

6. Sex ~~to~~ Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert W. Hall
11. Color or Race american white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Juliaetta (City or town) Idaho Latah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margie Roberts
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kendrick (City or town) Idaho Latah (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lilly (First name) Hall (Last name), who is related as ~~Mother Wm Hall~~ Grand mother (Mother, etc.)

25. Attendant's **OWN** signature x Lilly Hall. M.D. Midwife Address Moscow Idaho Date June 24-1943

State of ~~Idaho~~ Idaho
County of ~~Latah~~ Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~[illegible]~~ father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that ~~Robert W.~~ (First name) ~~Hall~~ (Last name) Dr. Adair, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Robert W. Hall Signature
Moscow Idaho Rt. 3 P. O. Address

Subscribed and sworn to before me this 24th day of June, 1943

(SEAL) Clarence E. Childs, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COMMISSION ... APRIL

Received for filing on JUN 28 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Item #16 Mother's Maiden Last Name Amended 05/09/2012 SJP

282 220 010 282

374235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374235
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 371 Ridge Ave
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Ridge Ave
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice):
999 Lee Ave. Idaho Falls Ida.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marjorie Ellen Bybee

5. **DATE OF BIRTH** (Month, day, year) May 20 1920

6. Sex - female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy - 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Jefferson Bybee

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Lewiston - Utah
(City or Town) (State or foreign country)

14. Exact Occupation Dentist

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Annie ~~Bybee~~ Wright

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Idaho Falls Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child ✓ (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 15 P M. on the date and at the place stated above, and that personal particulars were furnished by Florence Bybee (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 6 - 1943 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date July 1-43

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

DELAYED

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

RECEIVED

APR 2 3 2012

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } SS
County of Salt Lake

Certificate No. 1920-374235

Date Filed 07/06/1943

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Marjorie Ellen Bybee (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/20/1920 (Date of Event)

in Idaho Falls (Bonneville Co.), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
16 Mother's Maiden Surname	Bybee	Wright

Subscribed and sworn (affirmed) to before me this 20 day of April, 2012

Notary Public, Ava M. Holley

Residing at 1833 W. 7600 S. #417 West Jordan, UT 84064

My commission expires July 12, 2015

NOTARY PUBLIC
AVA M. HOLLEY
611653
COMMISSION EXPIRES
JULY 12, 2015
STATE OF UTAH

Ava M. Holley
4/20/2012

Applicant's Signature [redacted]

Printed Name Marjorie B. Homer

Street Address 12116 West 13040 South

City, State, ZIP Riverton, UT 84065

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Applicant's Signature _____

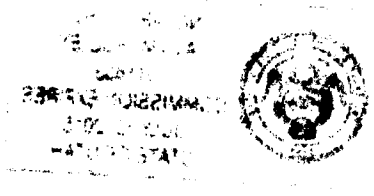
Printed Name _____

Street Address _____

City, State, ZIP _____

4/13/2012 (Rev. 10/11)

1. State of Idaho Certificate of Live Birth issued to Florence Annie Wright born August 12, 1895 in city of Idaho Falls, county of Bonneville to Tillie E. Bailey (mother) and Gilbert George Wright. State file number is 1895-D57-1200. Viewed by VS SJP.



456 225 1019 - 314 374267 374267

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374267
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Leslie
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 35 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Leslie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leslie Idaho

4. **FULL NAME OF CHILD** Ruth Josephine DeWitt

5. Date of Birth of Child (Month, day, year) Nov. 25, 1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Patten DeWitt
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Josephine Lambson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Custer County (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 yrs. 7 mos. years, and that (Dr.) Newton (First name) Farrell (Last name), who attended this birth (~~is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Josephine DeWitt Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1943

My Commission Expires Aug. 1, 1945 (SEAL) [signature], Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1943 by [signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-104003-219

374385

United States
Department of Commerce
Bureau of the Census

JUL 9 19[illegible]

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 1355 N. Harrison
   (d) Name of Hospital of Maternity Home: ✓
   (e) Mother's stay **BEFORE** delivery: In Hospital or Maternity Home ✓ Days; In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. Now 489 Randolph
   (e) How long has **MOTHER** lived in Idaho? Natur'l yrs.
   (f) Mother's mailing address (For registration notice) Pocatello
   now Mrs Frances Harriet Hansen
   (Street or R.F.D.) 457 R (Postoffice) Pocatello

3. **RESIDENCE OF FATHER** (city, state) Home Pocatello

4. **FULL NAME OF CHILD** Billy Wayne Hanson

5. **DATE OF BIRTH** (Month, day, year) Sept 4 1920

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delbert Hanson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Garden City (City or Town) Utah (State or foreign country)

14. Exact Occupation RR Engineer

15. Industry Business RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Harriet Barrett

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Pocatello (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 3
    (c) Born alive and now dead One (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Frances H. Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 12 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** William F. Howard M.D. (D.O., Midwife, etc.)
and address Pocatello Idaho Date 6/17/43

APR 5 1967

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

256-201035-253

374394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: The White Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester Idaho

4. **FULL NAME OF CHILD** Heloise Sewell

5. Date of Birth of Child (Month, day, year) 8-1-1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Finis Sewell
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Eastern Springs (City or town) Illinois (State or foreign country)
14. Exact Occupation pharmacist
15. Industry or Business Drug Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lousie Eva Keley
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Davenport (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive ~~and now living~~ 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 a. M. on the date and at the place stated above, ~~and~~ that personal particulars were furnished by Lousie (First name) Sewell (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. White M.D. M.D. ~~Midwife~~ Address Lewiston Ida Date 7-3-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1943 by Mary F Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1943

JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 384-229-029-522

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

374402

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Gennessee
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Gennessee
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Gennessee

3. RESIDENCE of FATHER (city, state) 3 months

4. FULL NAME OF CHILD Iris Dorothy Churchill

5. Date of Birth (Month, day year) Apr. 29, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Churchill
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Unknown (City or town) Oregon (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathrine Dorothy Esser
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gennessee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 9 - 1943 (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kathrine Dorothy Hannon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Iris Dorothy Churchill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burg (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kathrine Dorothy Hannon Signature
920 - 18 Ave Seattle Wash. P.O. Address

Subscribed and sworn to before me on this 22nd day of June 1930
(SEAL) Helen Nelson Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

891 229 016 169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374428
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho.

4. **FULL NAME OF CHILD** ORA ARLINE HIATT

5. Date of Birth of Child (Month, day, year) Jan. 29, 1920.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Ross Hiatt
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Baling Hay
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Lavina Jorgensen
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Oxford, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon. }
County of Lake. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Dr. Cuttler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Hiatt Signature

Lakeview, Oregon. P. O. Address

Subscribed and sworn to before me this 7th day of July, 1943.

(SEAL) T. S. McKinney, Notary Public, residing at Lakeview, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. May 26, 1945.

Received for filing on JUL 13 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-229-028-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 927 Empire St
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. 927 Empire St
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Dorothy Jeanette Bee

5. Date of Birth of Child (Month, day, year) July 29-1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Bee
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lincoln (City or town) Illinois (State or foreign country)
14. Exact Occupation Lumber piling
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blenda Anderson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Aitkin (City or town) Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Bee (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that Dr John C (First name) Dwyer (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John William Bee Signature
1330 50 St P. O. Address

Subscribed and sworn to before me this 9 day of July, 1943

(SEAL)

A D Jackson, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1948

JAN 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-229 044 289

374488

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county | years | months | days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Doris Jeanne Hicks

5. Date of Birth of Child (Month, day, year) Jan. 29th 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Earl Hicks

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Nevinville (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Eunice Shroads

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Callaway (City or town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr Marshall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clara Eunice Hicks Signature

Everett Wash P. O. Address

Subscribed and sworn to before me this 12 day of July, 1943

(SEAL)

Notary Public, residing at Everett Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1943 by Maud H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-126-043-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375620
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Bear Valley
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: none; birth occurred at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1919 years 9 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Nevada (b) County Valley
   (c) City Bear Valley
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 5 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Barney Antone Carigan

5. Date of Birth of Child (Month, day, year) Jan.26,1920

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael John Carigann
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Sioux City, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer-rancher-homesteader
15. Industry or Business farmer-rancher-homesteader

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Estella Hulan
17. Color or Race W
18. Age at time of THIS birth 39 yrs.
19. Birthplace Nevada Co., Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of NEVADA
County of CLARK } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 23 years, and that ~~see Father attached~~ (First name) no doctor (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Estella Carigann, Signature
410 Bonanza Road, Las Vegas, Nevada. P. O. Address

My Commission Expires July 30, 1946

Subscribed and sworn to before me this 17th day of July, 1943.

(SEAL) Lillian D. Lane, Notary Public, residing at Las Vegas, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1943 by Mary F. Elder, Registrar.

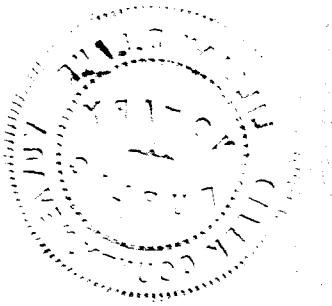
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-205-00-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378032
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hos.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Ivywild
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Margaret Ann Clark

5. Date of Birth of Child (Month, day, year) May 5, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold Ballard Clark
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Chicago, Illinois (City or town) (State or foreign country)
14. Exact Occupation Supreme Court Law Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Adeline McFadden
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Custer, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate one percent
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Clark (First name) (Last name), who is related as the Mother. (Mother, etc.)

25. Attendant's **OWN** signature Dr. A.H. Jacquemin M.D. ~~Midwife~~ Address 537 N 49 Pl Los Angeles Date July 16, '43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1930 79452

DELAYED

864-124-025-213

375648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Woodland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Woodland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodland, Idaho

4. **FULL NAME OF CHILD** Russel Laurence Hodson

5. Date of Birth of Child (Month, day, year) May 24, 1920.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilken Loren Hodson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Bacon
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature C. H. Bryan M.D. ~~Midwife~~ Address Kansas Date 7/16/43

State of California
County of Yuba } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Dr. C. H. Bryan (First name) (Last name), who attended this birth Whereabouts Unknown (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winifred Hodson Signature
58 Riverside Ave., Rte. 2 P. O. Address
Marysville, California.

Subscribed and sworn to before me this 30th day of June, 19 43

(SEAL) Elsie Edan Meneur, Notary Public, residing at Marysville, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1943 by Mary H Edger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 8 1975

JUL 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375678
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Roseberry
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Roseberry
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roseberry, Idaho

4. **FULL NAME OF CHILD** Betty Lou Curtis

5. Date of Birth of Child (Month, day, year) Oct. 8, 1920

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Robert Curtis
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy May Jasper
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Roseberry, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22-8 months years, and that no doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Robert Curtis Signature
1317 E Alder Seattle Wash. (22) P. O. Address

Subscribed and sworn to before me this 15 day of July, 19 43.

(SEAL) Bertha A. Johnson, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mabel F Elder, Registrar.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 - 120 - 235-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375680
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nex Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** George Glen Lowe
5. Date of Birth of Child (Month, day, year) Oct. 26, 1920
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Wesley Lowe
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mason City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Lois Bennett
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Altamont, Illi. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Juab } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Dr. Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. W. Lowe Signature
Levan, Utah P. O. Address

Subscribed and sworn to before me this 22 day of July, 1943
(SEAL) N. Elgin Gardner, County Clerk, ~~Notary Public~~, residing at Nephi, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1924-80294

142-230-235-559

375781

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) DEAD

4. FULL NAME OF CHILD MARGARET GENEVIEVE MUSCAT

5. Date of Birth of Child (Month, day, year) JULY 30-1920

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES MUSCAT

11. Color or Race ITALIAN

12. Age at time of THIS birth 44 yrs.

13. Birthplace CERSI (City or town) ITALY (State or foreign country)

14. Exact Occupation GARDNER

15. Industry or Business GARDENING

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE VERSCI

17. Color or Race ITALIAN

18. Age at time of THIS birth 35 yrs.

19. Birthplace CERSI (City or town) ITALY (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and that MARIE (First name) MARCELLO (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Muscat Signature

R.F.D. #2 LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of July, 1943

(SEAL) Leo McCarthy Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-22-0231-657

375813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: in **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Viola Mary Willis

5. Date of Birth of Child (Month, day, year) 22 Febr. 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Julius Feilden Willis
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lacona (City or town) Iowa (State or foreign country)
14. Exact Occupation Lumber mill Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Maria Wegner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Marion Springs, Mich. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of CLEARWATER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Alice Welch (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Maria Willis Signature

Weippe Idaho P. O. Address

Subscribed and sworn to before me this 31 st day of July, 1943

(SEAL) Glenn W Jordan, Notary Public, residing at WEIPPE IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Ward Feilden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-204-010-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 275897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Spencer hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Route 3.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Lois Elaine Johnson
5. Date of Birth of Child (Month, day, year) Feb. 4 1920
6. Sex female
7. Twin or Triplet no
   If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl E. Johnson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Idaho Falls (City or town), Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Elizabeth Waterman
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kingwood (City or town), Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 - midwife M. on the date and at the place stated above, and that personal particulars were furnished by Mildred (First name) Johnson (Last name), who is related as mother (Mother, etc.)
25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date 8/2/43

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

MAY 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-209-030-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375916
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilmore Idaho

4. **FULL NAME OF CHILD** Katherine Virginia Steele

5. Date of Birth of Child (Month, day, year) Sept. 9, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Steele
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace ~~Gilmore~~ Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Gertrude Harvey
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace ~~Gilmore~~ (City or town) Salmon, Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Jessie (First name) Perkins (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Steele Signature
125 No. Railroad Ave. Dillon Montana P.O. Address

Subscribed and sworn to before me this 5th day of August, 1943

(SEAL) J. E. Kelly, Notary Public, residing at for state of Montana Dillon Mont Com Exp. Dec 6 - 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

APR 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-227-025-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Pollock
   (c) Street Address or R.F.D. No. P.O.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Pollock
   (d) Street Address or R.F.D. No. P.O.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pollock Ida.

4. **FULL NAME OF CHILD** Dorothy Alene Cooper

5. Date of Birth of Child (Month, day, year) Aug 27, 1920

6. Sex FeMale

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Cooper
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Morton (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Pearl Sproston
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Millersburg (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by WILLIAM T. (First name) COOPER (Last name), who is related as FATHER (Mother, etc.)

25. Attendant's **OWN** signature William T. Cooper M.D. Midwife Address 310 WEST 8TH ST. VANCOUVER, WN. Date AUG. 6 1943

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 23 years, and that MIDWIFE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William T. Cooper Signature
310 West 8th St. Vancouver, Wn. P. O. Address

Subscribed and sworn to before me this 6th day of August, 1943

(SEAL) S. M. Bugbee Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 19, 1944

Received for filing on AUG 12 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-107.0 39-864

377166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 6 Yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls,

4. **FULL NAME OF CHILD** Ralph Crawford

5. Date of Birth of Child (Month, day, year) Dec. 7, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Newton Crawford
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Coffee, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Houpt
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sullivan, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Houpt Crawford (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of San Joaquin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Roy Drake, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Houpt Crawford Signature

Groveland, California P. O. Address

Subscribed and sworn to before me this 6th day of August, 19 43

(SEAL) Leona L Clancy, Notary Public, residing at Stockton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by Mary H Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

MAR 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-003-0114-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377169
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. Route No 1
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No. Route no. 1
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Jessie Margaret Blain

5. Date of Birth of Child (Month, day, year) Nov. 3, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elam Blain
11. Color or Race White
12. Age at time of THIS birth Deceased yrs.
13. Birthplace Monroe (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Stewart Perry
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Gallsburg, Ill. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bessie M. Potter (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Washington } ss.

I, the undersigned, being first duly sworn, say that I am the near neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for over 22 years, and that Don't remember doctors name (First name) (Last name), who attended this birth Don't know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M. Potter Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August, 1943.

(SEAL) J. H. Goodnight, Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by Carl E. Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-229-001-197

377306 377306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City Boise
   (c) Street Address or R.F.D. No. 412 STATE ST.
   (d) Name of Hospital or Maternity Home: ST ALPhonsus HospiTAL
   (e) Mothers stay **BEFORE** delivery: In **THIS** county —— years —— months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Boise
   (c) City CENTERVILLE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) CENTERVILLE, IDAHO

4. **FULL NAME OF CHILD** SARAH June WAKEFIELD

5. Date of Birth of Child (Month, day, year) June 29, 1943

6. Sex FEMALE 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Logan WARREN WAKEFIELD
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace TABLE ROCK (City or town) N.C. (State or foreign country)
14. Exact Occupation Logging CONTRACTOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MILDRED MARGARET ARGABRight
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace GARDEN VALLEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of IDAHO
County of ADA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that CARL (First name) J. HILL (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mildred Wakefield Signature

Boise Idaho Route 1, P. O. Address

Subscribed and sworn to before me this 27th day of August, 1943.

(SEAL) Grace Bagley, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-904 Idaho Code Annotated.) MY COMMISSION EXPIRES JANUARY 24 1946

Received for filing on SEP 27 1943 by Mabel Ryder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

713-218-001-464

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37138
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kuna, Idaho

4. **FULL NAME OF CHILD** Lois Isabelle Patterson

5. Date of Birth of Child (Month, day, year) December 18, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Patterson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Savannah, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Belle Dodds
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Onega, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. F. S. (First name) Coleman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Belle Patterson Signature
223-7th Ave. So., Nampa, Ida o P. O. Address

Subscribed and sworn to before me this 24th day of August, 1943.

(SEAL) ____, Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 26, 1945.

Received for filing on SEP 1 1943 by ____, Registrar.

NOV 3 1987

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-204022-214

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

377497

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lila Marie Shelton

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓		Jan	Yes	Jan (Month) 4 (Day) 1920 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn None

FATHER		MOTHER	
FULL NAME	George Shelton	FULL MAIDEN NAME	Bertha Sadorus
Residence (Usual place of abode)	Ashton Idaho	Residence (Usual place of abode)	Ashton
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	28 (Years)	Age at last Birthday	21 (Years)
Birthplace	Idaho (City and State or Country)	Birthplace	Wyoming (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn **at** 4 a **M. on the date above stated.**

(Signature) E S Hargis

(Physician or midwife)

Address Ashton Idaho

Filed SEP 15 1943 19 Malvy Helder Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

497-105-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377498

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mark Lewis Dixon (Dickson)
2. Date of Birth (month) 2 (day) 8 (year) 20
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Potlatch, Ida. Latah
b. City or Town of Birth: Potlatch, Idaho

FATHER

6. Full Name of Father: Miles Elmer Dixon (Dickson)
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Bertha Anna Josephine John[illegible]
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura M Dixon
11. Present Address of Registrant: 3512-7th St-Lewiston, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 7 1971
12. Signature of Notary: Coral Fridley
13. Notary Commission expires: Dec. 10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding hospital records	St. Joseph's Hospital, Lewiston, ID, Ruthe Black, MRI	Dec.10,1970	Feb.19,1959
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.8,1920 Potlatch, Idaho	---	---	
SUPPORTING RECORD 2.	Baptismal Certificate	St. Mary's Church, Potlatch, ID Rev. R.F.Zuur	Nov.13,1970	baptized May 29,1920
	Feb.8,1920 Potlatch, Idaho	Bertha Johnston	Miles Dixon	
SUPPORTING RECORD 3.	certified copy of marriage license affidavit	Clearwater County, Idaho	Dec.11,1970	Sept.5,1962
	Age:42 Potlatch, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: January 19,1971

FORM BH 56067

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377498
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Onaway via Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Onaway via Potlatch
   (d) Street Address or R.F.D. No. Box Rt 1
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burk Idaho

4. **FULL NAME OF CHILD** Lewis Oliver Mark Dixon or Dickson.
5. Date of Birth of Child (Month, day, year) Feb 8th 1926
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Miles Elmer Elsworth Dixon or Dickson	16. **FULL MAIDEN NAME**	Bertha Anna Josephine Johnson
11. Color or Race	White Irish	17. Color or Race	White French
12. Age at time of THIS birth	57 yrs.	18. Age at time of THIS birth	yrs.
13. Birthplace	Tyrone (City or town) Pennsylvania (State or foreign country)	19. Birthplace	Iowa (City or town) Iowa (State or foreign country) County of Johnson
14. Exact Occupation		20. Exact Occupation	
15. Industry or Business	Mining Silver and Lead	21. Industry or Business	working in my home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 17 years, and that Mrs J E Fineas (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Anna Josephine Dixon or Dickson Signature
Potlatch Ida R. O. Address

Subscribed and sworn to before me this 10 day of Sept, 1943

(SEAL) Notary Public, residing at Potlatch, Idaho
My commission expires December 16, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1943 by Mabel Holden, Registrar.

SEP 15 1948

JAN 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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696-201-039-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Betty Joanna Frodsham

5. Date of Birth of Child (Month, day, year) July 1, 1920

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Frodsham
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Rockland (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Hartley
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that Emily Fish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Hartley Signature
Rockland Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Sept., 1943

(SEAL) Thos B Bamarch, Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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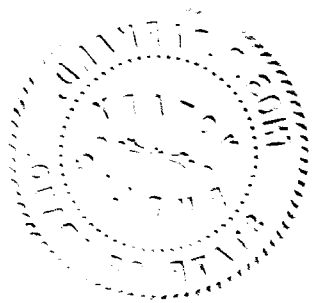


692-227-014-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City
   (c) Street Address or R.F.D. No. Rt. 4 Lake Lowell
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Mable Lucille Wisbey

5. Date of Birth of Child (Month, day, year) Aug. 27, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Wisbey
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace McCloud County, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Oakley Payton
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Baker City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 5%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mildred (First name) Wisbey (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address Caldwell Ida Date 9-20-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 23 years, and that Dr. (First name) Montgomery (Last name), who attended this birth has been located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver Wisbey Signature

Salkum, Washington P. O. Address

Subscribed and sworn to before me this 25th day of September, 19 43

(SEAL) [signature], Notary Public, residing at Winlock.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-114010-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378994
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 154 Basalt St.
   (d) Name of Hospital or Maternity Home: None.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years one months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 154 Basalt Street
   (e) How long has **MOTHER** lived in Idaho? 24 years. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida. until 1920 date of death

4. **FULL NAME OF CHILD** Lyle Anderson Harris

5. Date of Birth of Child (Month, day, year) Mar. 14, 1920.

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Bernice Leon Harris
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Rexburg, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Bookeeper Bonneville Auto Company,
15. Industry or Business Bonneville Auto Company-Ford Dealers

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Lynetta Anderson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Laramie, Wyoming. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Mrs. Carrie (First name) Anderson (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernice Leon Harris
Signature

Care Bonneville Auto Company, Idaho Falls, Ida.
P.O. Address

Subscribed and sworn to before me this 6th day of October, 19 43

(SEAL) Karl G. Hale, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-212022-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379082
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years ~~20~~ months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Melba Brower
5. Date of Birth of Child (Month, day, year) July 12, 1920
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Brower
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Gertrude Kent
17. Color or Race White
18. Age at time of THIS birth 56 yrs.
19. Birthplace Coveille (City or town) Utah (State or foreign country)
20. Exact Occupation —
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Brower (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 9-27-43

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1976

OCT 20 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 101019 · 249

380492

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DCT 25 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CUSTER (b) City MACKEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City MACKEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) MACKEY IDAHO

4. FULL NAME OF CHILD ELDON CLARK

5. Date of Birth of Child (Month, day, year) Aug 10 1920

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME DANIEL CLARK
11. Color or Race
12. Age at time of THIS birth 44 yrs.
13. Birthplace MARSHALENE (City or town) NO. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME CYA BURTON
17. Color or Race
18. Age at time of THIS birth 36 yrs.
19. Birthplace ZEVEN (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 21 years, and that DR CHARLIE BAKER (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Clark Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June, 1943.

(SEAL) Mary V. Elmer Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Alva E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 113 010-533

Amended 7-31-62

(Be sure the information is complete and accurate)

State File No. 380550

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Route 4

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Route 4

3. CHILD'S NAME (Type or print)

a. (First): William

b. (Middle): Harold

c. (Last): Sucher

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 13, (Year) 1920

FATHER OF CHILD

7. FULL NAME

a. (First): George

b. (Middle): Leslie

c. (Last): Sucher

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Carlton, Nebraska

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Annie

b. (Middle): Laura

c. (Last): Elliott

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Center Point, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Annie Sucher — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: C. M. Cline

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Ida.

18d. DATE SIGNED: July 22, 1943

19. DATE REC'D BY LOCAL REG.: Nov. 18, 1943

20. REGISTRAR'S SIGNATURE: Mabel Elder

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the child to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

380550

380550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380550
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route 4
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 11 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Id ho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. Route 4
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address (For registration notice):
   Idaho Falls, Idaho Route 1
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** William Harold Sucher

5. **DATE OF BIRTH** (Month, day, year) April 13, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Leslie Suche r

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Carlton, Nebraska
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Laura Sucher

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Center Point, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie (First name) Sucher (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 18 1943 (Date received) (b) Mary Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Ida. Date July 22-40

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

JUL 31 1962

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Rec. July 30, 1962 Certificate No. 380550

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for William Harold Sucher (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1920 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Annie Laura Sucher	Annie Laura Elliott

Subscribed and sworn to before me this 27 day of July 1962

Miller M. McMillen

Notary Public, residing at Quasqueton Iowa

My commission expires July 4 1963

(Seal)

Signed X Annie Laura Sucher

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Quasqueton, Iowa

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 L 7-24-62. nm

Another child's birth cert. on file: (Idaho Birth) #127713 gives full maiden name of mother as Annie Elliott - viewed by V.S.

Cert. Copy of Mother's Own Birth Certificate, Delayed Birth Certificate, filed June 26, 1957, State of Iowa, copy issued June 27, 1957 gives full name as Annie Laura Elliott, born April 2, 1897 at Center Point, Iowa to James Ruffus Elliott and Carrie Leah Adams - viewed by V.S.

294 201-026-713

380564

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Jefferson (b) City Lorenzo
   (c) Street address or R. F. D. No. R.D.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home No Hosp. Days
   In THIS county 18 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Lorenzo
   (d) Street address or R. F. D. No. R.D.
   (e) How long has MOTHER lived in Idaho? 18 yrs.
   (f) Mother's mailing address (For registration notice):
   Now deceased
   (Street or R. F. D.) (City or town) (Postoffice)

3. RESIDENCE OF FATHER Lorenzo R.D. Idaho.

4. FULL NAME OF CHILD Eva Bruce

5. DATE OF BIRTH (Month, day, year) Apr 14, 1920

6. Sex Femal 7. Twin or Triplet ~~Twin~~ If so born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Wm Bruce
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace South Heber, Utah (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Gallegh
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Evanston Wyo (City or Town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by James Wm (First name) Bruce (Last name), who is related to this child as Father (Mother, etc.)

26. (a) NOV 26 1943 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. M. D. (D. O., Midwife, etc.)
and address Rigby, Idaho Date Nov 3rd 1943

NOV 28 19

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

819-225044-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) weiser, Idaho

4. **FULL NAME OF CHILD** Sadie Isabelle Harryman

5. Date of Birth of Child (Month, day, year) Nov. 25, 1920

6. Sex F.

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd 8th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hezikiah Harryman
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Reno, Co. (City or town) Kans (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Amanda Elizabeth Bradshaw
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that there (First name) was no doctor in attendance (Last name), who attended this birth – (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Amanda Harryman Signature

Weiser, Idaho, P. O. Address

Subscribed and sworn to before me this 6th day of November, 1943

(SEAL) [signature] Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 NOV 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-228-009-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 6 1943

State File No. 380745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clark Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: At Home
IN THIS county 14 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs. 9 mos.

3. RESIDENCE OF FATHER (city, state) Clark Fork Idaho 16 yrs

4. FULL NAME OF CHILD Pearl Abigail Jeffers

5. Date of Birth of Child (Month, day, year) Jan. 28th 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Curtis Jeffers
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salina (City or town) Kansas (State or foreign country)
14. Exact Occupation Painter + Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Abigail Laura Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hastings (City or town) Minn (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 1:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Abigail (First name) Jeffers (Last name) who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature Annie Nagel Annie Nagel M.D. Midwife Address Clark Fork Date Jan 28 1920

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-127-022-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381849
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years 1 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Virgil Glen Howard

5. Date of Birth of Child (Month, day, year) October 27, 1920

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Don Carlos Howard
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chester (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Lovina Shosted
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Lovina Johnson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. ~~Midwife~~ Address — Date 11-22-43

Frank Watkins MD
5414 Notre Figueroa Los Angeles

State of ..... } ss.
County of .....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Lovina Johnson Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-127-010-751

381898

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. no
   (d) Name of Hospital or Maternity Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls,
   (d) Street Address or R.F.D. No. No.1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls-1

4. **FULL NAME OF CHILD** Alvin Lorenzo Davidson

5. Date of Birth of Child (Month, day, year) Nov.27-1920

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Arland L.Davidson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fairview, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Pearce
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paradise, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum not remember
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Dr. T.C.Hollister (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Davidson Signature
St Anthony, Idaho No.2 P. O. Address

Subscribed and sworn to before me this 24 day of December, 19 43

(SEAL)

Ruth R. Bennett, Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-204-021-944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381916
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City PRESTON
   (c) Street Address or R.F.D. No. 87 WST. ONEIDA
   (d) Name of Hospital or Maternity Home: AT RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FRANKLIN
   (c) City PRESTON
   (d) Street Address or R.F.D. No. WST. ONEIDA
   (e) How long has **MOTHER** lived in Idaho? 3 yrs. 5 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) 3 yrs. 7 Mo. Preston

4. **FULL NAME OF CHILD** HELEN HANSEN

5. Date of Birth of Child (Month, day, year) DEC. 4-1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** ORSON W. HANSEN
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace LOGAN (City or town) UTAH (State or foreign country)
14. Exact Occupation DEPARTMENT HEAD
15. Industry or Business GENERAL MDSE.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAURA J. RUUD HANSEN
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Alice J Graves ~~M.D.~~ Midwife Address Preston Idaho Date 12/1/43

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Gilbert W Stokes (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura J. Ruud Hansen Signature
149 W. 1st North P. O. Address

Subscribed and sworn to before me this 1st day of December, 1943

(SEAL) A J Graves, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1973
JUN 23 1952
APR 1 1970
MAY 21 1970
JUN - 8 2016

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1920 - 8597

367-215-030-736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381919
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Maxine Elliot Cox

5. Date of Birth of Child (Month, day, year) May 15, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fredericks Cox
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mercer, MO. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming, Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Alma Glashen
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Mercer, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 23 years, and that Dr. C. F. Hanmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John F. Cox Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 30th day of November, 1943.

(SEAL)

P. O. Wallace, Notary Public, residing at Salmon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by ____, Registrar.

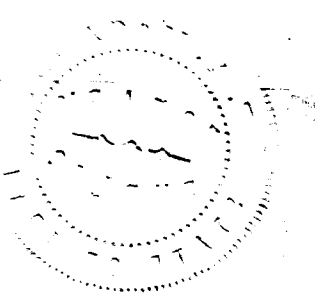
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



499-209-35-433

381973

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LEWISTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Joseph's Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years [illegible] months ——— days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NEZ PERCE
   (c) City LEWISTON
   (d) Street Address or R.F.D. No. 722-7th AVENUE
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** LORETA MARIE DIRKS

5. Date of Birth of Child (Month, day, year) 9-9-1920

6. Sex FEMALE

7. ~~Twin or Triplet~~ SINGLE ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9 MOS. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES SPENCER DIRKS
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace WAUPAN (City or town) WISCONSIN. (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business MEN'S CLOTHING STORE.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES LUCILLE McLAUGHLIN
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace GRANADA (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) ——— (Last name), who is related as ——— (Mother, etc.)

25. Attendant's **OWN** signature ——— M.D. Midwife ——— Address ——— Date

AFFIDAVIT

State of WASHINGTON } ss.
County of ASOTIN }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 24 years, and that DR. O.C. CARRSOW (First name) M.D. (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Agnes Lucille Dirks Signature

827-7th Street, Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of November, 1943

(SEAL)

Notary Public residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-219-026-299

381977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. #1 Box 42
(d) Name of Hospital or Maternity Home: stayed home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 29 months 8 days 1

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. #1 Box 42
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Ella Reva Madsen

5. Date of Birth of Child (Month, day, year) 12-19-1920

6. Sex femail 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter La Vern Madsen
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Briggs
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 6 alive (Born alive, stillborn) at 11 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Briggs Madsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson MD M.D. Midwife Address Rigby, Idaho Date Nov 16th 1943

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-212-044-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381980
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county x years x months x days x

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge

4. **FULL NAME OF CHILD** Nora Lucille Cape

5. Date of Birth of Child (Month, day, year) April 12, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Cape
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salem (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie A. Colson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cambridge (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the x Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Mae Wesolowski Signature
x 710-40th ave. Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 15th day of November, 1943

(SEAL) Ernest Verrier, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-209-018-296

381989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 10 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Velma May Grimm

5. Date of Birth of Child (Month, day, year) April 9, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Charles Grimm
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Buffalo, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Grace Brown
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Trinidad, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nezperce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Mrs. (first name unknown) Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1917 Session Laws.

Ruby Grace Grimm Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of December, 1943

(SEAL)

Carl Malmgren, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

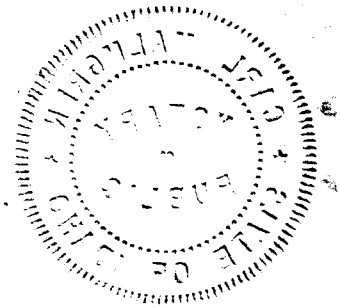
JUL 19 1945

DEC 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



234-102-036-386

381991

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36-2-16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Max Stuart

5. Date of Birth of Child (Month, day, year) 9/2/1930

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William E. Stuart.
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Thomas
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 7 3 years, and that Dr J.M. (First name) Kenns (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Thomas Stuart Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of November, 1943

(SEAL) Snow Clark Notary Public, residing at Malad, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-128-206-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Steve Fenton Phillips

5. Date of Birth of Child (Month, day, year) Feb. 28, 1920

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Walter Phillips
11. Color or Race White
12. Age at time of THIS birth 30½ yrs.
13. Birthplace Eagle Rock, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarice A Just
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Presto, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ two (b) ~~Born alive~~ and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00P M. on the date and at the place stated above, and that personal particulars were furnished by Clarice A Phillips (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida. Date 12-2-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-106-22-295

382077

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Jefferson (b) City Lorenzo
   (c) Street address or R. F. D. No. R.D. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home no hosp Days
   In THIS county since birth months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Lorenzo
   (d) Street address or R. F. D. No. R D 1
   (e) How long has MOTHER lived in Idaho? since birth yrs.
   (f) Mother's mailing address (For registration notice): Lorenzo R D 1, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Lorenzo R.D. 1 Idaho

4. **FULL NAME OF CHILD** Gerald Edward Browning

5. **DATE OF BIRTH** (Month, day, year) May 6th 1920.

6. Sex Male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Edward Browning

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Amis, Idaho
   (City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thelma Ringhorn

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Lewisville Idaho
   (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1/6

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
   (c) Born alive and now dead / (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Thelma Ringhorn Browning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 18 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson MD M. D. (D. O., Midwife, etc.)
   and address Rigby, Idaho Date June 15th 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____, No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

851 128 044 552

983125

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 28 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale, Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Harmon Ensley Yeager

5. Date of Birth of Child (Month, day, year) Nov. 28, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander John Yeager
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace — (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ellen Ensley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Indian Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for since birth years, and that Dr. Humber (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Ellen Yeager
Signature
3835 N.E. Union Ave. Portland, Oregon
P. O. Address

Subscribed and sworn to before me at Portland, Oregon this 22nd day of December, 1943

(SEAL) My commission expires Sept. 17, 1947

Bruce Y. Curry
Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 207 003 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383139
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth) Power
(a) State Idaho (b) County ~~Power~~
(c) City Crystal
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Bernice Crump
5. Date of Birth of Child (Month, day, year) July 7, 1970
6. Sex X
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Merion James Crump
11. Color or Race W.
12. Age at time of THIS birth 29 yrs.
13. Birthplace Robin (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora M. Loper
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lumberton (City or town), Miss (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ora (First name) Crump (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Pocatello Idaho Date 12-20-1943

State of ..... } ss.
County of .....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-13246

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Ilona Weeding Bolstad

5. Date of Birth of Child (Month, day, year) Aug. 17, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arne Bolstad
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Lyster (City or town) Norway (State or foreign country)
14. Exact Occupation Section Laborer
15. Industry or Business Oregon Short Line R. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ingeborg Dorthea Weeding
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Dale (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6.30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ingeborg Bolstad (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature R. W. Lucas M.D. M.D. Midwife Address Midvale, Utah Date 12-20-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383156
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? always yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vaughn Green Peterson

5. Date of Birth of Child (Month, day, year) Feb. 8-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Richard Peterson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Midville (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer-& Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Floett Green
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Menan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Dr. (First name) Jones (Last name), who attended this birth (Is now deceased) or [redacted] I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floett Green Peterson Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Dec, 19 43

(SEAL) Dee Stowell, Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

See Court Order Changing Name attached to Cert # 106513 383313

United States 349-106-022893 (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Eldon Dwane ~~Curr~~ CURVO

5. Date of Birth of Child (Month, day, year) Apr. 6, 1920.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra W. Curr
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Sophia Hill
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Egin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that Dr. W.B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice S Curr Signature
Chester, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 1944

(SEAL) O. Inseroy Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IN THE DISTRICT COURT OF THE NINTH JUDICIAL DISTRICT OF THE STATE OF IDAHO IN AND FOR THE COUNTY OF

FREMONT

- - -

In the matter of the application of)
Eldom Dwane Curr and)
Leo Oliver Curr, brothers,) ORDER
for change of surname.)
- - - - - - - - -)

This cause came on regularly to be heard before the above entitled Court, sitting without a jury, at the Court Room of said court at Idaho Falls, Idaho on the 20th day of April, 1951, which is the day heretofore appointed by order of this Court for hearing said matter. Willard C. Burton, Attorney at Law, of St. Anthony, Idaho, appeared for and on behalf of the petitioners, and no one appeared to object to the said petition, and it appeared that no objections have been filed herein.

It appeared to the Court that the application of Eldon Dwane Curr and Leo Oliver Curr for change of surname was filed in the said Court on the 2nd day of March, 1951, and that publication of notice o f hearing was made thereafter in the form and manner and for the time required by law, that the date of hearing thereof was set by this Court, and that no one has filed any objections thereto, and that no one has now appeared to object thereto;

And competent evidence having been introduced in support of petitioners' application, and from which evidence the Court finds that the petitioners, Eldon Dwane Curr and Leo Oliver Curr, and each of them, now bear the surname Curr and that there is good reason for changing said surname to Curvo.

NOW THEREFORE, by reason of the law and the premises and upon motion of Willard C. Burton, attorney for petitioners,

IT IS HEREBY ORDERED that the surname of Eldon Dwane Curr be, and it is hereby, changed to Curvo, and that the said Eldon Dwane Curr, hereafter be known as Eldon Dwane Curvo.

AND IT IS FURTHER HEREBY ORDERED that the surname of Leo Oliver Curr be, and the same is hereby changed to Curvo, and that the said Loe Oliver Curr hereafter shall be known as Leo Oliver Curvo.

Henry S. Martin

District Judge

STATE OF IDAHO,)
) ss:
County of Fremont)

I, ~~T. H. Foley~~ Jack A. Stone, Clerk of the District Court, and Ex-Officio Auditor and Recorder, in and for the County of Fremont, State of Idaho, do hereby certify that the attached is a full, true, and correct copy of a certain Order, In the matter of the application of Eldon Dwane Curr and Loe Oliver Curr, brothers, for change of surname.

as the same now appears of record on file in my office, as instrument No. 271379

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of my office this 25 day of April A. D., 1951.

Jack A. Stone
Clerk of District Court, and Ex-Officio Auditor and Recorder
By Maud Bird

799 116 022-119

United States Department of Commerce Bureau of the Census

JAN 17 19[illegible]

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383376
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No. Rexburg Rout. 1.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No. Rexburg #4
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem Idaho

4. **FULL NAME OF CHILD** Harold James Griffin

5. Date of Birth of Child (Month, day, year) April, 16, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jesse F. Griffin
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Electa Jardine
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Madison, } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 24 years, and that Martha Griffin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Electa J. Griffin Signature

118 West 1st North, Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 44

(SEAL) Jacob A. Parker, Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-130035 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 384578

State File No. 384578
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 7 months No days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Snow.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Snow Idaho.

4. **FULL NAME OF CHILD** Elbert Elvin Anderson.
5. Date of Birth of Child (Month, day, year) Jan 30.-20
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9.
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Andrew Anderson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wilks Boro. N.C. (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business Log cutter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julah Pocola Anderson.
17. Color or Race White.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lorane Oregon. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Bertha Carpenter M.D. Midwife Address Lapwai Date Dec 23-43

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julah Anderson. Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 — 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-222-006 252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384676
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Goshen
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goshen, Idaho

4. **FULL NAME OF CHILD** Velate Olsen

5. Date of Birth of Child (Month, day, year) May 22, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Olaf Peter Olsen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Julia Sessions
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Afton (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for Since Birth years, and that [illegible] Sessions (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Julia Sessions Olsen Signature
3109 Field St Longview Wash. Address

Subscribed and sworn to before me this 4 day of Feb, 1944

(SEAL) B R Morris, Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-121-010-652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 6
(d) Name of Hospital or Maternity Home: Residence at U. P. & L. Co. Plant
(e) Mother's stay BEFORE delivery: IN THIS county Born Here years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 6
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Richard Drake West

5. Date of Birth of Child (Month, day, year) 12-21-1920

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alma Henry West
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Supt. of Power Plants
15. Industry or Business Electrician

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Bernice West
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Corinne, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Alma (First name) West (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr C E Rogers MD M.D. ~~Midwife~~ Address Pocatello Ida Date 2/7/44

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 0 1971

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

955- 130 009 553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384721
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonners (b) City Kootenai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Kootenai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RAYMOND RICHARD REED

5. Date of Birth of Child (Month, day, year) October 30, 1920.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Archie Leo Reed
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sock[redacted] Minn. (City or town) (State or foreign country)
14. Exact Occupation Logger & lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bell E Nelson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hope Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. H. L. Reed M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-117020 251

384732

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home: Home ~~Hospital~~ residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 1 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mt. Home
   (d) Street Address or R.F.D. No. X
   (e) How long has **MOTHER** lived in Idaho? 14, 1mo, 10 ~~days~~ yrs

3. **RESIDENCE OF FATHER** (city, state) Mt, ~~Idah~~ Idaho

4. **FULL NAME OF CHILD** Chester Beach Porter

5. Date of Birth of Child (Month, day, year) Dec 17th 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRED PORTER
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St.Joseph (City or town) Mo. (State or foreign country)
14. Exact Occupation for self
15. Industry or Business Sawmilling

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Elizabeth Beach
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Manitoba (City or town) Canada (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Susie E. Porter (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J E Evans M.D. ~~Midwife~~ Address Mountain Home Ida Date 2-14-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Hedger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1962

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-213006814

384766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Goshen
(c) Street address or R. F. D. No. R2 Shelley
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home ..... Days
In THIS county 9 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State ..... (b) County .....
(c) City .....
(d) Street address or R. F. D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
..... (Street or R. F. D.) ..... (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Mary Anderson

5. DATE OF BIRTH (Month, day, year) 8-13-1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Anderson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Denmark (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Marie Dalgas Hansen

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Denmark (City or Town) (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olga M. D. Hansen (First name) (Last name) who is related to this child as Mother (Mother, etc.)

Was a standard serological test for syphilis performed?
Yes____ No____ Date sample taken____

26. (a) FEB 17 1944 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by Mary Holder (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M. D. (D. O., Midwife, etc.)
and address Shelley Date 1-27-44

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 19 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

243-BR-236-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385834
Local Reg. No.
Reg. Dist. No. 451

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No. Route #3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. Route #3
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho

4. **FULL NAME OF CHILD** Norma Butler

5. Date of Birth of Child (Month, day, year) 8-8-20

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Calvin Butler
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Joseph (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Rebecca Goold
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bellvue Washington Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Horace C. Butler (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E.K. Elmore M.D. Midwife Address Rupert. Idaho Date 2-16-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-224-033-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Coral Verell Petersen

5. Date of Birth of Child (Month, day, year) June 24, 1920

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Dewain Petersen
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salem (City or town) Idaho (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Smith
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Madison } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that Dr. Lorin F. Rich (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Dewain Petersen Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 44

(SEAL) Daniel Rich, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-319-210-545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385907
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 515 E St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 515 E St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Dorothy Elaine Poulter

5. Date of Birth of Child (Month, day, year) Oct. 19, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Orla Frank Poulter
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ogden (City or town), Utah (State or foreign country)
14. Exact Occupation Oil Truck driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Jane Nunn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bridgeport (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 2-15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Poulter (Last name), who is related to this child as Mother (Mother, etc.)

25. ~~Attendant's~~ Doctor Sig OWN signature Dr C E Rogers DO M.D. ~~Midwife~~ Address Pocatello Ida Date 2/16/44

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed ~~in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-131-037-356

385908

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cowyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? since 1862 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wilfred Lewis Hall

5. Date of Birth of Child (Month, day, year) Dec 31 1920

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred B. Hall
11. Color or Race
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hepner (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer & stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Lewis
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Lowell Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Owyhee } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betty Hall Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of Feb., 1944

(SEAL) George R. Jones, Notary Public, residing at Bruneau

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 1 1944 by Mary Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

230-21-1824-132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 806 - 3rd
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 806 - 3rd
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD Margaret Belle Stoddard

5. Date of Birth of Child (Month, day, year) May 19, 1920

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leland Merle Stoddard
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Dravet (City or town), South Dakota (State or foreign country)
14. Exact Occupation Business-man
15. Industry or Business Transfer & Fuel

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Mary Asbury
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Clearwater (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that Dr. Holden (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Asbury Stoddard Signature
121 2nd St. P. O. Address

Subscribed and sworn to before me this 25 day of Feb., 1944
(SEAL) Harry F. Welch Notary Public, residing at Coeur D'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mark Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1971

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-20-0022-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City ST. Anthony
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) ST. Anthony Id.

4. FULL NAME OF CHILD Wanda Anita Stewart

5. Date of Birth of Child (Month, day, year) March 1, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Stewart
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Clarkston, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leonie Birch
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of [illegible] } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 23 years, and that (First name) Watkins (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonie Birch Stewart Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1944

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Nov. 14, 1944

Received for filing on MAR 1 - 1944 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-129-026-394

386021

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BINGHAM (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City Woodville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodville Ida.

4. **FULL NAME OF CHILD** WARREN ALDEN MATHEWS

5. Date of Birth of Child (Month, day, year) 29 11 1920

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HEBER GRANT MATHEWS
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace HOPPER UTAH (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUELLA McBRIDE
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace HYRUM UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank Mathews (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Ida Date 3-4-44

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Warren Alden Mathews Signature

Pocatello Idaho Route 2 P. O. Address

Subscribed and sworn to before me this 4th day of March, 1944

(SEAL) M. L. West Justice of Peace Notary Public, residing at Shelley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1944 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-196 035-226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 1712 - 10 ave
   (d) Name of Hospital or Maternity Home: St. Josephus Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Charles Albert Rodgers

5. Date of Birth of Child (Month, day, year) Aug 6-1920

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles John Rodgers

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Wilson Jr. (City or town) Iowa (State or foreign country)

14. Exact Occupation R.R.

15. Industry or Business R. R. R. A.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Thomas

17. Color or Race W

18. Age at time of THIS birth 30 yrs.

19. Birthplace Center Point Iowa (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum agnis sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1-32 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Rodgers (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John H. Alley M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 1944 by Mabel Hodges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

315-120-05-217

386061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
New Reg. Dist. No. 520

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Wayan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Desmond Call

5. Date of Birth of Child (Month, day, year) Sept 20, 1920

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Call
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fairview, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Kahahi
17. Color or Race I
18. Age at time of THIS birth 25 yrs.
19. Birthplace Makawao Hawaii (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emily Call (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tigert M.D. ~~Midwife~~ Address Soda Springs Idaho Date 3/4/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1944 by Dr. Russell Tigert, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occured~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563-21-0142-268

386065

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. RR #1
   (d) Name of Hospital or Maternity Home: In home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. RR #1
   (e) How long has **MOTHER** lived in Idaho? 4y. 4m. 4d. yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** MATILDA VOTROUBEK

5. Date of Birth of Child (Month, day, year) 1/11/1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** John Votroubek
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Luze (City or town) Czechaslovakia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stephanie Kohoutek
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Luze (City or town) Czechaslovakia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bonn (Born alive, stillborn) at one P.M. on the date and at the place stated above, and that personal particulars were furnished by Stephanie Votroubek (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Votroubek Attendant ~~M.D.~~ Midwife Address Buhl Ida. Date 1/14/44

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that John (First name) Votroubek (Last name), who attended this birth is living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Votroubek Stephanie Votroubek Signature

Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of November, 1943

(SEAL) A. J. Amos, Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1944 by Mabel Hodgson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F64-115-014-299

386109 386109

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 386109
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) ~~Street Address~~ or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) ~~Street Address~~ or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Charles Cleveland Young

5. Date of Birth of Child (Month, day, year) July 15, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Pearl Young
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hutchinson (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Evelyn Kirkland
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Madisonville (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Rebecca Kirkland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lela E. Young Signature
Route #4 Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of April, 1944

(SEAL) Marie Markowski, Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 - 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1948

DEC 11 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344-21-7223-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) ~~Street~~ Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 7 yrs. 11

3. RESIDENCE OF FATHER (city, state) St. Anthony Ida.

4. FULL NAME OF CHILD Irene Elenore Trupp.

5. Date of Birth of Child (Month, day, year) 11-11-20

6. Sex female

7. Twin or Triplet

If so—born ~~1st, 2nd, 3rd~~ 7 child.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Trupp.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Frank (City or town) Russia (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Margaret Lettman
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Frank (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Trupp (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mabel W. Hill M.D. ~~Midwife~~ Address St. Anthony Ida. Date Mar 2 44

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1944 by Mabel Hill, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-125033-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387274
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Hibbard
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home of Hattie M Rigby
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 2 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Hamer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Sidney Earl Brown

5. Date of Birth of Child (Month, day, year) 10/25/1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney Earl Brown Sr.
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Plano (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming & Cattle raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel R Lucas
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Plano (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. S Earl Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Joseph Walker M.D. ~~Midwife~~ Address Rexburg Date 10/25/20

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-212028-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387283
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Cataldo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Cataldo
   (d) Street Address or R.F.D. No. ——
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cataldo, Idaho

4. **FULL NAME OF CHILD** Katherine Loretta Miller

5. Date of Birth of Child (Month, day, year) March 12, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Miller
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Prince Edward Island, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer - now deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina LaSarte
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cascade, Montana (City or town) (State or foreign country)
20. Exact Occupation house wife - now deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol -
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg Ida Date 3/16-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1920 - 84375 OR 2.

CERTIFICATE OF DEATH

NOT MARKED TWINS

CERTIFICATE NUMBER: 2014-029543

DATE ISSUED: 07/19/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHERINE LORETTA
LAST NAME(S): PROCTOR

COUNTY OF DEATH: THURSTON
DATE OF DEATH: DECEMBER 19, 2014
HOUR OF DEATH: 04:15 AM
SEX: FEMALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: 534-22-7411

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MARCH 12, 1920
BIRTHPLACE: CATALDO, ID

20-387283

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER
INDUSTRY: ELEMENTARY EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: KAREN PROCTOR
RELATIONSHIP: DAUGHTER
ADDRESS: 8407 SUMMERWOOD DRIVE SE, OLYMPIA, WA 98513

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 8407 SUMMERWOOD DRIVE SE
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98513

RESIDENCE STREET: 8407 SUMMERWOOD DR SE
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98513
INSIDE CITY LIMITS: NO COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: HENRY MILLER
MOTHER/PARENT: CHRISTINA LA SARTE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ODD FELLOWS MEMORIAL PARK

CITY, STATE: TUMWATER, WASHINGTON
DISPOSITION DATE: DECEMBER 26, 2014

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON - TUMWATER
ADDRESS: 455 NORTH ST SE
CITY, STATE, ZIP: TUMWATER, WASHINGTON 98501
FUNERAL DIRECTOR: TRENT D. NIELSEN

236-123-001-813

387327

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada Co. (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Colorado (b) County Routt
(c) City Hayden
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Hayden, Colo.

4. FULL NAME OF CHILD Howard Leon Scott

5. Date of Birth of Child (Month, day, year) Dec. 23, 1920

6. Sex Male

7. Twin or Triplet If so—born (1st) 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank H. Scott
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Magdalena Halte
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hollowayville, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonaterum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Lena (First name) Scott (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's ~~OWN~~ signature M.D. Midwife Address Date

State of State of Colo. } ss.
County of County of Routt }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Alice (First name) Wilson (Last name), who attended ~~this birth~~ is now deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frank H. Scott Signature

Box 177 Hayden, Colorado P. O. Address

Subscribed and sworn to before me this 21st day of March, 19 44

(SEAL) Clerk Dist. Ct. Notary Public, residing at Steamboat Spgs.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) 6818

Received for filing on MAR 28 1944 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

283-128-006-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387560
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days At home

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Merlan Earl Kelsey

5. Date of Birth of Child (Month, day, year) 7-28-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Earl Kelsey

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Melburn (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Gregerson

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Basalt (City or town) Idaho (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emily Gregerson (First name) Kelsey (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Idaho Date 4/6/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 119 003 319

387621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 639 N. Main
   (d) Name of Hospital or Maternity Home: Residence - 639 N. Main
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello Idaho
   (d) Street Address or R.F.D. No. 639 N. Main
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Edward Carlyle

5. Date of Birth of Child (Month, day, year) March 19, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leslie Carlyle
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Greenfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business U.P. Railroads

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Emma Carlyle
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Preston (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Edna Emma (First name) Carlyle (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 34 years, and that Dr. (First name) Talley (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna E. Carlyle Signature

406 N. Garrison P. O. Address

Subscribed and sworn to before me this 14th day of April, 1944

(SEAL) Grace Buttrie, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-20-028-419

386639 388639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City COEUR D'ALENE
   (c) Street Address or R.F.D. No. 1009 Fourth St
   (d) Name of Hospital or Maternity Home: Reed's Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1009 Fourth St
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** RUTH MAREE NASH

5. Date of Birth of Child (Month, day, year) October 1, 1920

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude Hartley Nash
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace South Dakota (City or town) (State or foreign country)
14. Exact Occupation Insurance Adjuster
15. Industry or Business Workmen's Compensation Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Etta Dart
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr. Sturgis
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Dr. Sturgis (First name) (Last name), who attended this birth cannot be reached (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Nash Signature
1701 Jefferson, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1944.

(SEAL)

Willard L. Easterbrooke, Notary Public, residing at Boise, Idaho
Comm. Expires Oct. 14, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

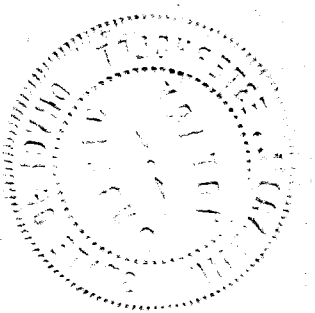
APR 25 1944

AUG 6 - 1988

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-202-001-799

388643 388643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Ruth Evelyn Danzer

5. Date of Birth of Child (Month, day, year) May 2, 1920

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Rex Danzer
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Townsend, Montana (City or town) (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Jane Grimes
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Hindsville Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 24 years, and that Dr. Ward (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Jane (Danger) Wisbey
Signature

Rt. 1, Kelso, Washington
P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 44.

(SEAL)

A B Eastman, Notary Public, residing at Winlock

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by [illegible], Registrar.

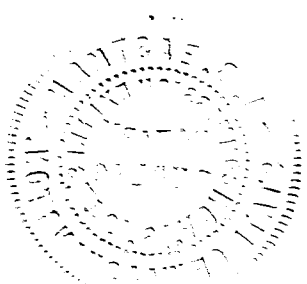
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893-22700-867

388679

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388679
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. R
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Nina Belle Hickman

5. Date of Birth of Child (Month, day, year) Dec 24 - 1920

6. Sex F

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months Dec. 24, 1928 of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Clarence Hickman
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sheldon (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lucy Hogle
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Illinois (City or town) Sheldon (State or foreign country) Ill.
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at 12.45 A.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr. Dutton (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Lucy Hickman Signature
Meridian R. Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 19 44

(SEAL) Julius Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-223-001-958

388680 388680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388680
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ada (b) City Kuna
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ada
(c) City Kuna
(d) Street Address or R.F.D. No. R 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Mable German
5. Date of Birth of Child (Month, day, year) May 23. 1920
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Floyd German
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Exeter (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Maud Reynolds
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace ~~[illegible]~~ Viola (City or town) Mo. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for years, and that Maud German Baird (First name) Dr. Coleman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud German Baird Signature
Kuna Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 19-1944 by Mabel Helder, Registrar.

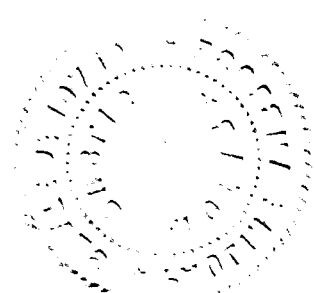
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



952-231-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Worley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City Worley.
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Mildred Clarice Inks

5. Date of Birth of Child (Month, day, year) 1/31/20

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Alvin Inks
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Shipshewana, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bender Smith
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Shipshewana, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 24 years, and that George A. Inks, Father (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L. Lindsay Signature
1037 - E. 14 St. Oakland Cal. P. O. Address

Subscribed and sworn to before me this 28th day of April, 1944

(SEAL) Florence Corbett Notary Public, residing at 326-B-14th Oakland Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

681-220-028-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388975
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Cataldo, Idaho

4. FULL NAME OF CHILD Marianna Whalen

5. Date of Birth of Child (Month, day, year) May 20, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Matthew Whalen
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cataldo (City or town) Idaho (State or ~~foreign country~~)
14. Exact Occupation Laborer
15. Industry or Business Timber Association

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Elizabeth Couture
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Ignatius (City or town) Mont (State or ~~foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~Mother~~ Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 3/4 years of age, that I have known this person for 24 years, and that Anna Whalen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Matthew Whalen Signature
Rt. 1, Grand Ronde, Ore P. O. Address

Subscribed and sworn to before me this 11th day of May, 1944.

(SEAL) W Beck, Notary Public, residing at Willamina, Ore

My Commission expires Oct. 8, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by Mal J Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 11
DEC 3
MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-208-206-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388976
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 11½ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21yr 11½mo.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Rita Lucy Warren

5. Date of Birth of Child (Month, day, year) Feb. 8, 1920

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Lavour Warren
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Mapleton, (City or town) Utah (State or foreign country)
14. Exact Occupation Butcher's Helper
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Rosette Crouch
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Moreland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Dr. (not known) (First name) Roberts (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Rosette Crouch Warren Signature

233 Randolph Avenue P. O. Address

Subscribed and sworn to before me this 5th day of May, 1944

(SEAL)

Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by Mabel Holder, Registrar.

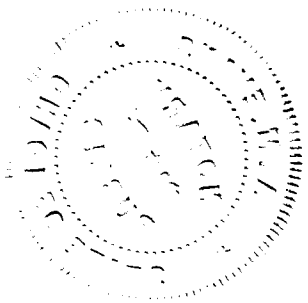
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



N 619-208-006-396

388977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 11½ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21yr 11½mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Leta Rose Warren

5. Date of Birth of Child (Month, day, year) Feb. 8, 1920

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Lavour Warren
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Mapleton, (City or town) Utah (State or foreign country)
14. Exact Occupation Butcher's Helper
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Rosette Crouch
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Moreland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Dr. (not known) (First name) Roberts (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Rosette Crouch Warren Signature
233 Randolph Avenue P. O. Address

Subscribed and sworn to before me this 8th day of May, 1944

(SEAL)

Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 ? 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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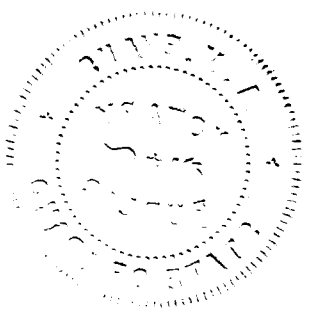


349-108 Dp2-318

388989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Butte (b) City Arco
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Clyde
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clyde Idaho

4. **FULL NAME OF CHILD** Joseph Taylor Curtis

5. Date of Birth of Child (Month, day, year) May 8 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Erastus Franklin Curtis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Malad (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer, Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Exia Eva Taylor
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Vale (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive ~~and now living~~ dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana
County of Silver Bow } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that ~~Joseph Taylor~~ (First name) ~~Curtis~~ (Last name) Mrs. R. L. Sutcliffe - cannot be located (Is now deceased) or (Cannot be located), who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erastus Franklin Curtis Signature

1130 California Ave., Butte, Montana P. O. Address

Subscribed and sworn to before me this 10th day of May, 19 44.

(SEAL)

Rudolph J. Klimo Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 4/15/45

Received for filing on MAY 15 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-225042-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 389002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Idaho
   (c) Street Address or R.F.D. No. Route 3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 5 days 23

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City
   (d) Street Address or R.F.D. No. Route 3
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Cecelia Ann A. Barthett

5. Date of Birth of Child (Month, day, year) July 25 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 month

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Adolphus Barthett
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Leapole (City or town) W. Va. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Ida Kelley
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Long Run (City or town) W. Va. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1%

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 1:35 P M. on the date and at the place stated above, and that personal particulars were furnished by Adolph (First name) Barthett (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature John F. Loughlin M.D. ~~Midwife~~ Address Twin Falls Idaho Date May 3 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 230019 493

390071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother's Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 33 years 6 months 5 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Lifetime yrs.
(f) Mother's mailing address (For registration notice): Challis Idaho Box 74
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Challis Ida

4. FULL NAME OF CHILD Elsie Julia Bradshaw
5. Date of Birth (Month, day, year) Aug. 30 1920
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Washington Bradshaw	16. FULL MAIDEN NAME Pearl Elizabeth Millick
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 3 9 3-28 yrs.	18. Age at time of THIS birth 33 yrs.
13. Birthplace Crystal Idaho (City or Town) (State or foreign country)	19. Birthplace Challis Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer & Stockraiser	20. Exact Occupation Wasteacher - Rancher
15. Industry or Business Farming	21. Industry or Business Ranchers Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:15 P M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Pearl Bradshaw, who is
(First name) (Last name)
related to this child as Pearl E Mother Bradshaw
(Mother, etc.)

26. (a) MAY 18 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature Della McGowan M.D. (D.O., Midwife, etc.)
and address Challis Date ~~Aug~~ 1921
Dec. 11, 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 22 1954

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

MAY 3 1954

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

295-208035 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390133
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZPERCE (b) City SPALDING
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZPERCE
   (c) City SPALDING
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** MAXINE ALMA KRESS

5. Date of Birth of Child (Month, day, year) DEC. 8 1920

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** BEN FRANKLIN KRESS
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace HUNTINGBURG (City or town) INDIANA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BESSIE BEATRICE WALKER
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace KENDRICK (City or town) IDAHO (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ben Franklin Kress (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 23 years, and that Dr (First name) White (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Franklin Kress Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1944.

(SEAL) E F Chartrand, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-111 01 4 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ø
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 9 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Wayan Ida.
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs 13 days.

3. **RESIDENCE OF FATHER** (city, state) Wayan - Idaho

4. **FULL NAME OF CHILD** Ellis Garland Stoor

5. Date of Birth of Child (Month, day, year) July - 11 - 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Roy Robert Stoor
11. Color or Race White
12. Age at time of THIS birth 25 yrs. 9 mo.
13. Birthplace Henry (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Elsie Stanley
17. Color or Race White
18. Age at time of THIS birth 23 yrs. 9 mo.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at about 1 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mildred Elsie Stoor (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now forty six years of age, that I have known this person for ____ years, and that Dr. Ellis Kackley (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Elsie Stoor Signature

P. O. Address

Subscribed and sworn to before me this 26th day of May, 1944

(SEAL)

W. S. Michelsen, Notary Public, residing at Draper, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

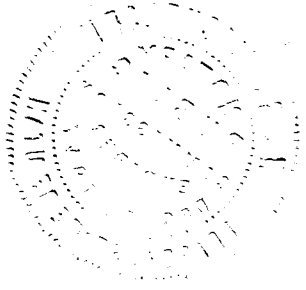
JUN 1 1944

1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-216-001-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390220
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City New Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Lucile
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lucile, Idaho

4. **FULL NAME OF CHILD** Girl Velma Clark

5. Date of Birth of Child (Month, day, year) 7/16/20

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward H. Clark
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sturgis (City or town) S. Dakota (State or foreign country)
14. Exact Occupation Stockman & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Annabel Furlegh
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Heron Lake (City or town) Minn. (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. (First name) Gregg (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Laura Annabel Clark Signature
Kennewick, Wash Rt. I P. O. Address

Subscribed and sworn to before me this 29 day of May, 1944

(SEAL) L E Johnson, Notary Public, residing at Kennewick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 0 3 2002

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session ~~Laws, has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 911 12th Ave. So.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 911 12th Ave. So.
   (e) How long has **MOTHER** lived in Idaho? Three yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Georgia May Splinter

5. Date of Birth of Child (Month, day, year) May 17, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August W. Splinter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Monroe (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys M. Woodford
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Carroll (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for since birth years, and that Dr. H. C. Robinson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. August W. Splinter Signature

Nampa, Idaho P. O. Box 371 P. O. Address

Subscribed and sworn to before me this 7th day of June, 1944.

(SEAL) W Budell, Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by Mabel Folger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-216-003-346

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Arimo
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address 211 So. Shilling, Blackfoot, Idaho
3. **RESIDENCE OF FATHER** (city, state) Arimo, Idaho

4. **FULL NAME OF CHILD** Ladorna Elizabeth Farr
5. Date of Birth (Month, day, year) 7/16/20
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lucian Coridan Farr Jr.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Lufkin
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) JUN 13 1944 (Date received) (b) Mary Felder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** J. J. Hartvigsen M.D. or..... (D.O., Midwife, etc.)
and address Pocatello, Ida. Date 5-24-44

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City
   (c) Street Address or R.F.D. No. Rupert, Ida R F D. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Rupert R F D #1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida R FD

4. **FULL NAME OF CHILD** Dorthy Marie Paul

5. Date of Birth of Child (Month, day, year) 1-15-1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** W C Paul
11. Color or Race W.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Blue Rapids (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Jennrick
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Russell (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at A . M. M. on the date and at the place stated above, and that personal particulars were furnished by Marie Jennrick (First name) Paul (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C P Groome M.D. Midwife Address Rupert Ida R FD 1 Date 6-9-44

AFFIDAVIT

State of Idaho
County of Minidoka } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 24-yrs 4M 16Days years, and that C P. (First name) Groome (Last name) M D, who attended this birth not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Jennrick Paul Signature

Rupert, Ida P. O. Address

Subscribed and sworn to before me this 9th day of June, 19 44

(SEAL)

, Notary Public, residing at Rupert, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-21-020-495

191466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City King Hill
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dawana Mae Parks

5. Date of Birth of Child (Month, day, year) Nov 18, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** May Edward Parks
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Park Rapids Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business in business for himself

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Madge Kathleen Mink
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace near Richmond Va. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that (can't recall the Doctor's name (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located)) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC IN AND FOR THE STATE OF OREGON
MY COMMISSION EXPIRES MAY 1st, 1945.

Signature Madge Kathleen Mink Parks Brown

P. O. Address 420 - 24th Ave Long View Wash.

Subscribed and sworn to before me this 17th day of June, 1944

(SEAL)

Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

141-223-DCI-968

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Riverside
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Riverside
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8Mths yxxx
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Riverside, Id

4. **FULL NAME OF CHILD** Violet Adamson
5. Date of Birth (Month, day, year) June 23, 1920
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Poe Adamson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Baker County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viva Royal
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Ohio County Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 19 1944 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am related to (Related to (or) acquainted with) Violet Adamson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Paul Reiman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. E.P. Adamson Name
1708 N. 7th St. Boise Ida. P. O. Address

Subscribed and sworn to before me on this 19 day of July 1944

(SEAL) Notary Public, residing at Boise Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

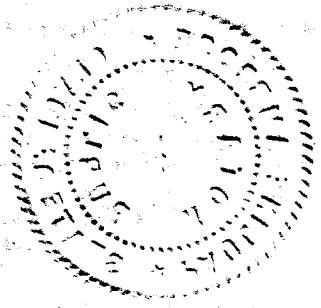
AUG 9 1948

JUL 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

469-123-042-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital ~~or Maternity Home~~: Twin Falls Co - General
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hollister
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Keith Morrell Mort

5. Date of Birth of Child (Month, day, year) Feb 23 - 20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rollie Lee Mort
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Burnside, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farm hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Edith Morrell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace La Harpe, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Edith Mort (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Charles R. Scott M.D. ~~Midwife~~ Address Twin Falls Date July 5-'44

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 24 years, and that ~~Charles R. Scott M.D.~~ (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-27-1029-852

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 391638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LaTah (b) City PoTLaTch
   (c) Street Address or R.F.D. No. Larch STreet
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LaTah
   (c) City PoTLaTch
   (d) Street Address or R.F.D. No. Larch STreet
   (e) How long has **MOTHER** lived in Idaho? Three yrs.

3. **RESIDENCE OF FATHER** (city, state) PoTLaTch, Idaho

4. **FULL NAME OF CHILD** DorThy WauTheen SwiFT

5. Date of Birth of Child (Month, day, year) May 21-1920

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) Neither

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George SwiFT
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dayton (City or town), Washington (State or foreign country)
14. Exact Occupation BraKesMan
15. Industry or Business W.R.S. RAILroad - COMPANY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ada Hebron
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace UnioN TowN - Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif. } ss.
County of Napa }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61. years of age, that I have known this person for 24 years, and that Dr. Hynes (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary. Ada Willett Signature

2084 West Park Napa P.O. Address

Subscribed and sworn to before me this 5th day of July, 1944.

(SEAL) Scott Tandy Notary Public, residing at Napa, Calif.

MY COMMISSION EXPIRES NOV. 26, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

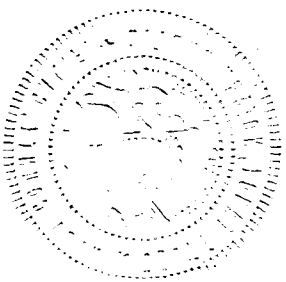
JUL 10 1944

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-120-034-758

391650

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Minidoka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Minidoka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? six yrs.

3. **RESIDENCE OF FATHER** (city, state) Minidoka, Idaho

4. **FULL NAME OF CHILD** Wilhelm Gustav Burgstahler

5. Date of Birth of Child (Month, day, year) April 20, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Gottlieb Burgstahler
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Russian Poland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Theresa Pehl
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Russian Poland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Mrs. Grifferton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna T. Burgstahler Signature

Route 5, Box 580, Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1944

(SEAL) Thomas A. Lowry, Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

439-205-034-214

391670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Paul
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Paul
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paul, Idaho

4. **FULL NAME OF CHILD** Sarah Joanne Utz

5. Date of Birth of Child (Month, day, year) Nov. 5, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Utz
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie ~~Utz~~ Bauer
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature David Utz M.D. Midwife Address Route II Box 195A; Lodi, Calif. Date July 5, 1944

State of CALIFORNIA
County of SACRAMENTO } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Utz Signature

Route II Box 195A Lodi, Calif P. O. Address

Subscribed and sworn to before me this 6th day of July, 19 44

(SEAL)

J. O. Murphy Notary Public, residing at Sacramento County of Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-118-016-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Rex Everett Engelking

5. Date of Birth of Child (Month, day, year) 4/13/20

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank E. Engelking
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Joplin, Missouri U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Nellie Satchwell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Woodlake Minnesota U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5% years of age, that I have known this person for 24 years, and that Dr. Cooper (First name) (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank & Clara Engelking Signature

Albion, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1944

(SEAL) [signature], Notary Public, residing at Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-103-010-815

391693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: People's Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leonard LeRoy Covert

5. Date of Birth of Child (Month, day, year) Feb. 3- 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Covert
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Yancey Covert
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:30 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Grace Covert (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature John O. Mellor M.D. Midwife Address Idaho Falls, Ida. Date Feb. 3 1920

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 24 years, and that Dr. J. O. Mellor (First name) (Last name), who attended this birth is above listed (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Yancey Covert Signature
387 West 19th, Idaho Falls, Ida. Address

Subscribed and sworn to before me this 5th day of July, 1944.

(SEAL) Nels Bigler, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

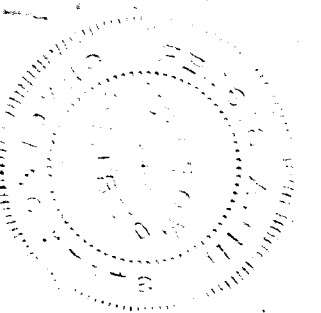
JUL 24 1944

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



329-224037-141

391705

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: in above town.
   In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Idaho

4. **FULL NAME OF CHILD** Olive Adelia Christison

5. Date of Birth of Child (Month, day, year) Aug 24, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Ceif Christison
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Farwell (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Vivian Adams
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bruneau (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Christison (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ida Adams Mahorney ~~M.D.~~ Midwife Address Bruneau, Idaho Date July 3, 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada
County of Lander } ss.

I, the ~~undersigned~~, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for life years, and that Ida (First name) Adams (Last name) Mahoney, who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Vivian Christison Signature
Battle Mountain Nevada P. O. Address

Subscribed and sworn to before me this 12th day of July 1944, 19

(SEAL) Louis R. Lemaire, Notary Public, residing at Battle Mtn Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1973

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

244-205-019-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391747
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Neither Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Vernal, Utah

4. **FULL NAME OF CHILD** Doris Dean Jensen

5. Date of Birth of Child (Month, day, year) Nov. 5, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Jensen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Vernal, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Ora Fenn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Vernal, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Doctor (First name) Jensen (Last name), who attended this birth, is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

4785 So. Clark — Mrs. Elsie Ora McRae Signature
Butte Montana P. O. Address

Subscribed and sworn to before me this 17th day of July, 1944

(SEAL)

Notary Public, residing at Bothell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1960

JUL 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364 208022 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ns years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Helen Faye Congdon

5. Date of Birth of Child (Month, day, year) Nov. 8, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Percy Edwin Congdon
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Prince Albert, Sask. Canada (City or town) (State or foreign country)
14. Exact Occupation Labourer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Dell Davis
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace St. Anthony Idaho (City or town) (State or foreign country)
20. Exact Occupation Nurse-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that Mrs. J. H. Davis (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. P. E. Congdon Signature
162 Main St. Bingham Canyon P.O. Address

Subscribed and sworn to before me this 12th day of July, 1944

(SEAL)

John S. Hart, Notary Public, residing at Bingham Canyon Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

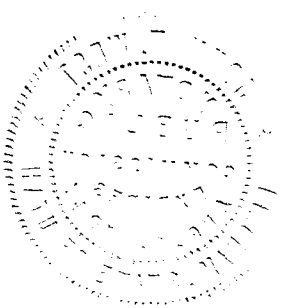
AUG 5 1971

JUL 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



353-111-003-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392871
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** VICTOR VIRGIL TELFORD

5. Date of Birth of Child (Month, day, year) DEC. 11, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GEORGE VICTOR TELFORD
11. Color or Race Caucasian
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Managing Equity Elevator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jane Sant
17. Color or Race Caucasian
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Practical Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Jane (First name) Telford (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that DOCTOR (First name) HUBBARD (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Telford Signature

535 4th Avenue North, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of July, 1944

(SEAL) Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 28 1944 by Mary Folger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1976

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 123 025 619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302997
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 Years yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Idaho

4. **FULL NAME OF CHILD** ~~Lenard~~ Leonard Ray Robbins

5. Date of Birth of Child (Month, day, year) Jan. 23, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Walter Scott Robbins
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cottonwood (City or town) Ida ho (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vinnie Brooklen Farmer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Coreyville (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 24 years, and that Dr. J. D. Shinick (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J D Shinick M.D. Grangeville Idaho — Harriet Brooklyn Robbins Signature

Clarkia P. O. Address

Subscribed and sworn to before me this 15 day of July, 1944

(SEAL) Ord Avery, Notary Public, residing at Clarkia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2,95-013-014-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Wilder
   (c) Street Address or R.F.D. No. R.F.D. #2
   (d) Name of Hospital or Maternity Home: Born in home at Wilder, R.F.D. #2
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 4 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Wilder
   (d) Street Address or R.F.D. No. R.F.D. #2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilder, Idaho

4. **FULL NAME OF CHILD** Mary Anna Lindsay

5. Date of Birth of Child (Month, day, year) July 13, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Allen Ezekiel Lindsay
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Greenfield, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Annis Shultz
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Hannah, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Lindsay (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W B Ford M.D. Midwife Address Boise Ida Date 8-14-1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-223-022-381

394305

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker Idaho

4. **FULL NAME OF CHILD** Elsie Nadine Thompson

5. Date of Birth of Child (Month, day, year) Dec. 23, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Raleigh Thompson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Columbia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Chadwick
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Breckenridge (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Gallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Dr J. E. Mellon (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leah Chadwick Thompson Signature

West Yellowstone Montana P. O. Address

Subscribed and sworn to before me this 29 day of Feb., 1944

(SEAL) A S Peterson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Montana. Residing at West Yellowstone, Montana, My Commission Expires February 23rd, 1946.

Received for filing on AUG 21 1944 by Mary Flynn Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DUP OF 20-93041

-143-222-010-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394337
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marjorie Joan Pickett

5. Date of Birth of Child (Month, day, year) Aug. 22-1920

6. Sex F

7. If Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest David Pickett
11. Color or Race W
12. Age at time of THIS birth 21 yrs.
13. Birthplace Butte, Montana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Lola Mace
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Shenandoah, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia (First name) Pickett (Last name), who is related as mother (Mother, etc.).

25. Attendant's **OWN** signature H. S. Jones M.D. Midwife Address Idaho Falls Ida Date Aug 10-44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date,~~ such ~~report~~ may be received ~~and~~ filed by the local registrar for record in the Bureau of Vital ~~Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report ~~is accompanied~~ by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

619-214-610-73

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 8th. ST.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 31 months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 8 ST.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** May Warr

5. Date of Birth of Child (Month, day, year) May 14, 1920

6. Sex female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sam Sherburn Warr
11. Color or Race white
12. Age at time of THIS birth ... yrs.
13. Birthplace Sheffield Yorkshire, England (City or town) (State or foreign country)
14. Exact Occupation COOK
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Charity Packer
17. Color or Race white
18. Age at time of THIS birth ... yrs.
19. Birthplace ... (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by MAT (First name) STONER (Last name), who is related as Friend (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that FRANCIS (First name) WARR (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Warr Signature

626 Hollister, San Fernando P. O. Address

My Commission Expires April 10, 1945

Subscribed and sworn to before me this 5 day of September, 1944

(SEAL) ... Notary Public, residing at San Fernando

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by ... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

619-214-010-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 8 St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 31 months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 8 St
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Mable Warr

5. Date of Birth of Child (Month, day, year) May 14, 1920

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sam Sherburn Warr
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Sheffield Yorkshire, England (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Charity Packer
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace RIVERDALE (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by MRS (First name) TOWER. (Last name), who is related as MOTHER friend (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5 5 years of age, that I have known this person for 24 years, and that FRANCIS (First name) WA[illegible] (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Warr Signature
636 Hollister St P. O. Address

My Commission Expires April 10, 1945

Subscribed and sworn to before me this 5 day of September, 19 44

(SEAL) Chas Gilden, Notary Public, residing at San Fernando

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by Mabel Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S54-216-001-133

394472

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394472
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Iva Mae Hedberg
5. Date of Birth of Child (Month, day, year) Aug 16, 1920
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John E. Hedberg
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie J. Van Aller
17. Color or Race W
18. Age at time of THIS birth 36 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr. Coleman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. E. Hedberg Signature
Kuna, R. 2 - Idaho P. O. Address

Subscribed and sworn to before me this 18 day of September, 1947

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 18-1947 by Mabel Helder, Registrar.

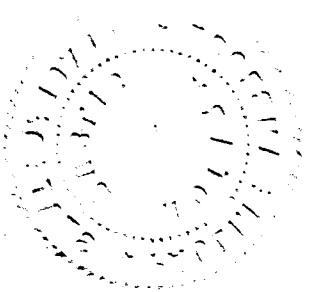
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-225-026-004

39450

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lorenzo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lorenzo
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lorenzo, Idaho

4. **FULL NAME OF CHILD** Wanda Lenora McLerran

5. Date of Birth of Child (Month, day, year) June 25, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Washington McLerran
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace American Falls, Idaho. (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Matilda Humphrey
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Independence Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon } ss.
County of Marion }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 24 years, and that Dr Albert P. Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice M. Kelly Signature

RT. B. X 94 H Salem Ore P. O. Address

Subscribed and sworn to before me this 11th day of October, 1944

(SEAL) Ivan L. Martin, Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1944 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-33-036-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395714
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home
   (e) Mothers stay BEFORE delivery: In THIS county 26 years 4 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Edith Lucille Jones

5. Date of Birth of Child (Month, day, year) August 31, 1920

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James L. Jones
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Malad, (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth S. Bake
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of ONEIDA. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr. J. F. ALTON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth B. Jones Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October, 1944.

(SEAL) Edward Woolley, Notary Public, residing at MALAD, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1944 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1967

OCT 10 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1920-82840

449-128 1922-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395720
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony, RFD#1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) The same

4. **FULL NAME OF CHILD** Donald Ray Murri

5. Date of Birth of Child (Month, day, year) Aug. 28, 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Emil Murri
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Scherli (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Johnson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol (Silver Nitrate)
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 24 years, and that Dr. Frank Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen J. Murri Signature

St. Anthony, Idaho, RFD#1 P. O. Address

Subscribed and sworn to before me this 2nd day of October, 19 44

(SEAL) O. Meservy Probate Judge, ~~Notary Public~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-210-012-291

395727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona, Idaho.

4. **FULL NAME OF CHILD** Leah Mildred Herbert

5. Date of Birth of Child (Month, day, year) July 10, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer M. Herbert
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Mae Brandt
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bradam (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, ~~who was~~ (Born alive, stillborn) at ~~1~~ M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is ~~related as~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 48 years of age, that I have known this person for 24 years, and that Mrs. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Brandt Herbert Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1944.

(SEAL) Lillie M. Bandel, Notary Public, residing at Rigby Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1944 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

700-26-003-669

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay BEFORE delivery: In THIS county years 9 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street Address or R.F.D. No. NONE
   (e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Bancroft Ida.

4. FULL NAME OF CHILD Betty Gummersall

5. Date of Birth of Child (Month, day, year) 8/16/1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Smith Gummersall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Forman
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cleveland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Caribou }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 24 years, and that PHOEBE (First name) GUMMERSALL (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Martha F. Gummersall Signature

Bancroft Idaho P. O. Address

Subscribed and sworn to before me this 4th day of October, 1944.

(SEAL) ____ Notary Public, residing at Soda Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 1944 by ____ Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549 204014 794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Notus
   (c) Street Address or R.F.D. No. # 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Retta Mae Edison

5. Date of Birth of Child (Month, day, year) December 4, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Samuel Edison
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lexington (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Krump
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Notus (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 63 years of age, that I have known this person for 24 years, and that Doctor Talbert (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett Samuel Edison Signature

4013 N. Kiska, Apt 12, Portland, Ore. P. O. Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 6, 1945

Subscribed and sworn to before me this 18th day of October, 1944

(SEAL) B.G. Fischer, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1973

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-109 006 853

396917

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. R.F.D. II
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. II
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida.

4. **FULL NAME OF CHILD** Ronald L. Goodwin

5. Date of Birth of Child (Month, day, year) 3/9/20

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George L. Goodwin
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Logan Home Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rilla Lavina Nelson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Millcreek Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol & Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs G.A. Goodwin (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W W Beck M.D. Midwife Address Blackfoot Ida Date 11-1-44

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 19

dD

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent~~ to such date, such report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

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396975

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Owen Clifford Sheen

5. Date of Birth of Child (Month, day, year) Oct. 31, 1920

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James R. Sheen
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salem, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Hanks
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Salem, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr. Adams
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 20 years, and that Dr. Adams (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Raeola Hadden Signature
Paul, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of Oct., 1944.

(SEAL) [signature], Notary Public, residing at Rupert, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1944 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-129044-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 997014
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. R. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. [redacted]
   (e) How long has **MOTHER** lived in Idaho? 11 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Edward Everett McWilliams

5. Date of Birth of Child (Month, day, year) June 29, 1930

6. Sex Male

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

9. No. months of Pregnancy

10. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Oscar Lee McWilliams
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cuba Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora May Spencer
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Stockville Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon } ss.
County of Josephine }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 24 years, and that James Walker (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora May McWilliams Signature
RT 3 Box 928-A Grants Pass Ore. P. O. Address

Subscribed and sworn to before me this 30 day of Oct., 1944

(SEAL)

Notary Public in and for the State of Oregon

My Commission Expires August 27, 1947.

Notary Public, residing at Grants Pass Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 3 1944 by Mabel McLain, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1945
NOV 8 1944
MAR 21 1945
MAR 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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731 21 2340893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. McKinley Ave.
   (d) Name of Hospital or Maternity Home: born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. McKinley Ave
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Mary Maude Glasson

5. Date of Birth of Child (Month, day, year) July 12, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Warmington Glasson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Redruth Cornwall, England (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Nell Hicks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Brashear, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Laura S. Vanderver M.D. Midwife Nurse Address Osburn - Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-112 019 354

397035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton, Ida

4. **FULL NAME OF CHILD** Edwin Ellis Baker

5. Date of Birth of Child (Month, day, year) 9/12/1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ellis Milton Baker
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clayton (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leuzinger
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clayton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Custer } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 24 years, and that Mrs. Margaret Leuzinger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Leuzinger Baker Signature

Clayton, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of October, 1944.

(SEAL) [illegible], Notary Public, residing at Challis, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 205 00-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Emerson St
(d) Name of Hospital or Maternity Home: at residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 5 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Emerson St
(e) How long has **MOTHER** lived in Idaho? 21½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Elsie Lucille Zitting
5. Date of Birth of Child (Month, day, year) Sept 5, 1920
6. Sex female
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Albert Zitting
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Far West Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Davis
17. Color or Race white
18. Age at time of THIS birth 21½ yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Thomas (Last name) who is related as Aunt (Mother, etc.),

25. Attendant's **OWN** signature H D Junkin M.D. Midwife Address Paris Clinic Paris, Illinois Date 8-20-44

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1972

DEC 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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396-59

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398259
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley.
   (c) Street Address or R.F.D. No. 2.
   (d) Name of Hospital or Maternity Home: at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bingham
   (c) City Shelley.
   (d) Street Address or R.F.D. No. 2.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley. Idaho

4. **FULL NAME OF CHILD** Roderick Wayne Millar.

5. Date of Birth of Child (Month, day, year) Aug. 24. 1920.

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Roderick Millar.
11. Color or Race White.
12. Age at time of THIS birth 26 yrs.
13. Birthplace American Fork Utah (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Kelley.
17. Color or Race White.
18. Age at time of THIS birth 26 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3, (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M, on the date and at the place stated above, and that personal particulars were furnished by Roderick Millar (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Idaho Date 12-5-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-107-037-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Wayne Eells		2. Date Of Birth (month) 12 (day) 7 (year) 1920
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: MARSING, Idaho.
FATHER	6. Full Name of Father: Oliver H. Eells		7. State or Country of Father's Birth: Lexington Minnesota
MOTHER	8. Full Maiden Name of Mother: Martha Harriet WALLACE		9. State or Country of Mother's Birth: Elgin Oregon.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl W Eells	11. Present Address of Registrant: 15130-S. Maple Ln. Rd. Box 55 Oregon City Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1976	12. Signature of Notary: John Rosenberry	13. Notary Commission expires: 6/9 1979

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Teacher's Term Report		By whom issued and signed: Rhonda Huff, Deputy Recorder County of Owyhee	Date Issued: 19 feb.76	Date Orig. Entry: 9/2/35
	Date of Birth: 14 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family bible		By whom issued and signed: Family bible	Date Issued: viewed in off.	Date Orig. Entry: obviously old
	Date of Birth: Dec.7,1920	Birth Place: ------	Full Name of Mother: Martha H. Wallace	Name of Father: Oliver H. Eells	
SUPPORTING RECORD 3.	Type of Document: Social Security # Application		By whom issued and signed: Social Security, IRS	Date Issued: Mar.23,1978	Date Orig. Entry: Aug.29,1942
	Date of Birth: Dec.7,1920	Birth Place: Marsing, Idaho	Full Name of Mother: Martha Harriet Wallace	Name of Father: Oliver Howard Eells	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	MAY 03 1978

FORM BH 56067

MAY 3 1978

Cello

DELAYED

553 107014 553 398292 398292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Huston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: born at home.
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County County
(c) City Huston
(d) Street Address or R.F.D. No. 1.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Carl Wayne Eells.
5. Date of Birth of Child (Month, day, year) Dec 7-1922
6 Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Oliver H. Eells
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Lexington (City or town) Minnesota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Harriet Eells.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Elgin (City or town) Oregon. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 22 years, and that Oliver H. Eells (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver H. Eells Signature
Nampa Idaho Box 3 P. O. Address

Subscribed and sworn to before me this 19th day of December, 1944
(SEAL) S. J. Jones, Notary Public, residing at Jewell Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires July 25, 1945

Received for filing on DEC 28 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

168-216-006-168

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399602
Local Reg. No.
Reg. Dist. No.

JAN 8 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Born yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Ida

4. **FULL NAME OF CHILD** Vera Johnson

5. Date of Birth of Child (Month, day, year) Dec 16 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alvin L Johnson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Shelley (City or town) Idaho (State or foreign country)
14. Exact Occupation Garage Owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Reai Johnson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Firth (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Shelley Ida (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Alvin L Johnson (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr Edwin Cutler M.D. Midwife Address Box Shelley Ida Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 24 years, and that (First name) (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 5th day of January, 1945.

(SEAL)

John C. Foster, Notary Public, residing at Rexburg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-526-014-399

399643

399643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton, Ida.

4. **FULL NAME OF CHILD** Gladys Leona Hunkley

5. Date of Birth of Child (Month, day, year) May 26, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Washington Hunkley
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Jane Crist
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lena (First name) Crist (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lena Crist M.D. Midwife Address Eagle Idaho Date Jan 20 1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 22-1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

844-17-010-563

399676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399676
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessie Don Hudman

5. Date of Birth of Child (Month, day, year) Nov 17, 1920

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alvin Hudman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Holley
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ogden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 24 years, and that Dr. J. S. Hollenter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alice M. Hudman Signature

Idaho Falls, R2 - Idaho P. O. Address

Subscribed and sworn to before me this 14 day of Feb., 1945.

(SEAL) [illegible], Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1945

FEB 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-103-025-799

400762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 2 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) White bird, Idaho

4. **FULL NAME OF CHILD** Isaac Theadore Painter

5. Date of Birth of Child (Month, day, year) May 3, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Derald Painter
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Lauden (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorene Ivy Griffith
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Minersville (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 24 years, and that Wilson A. Foskett, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Lorene Ivy Painter Signature

White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 1945.

(SEAL) Marie C. [illegible], Notary Public, residing at White Bird

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by [illegible], Registrar

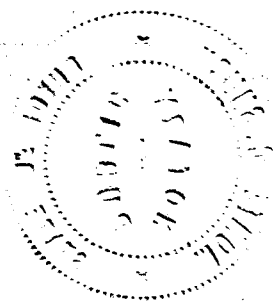
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



29-105-006-437

400768

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400768
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** John Neil Bradley

5. Date of Birth of Child (Month, day, year) April 6 - 1944

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arnold Melvin Bradley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Moroni Utah (City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel McCleary
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace [redacted] (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6-4 years of age, that I have known this person for 24 years, and that Dr. H. L. Roberts (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel McCleary Bradley Signature
Shelley Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1944

(SEAL)

M. L. Hart Justice of the Peace, ~~Notary~~ Public, residing at Shelley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by Mabel Hyder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-212-004-168

400855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years 31 months 3 days 11

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Ovid Idaho

4. FULL NAME OF CHILD Mary Madeleine Faris

5. Date of Birth of Child (Month, day, year) Sept. 12, 1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert William Faris
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cavan Co. Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rented farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Serene Johnson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ovid Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Faris (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Millard } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 1/3 years, and that Dr. George F Ashley (First name) M.D. (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth J. Faris Signature
Hinckley Utah P. O. Address

Subscribed and sworn to before me this 22 day of Jan, 1945.

(SEAL) Harold R Morris, Notary Public, residing at Hinckley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1920 - 85597

244-205-040-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home residence.
(e) Mothers stay BEFORE delivery: In THIS county 3 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? more than 3 years

3. RESIDENCE OF FATHER (city, state) more than 3 years.

4. FULL NAME OF CHILD Dorothy Elizabeth Summers

5. Date of Birth of Child (Month, day, year) Aug. 5, 1920-

6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Edward Summers
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace St Louis, Mo. (City or town) (State or foreign country)
14. Exact Occupation Miner- Machine Operator
15. Industry or Business Mining- Employee.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Leota Jefferson-
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace in Country, Marion Co., Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Nothing else.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Treated, name unknown-
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. D.D.Mc Cracken (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nurse also deceased.

Bernice Leota Summers Signature
RF.D.No. 2, Silverton, Ore. Address

Subscribed and sworn to before me this 30th day of January, 1945.

(SEAL) [signature], Notary Public, residing at Salem, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 11 1975

FEB 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1920-87790

DELAYED

269 - 107 - 206 - 269

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400920
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs. Idaho

3. **RESIDENCE OF FATHER** (city, state) Blackfoot/

4. **FULL NAME OF CHILD** Bert Samuel Sorensen

5. Date of Birth of Child (Month, day, year) May 7th, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lawerence L. Sorensen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Red Rock (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ellis Sorensen
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of POWER } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 24 years, and that Mrs. Bertha Clark (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Ellis Sorensen Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1945.

(SEAL) Ethel Cotant, Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JANUARY 14, 1949

Received for filing on FEB 6 1945 by Mabel Price, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-231-005-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) closest city
   (a) County Benawah (b) City Farmington, Wash.
   (c) Street Address or R.F.D. No. Route 3 Farmington
   (d) Name of Hospital or Maternity Home: baby born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benawah
   (c) City
   (d) Street Address or R.F.D. No. Route 3, Farmington
   (e) How long has **MOTHER** lived in Idaho? 33 yrs 4 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Evelyn Taber

5. Date of Birth of Child (Month, day, year) Aug 31, 1930

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wilson Taber
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace La Porte, (City or town) Indiana (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business Logging Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elora Equila Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Kirksville, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 5 (b) Born alive and now living 5 alive 3 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:15 a M. on the date and at the place stated above, and that personal particulars were furnished by Elora E. Smith (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J. D. Leedy M.D. ~~Midwife~~ Address Farmington Wash Date 1-30-45

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-131-028-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1012 - 5th Street
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1012 - 5th
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Marius Alexander Hansen

5. Date of Birth of Child (Month, day, year) 3/31/1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Marius Hansen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Transfer man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** A. Katherine Bee
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bloomington, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 25 years, and that Dr. Alexander Barclay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Katherine Hansen Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 1945

(SEAL) Marie Breson, Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 10-1-1948

Received for filing on FEB 9 1945 by [signature], Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-125-006-559

400998

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Basalt, Ida.

4. **FULL NAME OF CHILD** Angus Edward Miles

5. Date of Birth of Child (Month, day, year) Sept 25, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur William Miles
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ranch Cane County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Neibaur
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Paris Ida. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive Sept. 25, 1920 at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Ada Jane Miles (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley, Ida. Date 2-7-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-219. 001-235

401039 401039

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401039
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Constance Mildred Edgar

5. Date of Birth of Child (Month, day, year) April 19, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Dale Edwin Edgar.
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Grand Rapids Ohio. (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Josephine Stewart
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Brandon Man. Can. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 53 years of age, that I have known this person for life years, and that Dr. (First name) Coleman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Josephine Edgar Signature

1926 College Blvd. Nampa Ida. Address

Subscribed and sworn to before me this 27 day of Feb. 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 27-1945 by Mabel E. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1966

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-103-022-864 401060

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 138 East 3rd North
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mothers stay BEFORE delivery: In THIS county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 138 East 3rd North
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Bert Rawson Taylor

5. Date of Birth of Child (Month, day, year) July 3, 1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Arthur Taylor
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Housley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paradise, Cache County, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that Dr. Gray (First name) (Last name), who attended this birth Can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Caroline Taylor Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 5 day of March, 1945

(SEAL) [signature], Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 0 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of ~~Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 121-006-165

402200

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Sterling
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born in my own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida. (b) County Bingham
   (c) City Sterling
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Utah

4. **FULL NAME OF CHILD** Merland Eldred Nelson

5. Date of Birth of Child (Month, day, year) July 21, 1920

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** David Edwin Nelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Rebecca Jones
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Westweber Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Annie (First name) Nelson (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Mary Ann (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Rebecca Nelson Signature

Sterling Idaho P. O. Address

Subscribed and sworn to before me this 8 day of February, 19 45

(SEAL) U. E. Blanke, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

MAR 5 - 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address ~~or R.F.D.~~ No. West Center
(d) ~~Name of Hospital or Maternity Home:~~ On own home
(e) Mothers stay BEFORE delivery: In THIS county 10 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or ~~R.F.D.~~ No. West Center
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Mildred Jean Geyer

5. Date of Birth of Child (Month, day, year) Oct 17, 1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Norman Paul Geyer
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Pomeroy (City or town) Ohio (State or foreign country)
14. Exact Occupation ~~Mach Mist~~ Road Contractor
15. Industry or Business ~~[illegible]~~ Building road between Arco & Howe Ida.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Willian Raine
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ironton (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 6'4 P (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Geyer (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature J. O. Hampton M.D. ~~Midwife~~ Address Blackfoot Ida Date 1-24-45

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code ~~Annotated~~.)

Received for filing on MAR 5 1945 by Mabel Kelder, Registrar

APR 28 1972

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-219039-693

402293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402293
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Power (b) City Arbon
   (c) Street address or R. F. D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ____ Days
   In **THIS** County ____ years ____ months ____ days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City Arbon
   (d) Street address or R. F. D. No. R F D
   (e) How long has **MOTHER** lived in Idaho? always yrs.
   (f) Mother's mailing address (for registration notice): 715 Westwyett Pocatello
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Margorie Eddie Snyder

5. **DATE OF BIRTH** (Month, day, year) 12-19-1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Snyder

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Stamford Nebr
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business own farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Williams

17. Color or Race wht

18. Age at time of THIS birth 39 yrs.

19. Birthplace Samaria Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business farm home

22. Was a standard serological test for syphilis performed? Yes ____ No ____ Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

24. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Snyder (First name) (Last name) who is related to this child as mother (Mother, etc.)

27. (a) MAR 15 1945 (Date received) (b) ____ (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's **OWN signature** D C Ray, M. D. (M.D., Midwife, etc.)
and address Pocatello Date 3-7-1945

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth**; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

294-218 003-253

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock.

City of Pocatello, Idaho.

No. 906 So. 2nd Ave. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

402357

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Zella Ruby. Kimball.

3. Sex Female.

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth I

6. Premature ..... Full term Yes.

7. Legitimate? Yes

8. Date of birth July. 18. 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Garnett Owen Kimball.	18. Full maiden name Ester Kellow.
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.
11. Color or race W | 12. Age at last birthday 24 (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Montana.	22. Birthplace (city or place) (State or Country) Utah.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carman. U. P.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carman.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work Life.	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. N. Lynn, M. D.

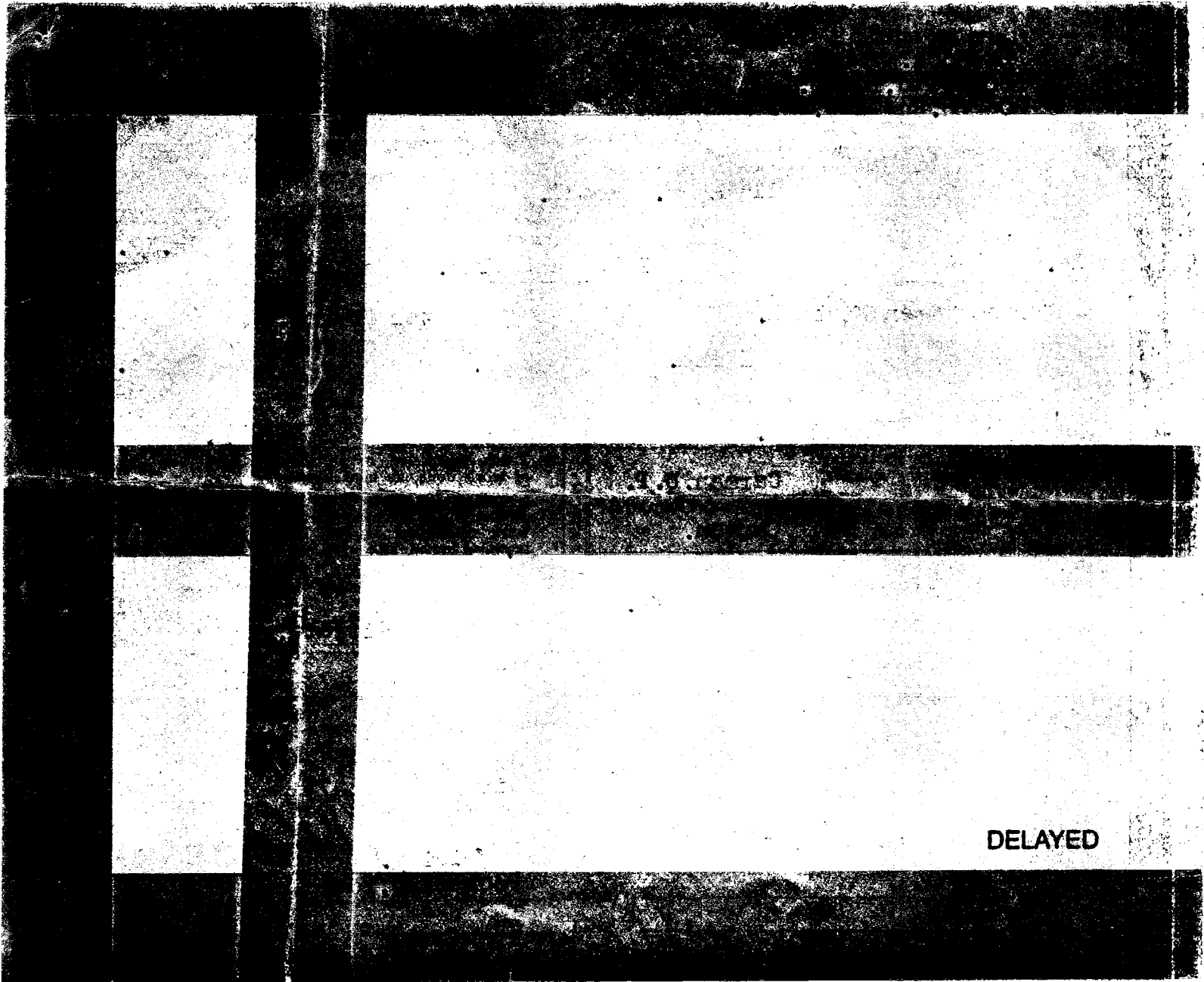
or Physician. Midwife

Address Pocatello, Idaho.

Give name added from a supplemental report ..... (Date of)

K ..... Registrar.

Filed MAR 20 1945 193.. Mabel Helder Registrar.


DELAYED

451 228 040 791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 40236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Wardner Hospital
   (e) Mothers stay **BEFORE** delivery: In THIS county 10 years 00 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 mos.

3. **RESIDENCE OF FATHER** (city, state) Kellogg-Ida

4. **FULL NAME OF CHILD** Ruthella Elizabeth Deal

5. Date of Birth of Child (Month, day, year) 8/28/29

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wyan Edgbert Deal
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wheaton (City or town) Minn. (State or foreign country)
14. Exact Occupation Trandfer owner
15. Industry or Business Transfer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Anna Gray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Deer Isle (City or town) Maine (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 25 years, and that Dr. Mc Crakan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Wyan E. Deal Signature

5903 N. Stevens Spokane P.O. Address

Subscribed and sworn to before me this 16 day of March, 19 45.

(SEAL) R. Anderson, Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by Mabel Field, Registrar

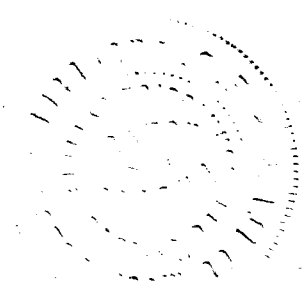
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



497 205032 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403421
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Richfield

4. **FULL NAME OF CHILD** Elva Allace Dipon

5. Date of Birth of Child (Month, day, year) mar. 5th 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Charles Dipon
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer at that time
15. Industry or Business Black Smith at Present time

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Naviola Martin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Picabo (City or town) Blaine Co. Ida. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 25 years, and that Mrs M. McKay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer C. Dipon Signature

Chester Idaho P. O. Address

Subscribed and sworn to before me this 15 day of March, 1945.

(SEAL) O. Meservy, Probate Judge, ~~Notary Public~~, residing at St Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1945 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Ida[illegible] for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1969

MAR 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 217010-154

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403460
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. Ammon
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mothers stay BEFORE delivery: In THIS county years 10 months [illegible] days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. Ammon
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD ARLENE ANDERSON PARKER

5. Date of Birth of Child (Month, day, year) JANUARY 17, 1920

6 Sex FEMALE

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Charles J. Parker

11. Color or Race WHITE

12. Age at time of THIS birth yrs.

13. Birthplace SOUTH HOOPER, (City or town) UTAH (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth M. Anderson

17. Color or Race WHITE

18. Age at time of THIS birth yrs.

19. Birthplace KANESVILLE, (City or town) UTAH (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature N. L. Willson M.D. Midwife Address Idaho Falls, Ida Date 3-24-45

AFFIDAVIT

State of Utah
County of Davis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Dr. Harry Wilson (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A. Parker Signature

Bountiful, Utah P. O. Address

Subscribed and sworn to before me this 17 day of March, 1945

(SEAL) Wendell B Hammond, Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by Mary Ringer, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

367-102006-527

403511

403511

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 8 1945

APR 8 1945

State File No. 403511
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. R.F.D. 2
   (d) Name of Hospital or Maternity Home: Parents residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 7 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. R.F.D. 2
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** Orin Cox

5. Date of Birth of Child (Month, day, year) July 2, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Delaun Cox
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Orderville, Utah (City or town) (State or foreign country)
14. Exact Occupation farming and stockraising
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Diantha Esplin
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Orderville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Diantha (First name) Cox (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Euphrasia Dobbs M.D. Midwife Address 718 Blair St. Salt Lake City Date 2/3/45

AFFIDAVIT

State of _____ } ss.
County of _____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____ Signature

_____ P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1945 by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session ~~Laws~~, has not ~~been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-229014-623

United States Department of Commerce
Bureau of the Census

APR 20 1946

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404579
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City NAMPA
   (c) Street Address or R.F.D. No. LONE STAR ROAD AND SUNSET
   (d) Name of Hospital or Maternity Home: BORN AT HOME AT ABOVE ADDRESS
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 2 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State UTAH (b) County SALT LAKE
   (c) City SALT LAKE
   (d) Street Address or R.F.D. No. 358 OGLAD AVE.
   (e) How long has **MOTHER** lived in Idaho? 2 MONTHS ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) RUSSELL, IOWA

4. **FULL NAME OF CHILD** FERN ELLA GARDNER

5. Date of Birth of Child (Month, day, year) SEPT. 29, 1920

6. Sex FEMALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy FULL TERM

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE WESLEY GARDNER
11. Color or Race CAUC.
12. Age at time of THIS birth 44 yrs.
13. Birthplace RUSSELL, IOWA (City or town) (State or foreign country)
14. Exact Occupation AUTOMOBILE MECHANIC
15. Industry or Business GARAGE BUSINESS FOR SELF

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAVINIA FRIEDA OGLAD.
17. Color or Race CAUC.
18. Age at time of THIS birth 26 yrs.
19. Birthplace SALT LAKE, UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW.
23. Number of children of this mother: ~~(c) At time of birth and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 2:30 A M. on the date and at the place stated above, and that personal particulars were furnished by LAVINIA FRIEDA (First name) OGLAD (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature X George Wesley Gardner FATHER M.D. ~~Midwife~~ Address LONE STAR ROAD AND SUNSET, NAMPA, IDAHO Date 3/23/44

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that GEORGE WESLEY GARDNER (FATHER) (First name) (Last name), who attended this birth IS STILL ALIVE (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lavinia Frieda Oblad Gardner Signature

435 NORTH PECK ROAD, EL MONTE, CALIFORNIA P. O. Address

My Commission Expires December 14, 1947

Subscribed and sworn to before me this 23rd day of MARCH, 1944

(SEAL)

William F. Santucci, Jr. Notary Public, residing at ARCADIA, CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

891-203-037-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404827
Local Reg. No. 404827
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ohwahee (b) City Homedale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ohwahee
   (c) City Homedale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Jane Brackenbury

5. Date of Birth of Child (Month, day, year) June 3, 1920

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Brackenbury
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Almo (City or town) Idho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Walters
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sublet (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:8 P M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Brackenbury (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Geo Brackenbury M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that Lottie (First name) Rose (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Margaret Brackenbury Signature

Rte. 2 Box 160 Gresham, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of May 1945

(SEAL) Allegra MY COMMISSION EXPIRES APR. 5, 1949 Notary Public, residing at Gresham Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1973

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1920 - 81076

813-213-010-562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 405908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonn. (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home: Spencer nospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonn.
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Ida. Falls, Ida

4. FULL NAME OF CHILD Inez Mae Hackman

5. Date of Birth of Child (Month, day, year) May 13, 1920

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fritz Wm. Hackman
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Lunden (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Caroline Wesgerau Hackman
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Crawford County (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I.S. approved

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~still born~~) at J.P. M. on the date and at the place stated above, and that personal particulars were furnished by Fritz (First name) Hackman (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature A.D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date 3/6-45

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1965

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-207-031-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405916
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Geneva Belle Smith

5. Date of Birth of Child (Month, day, year) Sept 7, 1920

6. Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jess G. Smith
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Joseph, (City or town) Missouri (State or foreign country)
14. Exact Occupation mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Leffler
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace don't know (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child~~ 2 (b) Born ~~alive and now living~~ 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 24 years, and that Dr. (First name) Mc Laughlan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Geo. Warren Signature
R # 2 - Box 362 A P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1945

(SEAL)

Helen Swanson, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1945 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-205-035-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405931
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 422 - 11th Street
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years 11 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Gifford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Ida.

4. **FULL NAME OF CHILD** Virginia Josephine Frazier

5. Date of Birth of Child (Month, day, year) March 5, 1920

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Josiah Frazier
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francisco Dora Carter
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Philipi (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Francisco Dora C. Frazier (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature E G Braddock M.D. ~~Midwife~~ Address Lewiston Idaho Date 5-2-1945

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel F Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1920-78227

419-108-010-799

405934

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Swan Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Swan Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wilford Alexander Martin

5. Date of Birth of Child (Month, day, year) 5-8-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Caldwell Martin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Evanston (City or town) Uintah Co (State or foreign country) Wyoming
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ila Bell Prescott
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden (City or town) Weber Co (State or foreign country) Utah
20. Exact Occupation House keeper
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1-570 argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Hugh C. Martin (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature N. L. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date May 24 48

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being ~~first~~ duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for [redacted] 25 years, and that N. L. Spencer (First name) DR (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ila B. Martin Signature
526 So 10 East Salt Lake City Utah P. O. Address

July 16 1948

Subscribed and sworn to before me this [illegible] day of May, 1945

(SEAL)

Earl Jackman Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. ~~17-914~~, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

REC'D JUNE 1, 1945

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

State of Idaho

CERTIFICATE OF LIVE BIRTH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS BIRTH UNDER IDAHO CODE 39-241(k) & 39-274

State File No. 405954
Local Reg. No. _____

CHILD

1. CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	2. DATE OF BIRTH (Month, Day, Year)
AGNES		DONS	FEBRUARY 27, 1920

3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
2:00 P M	FEMALE	GOSHEN	BINGHAM

7. TYPE OF BIRTHPLACE (Specify type)
☐ Hospital ☐ Freestanding Birthing Center ☒ Residence
☐ Clinic/Doctor's Office ☐ Other (Specify) _____

8. NAME AND ADDRESS OF FACILITY (If not a facility enter name of place, street and number)
FARM NEAR GOSHON

CERTIFIER/ ATTENDANT

9. I certify that stated information concerning this child is true to the best of my knowledge and belief.
Signature ► EDWIN CUTLER

10. DATE SIGNED
1-9-45

12a. CERTIFIER'S NAME AND TITLE (Type or print)
Name EDWIN CUTLER License No. _____
☒ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife
☐ Naturopath ☐ Other (Specify) _____

12b. CERTIFIER'S MAILING ADDRESS (Street or Route No., City or Town, State, Zip Code)
SHELLEY, ID

11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type or print)
Name _____
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Naturopath
☐ Other (Specify) _____

13. ATTENDANT'S MAILING ADDRESS (Street or Route Number, City or Town, State, Zip Code)

14a. REGISTRAR'S SIGNATURE
► MABEL F. ELDER

14b. DATE SIGNED BY REGISTRAR (Month, Day, Year)
JUNE 1, 1945

MOTHER

15a. MOTHER'S PRESENT NAME (FIRST, MIDDLE, LAST)	15b. MAIDEN SURNAME	16. DATE OF BIRTH (Month, Day, Year)
HANNAH MARIE DONS	BRADSHAW	

17. BIRTHPLACE (State or Foreign Country)	18a. RESIDENCE — STATE	18b. COUNTY	18c. CITY, TOWN, OR LOCATION
IDAHO	IDAHO	BINGHAM	GOSHEN

18d. STREET AND NUMBER	18e. INSIDE CITY LIMITS?	18f. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
RFD #1	☐ Yes ☐ No	

FATHER

19. FATHER'S NAME (FIRST) (MIDDLE) (LAST)	20. DATE OF BIRTH (Month, Day, Year)	21. BIRTHPLACE (State or Foreign Country)
HANS DONS		

INFORMANT

22. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
(Name of Parent or Guardian) ► HANNAH MARIE DONS

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)

759-218-004-394 406000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406000
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BearLake (b) City Bloomington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BearLake
   (c) City Bloomington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington

4. **FULL NAME OF CHILD** Elaine Perkins

5. Date of Birth of Child (Month, day, year) June 18, 1920.

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Ervan Perkins
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Fairview Wyo (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May Crumpton
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Old Hill Staffard Shire England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 25 years, and that Dr. R. J. Sutton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Feb. 1. 1948

Ira E. Perkins Signature
Cokeville Wyo P. O. Address

Subscribed and sworn to ~~before me this~~ 7th day of June, 1945

(SEAL) Carl O. Cozian, Notary Public, residing at Cokeville Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 0 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session~~ Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-21010-246

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. 408397
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: General Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Madison
   (c) City Thornton
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (for registration notice): Rt. #1 Thornton
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER (city, state)**

4. **FULL NAME OF CHILD** Melva Weeks

5. **DATE OF BIRTH** (Month, day, year) Aug 11, 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert J. Weeks

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lyman, Idaho (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah O. Smout

17. Color or Race W

18. Age at time of THIS birth 33 yrs.

19. Birthplace Slaterville, Utah (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthalmia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Leah Weeks (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. Attendant's OWN signature H Ray Hatch, M. D. (D.O., Midwife, etc.)
and address Idaho Falls Date .....

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

AUG 3 1945

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-228. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

381 120 001 393

408532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 408532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ST. ALPHONSUS
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City MERIDIAN
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD FREDERICK WILLIAM CHARLTON
5. Date of Birth of Child (Month, day, year) Jun 20 1920
6. Sex MALE
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** Fred Charlton
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace ENGLAND (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Drying Fruit

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Angeline Little
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kingston (City or town) Ark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 25 years, and that Dr Neal (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Charlton Signature
1102 Woodbine St Boise Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1945

(SEAL) Ernest R Day Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1945 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1945

JAN 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 103 00 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409536
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Milo
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Milo, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elmo Derald Calkins

5. Date of Birth of Child (Month, day, year) Dec. 3, 1920

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vernon Horatio Calkins
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Caribou Co., (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Olsen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lorenzo, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Kitsap }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 25 years, and that Mrs. Sam Imes (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Estella Olsen Calkins Signature

Box 742, Bremerton, Wash. P. O. Address

Subscribed and sworn to before me this 10th day of August, 1945

(SEAL) (Mrs.) Ruth E. Dayton, Notary Public, residing at Bremerton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 226 019 455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409574
Local Reg. No.
Reg. Dist. No.

AUG 27 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Leslie
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 11 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Leslie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leslie Ida.

4. **FULL NAME OF CHILD** Martha Christa Gilbert

5. Date of Birth of Child (Month, day, year) 3-26-20

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Gilbert
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Berkshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Dent
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Argyrol~~ Ag NO3.
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Female (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Martha Ann Gilbert (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M W Jarrell M.D. ~~Midwife~~ Address Am Falls Idaho Date 8/9/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mabel Yelder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 225.010-613

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 24 19

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409579
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 320 E 5th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 8 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Box Star Route
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Gene Adair Baird

5. Date of Birth of Child (Month, day, year) 12-25-1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Milford Baird
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ozark (City or town) Missouri (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Della Wallenstein
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Essex (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for — years, and that Dr. Chas E Rogers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geneva Della Baird Signature

Rt 2 Idaho Falls, P. O. Address

Subscribed and sworn to before me this 30th day of August, 1945.

(SEAL) Clerk, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mary Reed, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CERTIFICATE FACE STAMPED DELAYED 04/08/2016 AJT

SEP 4 1945

MAR 16 1972

APR 08 2016

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

335-19-010-843

410779

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410779
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Rigby, Route 2
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 20 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Shelton
   (d) Street Address or R.F.D. No. Rigby, Route 2
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelton, Rigby Rt 2

4. **FULL NAME OF CHILD** Alma Cleverley

5. Date of Birth of Child (Month, day, year) June 29-1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Cleverley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Camas (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rozella May Hicks
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Fountain Green (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Sarah (First name) Howard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Cleverley Signature

Star Route, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of September, 1945.

(SEAL) ____ Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 26 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-105 (028-355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410810
Local Reg. No.
Reg. Dist. No.

SEP 15 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alen

4. **FULL NAME OF CHILD** Thomas William Guptill

5. Date of Birth of Child (Month, day, year) Jan. 5, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Albert Guptill
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Main Prairie, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Otella Lee
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Freedom, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Montana } ss.
County of Cascade }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 25 years, and that Dr. J. C. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Albert Guptill Signature

Great Falls, Montana P. O. Address

Subscribed and sworn to before me this 11th day of September 1945

(SEAL) H. C. Dwyer, Notary Public, residing at Great Falls Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1945

JUL 14 19[illegible]

JUL 22 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

385-202-040-542

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410837
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Wallace Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida.

4. **FULL NAME OF CHILD** Mildred Huston Cherry

5. Date of Birth of Child (Month, day, year) Mar. 2, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward LeGrande Cherry
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dewitt, Nebraska (City or town) (State or foreign country)
14. Exact Occupation School Superintendent
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beth Docia Huston
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Geneva, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Morrow } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 25 years, and that to me Dr. Max T. Smith (First name) (Last name), who attended this birth Location unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Beth H. Cherry Signature

Lexington, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of Sept. 1945

(SEAL) Emma M. Breshears, Notary Public, residing at Lexington Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires August 1st, 1947

Received for filing on OCT 4 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Oct 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-119-006-753

410884

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** Ray Edwin Smout

5. Date of Birth of Child (Month, day, year) July 19, 1920

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Ward Smout
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Slaterville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Josephine Petersen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive ~~and now living~~ 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 25 years, and that Dr. (First name) Egbert (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina Josephine Smout Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of October, 1945.

(SEAL) CLERK OF THE DISTRICT COURT By Lulu Forbush, Deputy, Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Fuller, Registrar

OCT 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-12-201-453

412026

412026

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kuna ADA (b) City Kuna
   (c) Street Address or R.F.D. No. Rt. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. Rt. 2
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FLOYD WILLIAM TAYLOR

5. Date of Birth of Child (Month, day, year) 12/12/1920

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank M. Taylor
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice E Metcalf
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 25 years, and that Dr. F. J. Coleman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie C Schultz Signature

Route 2 Kuna, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of October, 1945.

(SEAL) O. S. Pride, Notary Public, residing at Kuna, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 3 1945 by Mabel Taylor, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-108 038-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 414185
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County PAYETTE (b) City PAYETTE
   (c) Street Address or R.F.D. No. 1109 CENTER ST
   (d) Name of Hospital or Maternity Home: AT HOME (1109 CENTER ST)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County PAYETTE
   (c) City PAYETTE
   (d) Street Address or R.F.D. No. 1109 CENTER ST
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) PAYETTE, IDAHO.

4. **FULL NAME OF CHILD** RICHARD JR. MENDENHALL

5. Date of Birth of Child (Month, day, year) JULY 8TH 1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 8

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EVERET ORVAL MENDENHALL
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace SPRINGFIELD, MISSOURI (City or town) (State or foreign country)
14. Exact Occupation BUTCHER
15. Industry or Business MEAT BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDNA LOUISE KING
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace not known Kentucky (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna Louise Mendenhall (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Avey Deceased -Payette, Ida M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for life years, and that Doctor Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everet Orval Mendenhall Signature

716 Franklin, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of November, 1945

(SEAL) Veruna Potts, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1946 by Mabel Hyde, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1920 -83753

DELAYED

392-119-028-966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. North End
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene

4. **FULL NAME OF CHILD** Clair Ashbel Libby

5. Date of Birth of Child (Month, day, year) Jan 19, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph A. Libby
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Silver City (City or town) Ida. (State or foreign country)
14. Exact Occupation Gospel Minister
15. Industry or Business M.D. now

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Myrtle Rowland
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Clarinda (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** 7 (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 4 M. on the date and at the place stated above, and that personal particulars were furnished by Ralph A. Libby (First name) (Last name) who is related as Father (Mother, etc)

25. Attendant's **OWN** signature R.A. Libby M.D. ~~Midwife~~ Address Twisp Wash Date Feb 6, 1946

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-107-018-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 416349

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Southwick
(c) Street Address or R.F.D. No. RT. #1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Southwick Idaho
(d) Street Address or R.F.D. No. RT. #1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Zelmer Loy Reed.

5. Date of Birth of Child (Month, day, year) Sept. 7, 1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Allen Reed.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Coles Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Mason's Work.
15. Industry or Business Same.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Captola Martin
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Paris (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 64.25 years, and that Mary Jane (First name) Martin (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Captola Reed Signature

My Commission Expires Dec. 25, 1948. Springfield Rt. 1 P. O. Address

Subscribed and sworn to before me this 3 day of March, 1946.

(SEAL) K R Gile, Notary Public, residing at Springfield, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-121-006.154

416357

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home -- days. IN THIS county 4 years 4 month 0 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. none
   (e) How long has MOTHER lived in Idaho? 4½ yrs.
   (f) Mother's mailing address Nephi, Utah

3. **RESIDENCE of FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** Neil H Christensen

5. Date of Birth (Month, day, year) Dec. 24, 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy —

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum D Christensen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Moroni, (City or town) Utah (State or foreign country)
14. Exact Occupation Sugar Beet Farm Manager
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Anderson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Nephi, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Original 10%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Christensen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature D. P. Egbert M.D. (or C.N.M. / Midwife, etc.)
and address Shelley, Idaho Date 1-25-46

26. (a) Mch 19-1946 (Date received) (b) Mary Lee Egbert (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1947

MAR 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-217-037-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417343
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oyhee (b) City Rockville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oyhee
(c) City Rockville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rockville Ida.

4. FULL NAME OF CHILD Etta Mae Masonholder

5. Date of Birth of Child (Month, day, year) November 17-1920

6 Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew William Masonholder
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cow Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Stickney
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Long Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for years, and that Grace (First name) Franks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Masonholder Signature
R. 3, Caldwell P. O. Address

Subscribed and sworn to before me this 18th day of March, 1946.

(SEAL) Katheryn H. Hartkopf, Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1948

168-217010-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418452
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 12th St
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 15 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Ida
(d) Street Address or R.F.D. No. 12th St
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Helen Lucile Johnston

5. Date of Birth of Child (Month, day, year) Feb. 17, 1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Johnston
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Whole Sale Business
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathoryn E. Price
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace St. Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Kathoryn (First name) Johnston (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida. Date Feb 17, 1920

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1964

MAY 1 4 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-217 003-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419507
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in our own home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace

4. **FULL NAME OF CHILD** Geraldine Marie Sealey

5. Date of Birth of Child (Month, day, year) March 17th 1920

6 Sex ~~white~~ female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glenn A Sealey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Stromsburg Nebr (City or town) (State or foreign country)
14. Exact Occupation U. P. Brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Laura Dicks
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace St Joseph Mo (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Edna Laura Dicks Sealey (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 25 years, and that Geraldine Marie Sealey Warriner (First name) (Last name), who attended this birth Mrs Holmes ~~(Issue deceased) or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Glenn Sealey Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 1946

(SEAL) R. W. Bessemer, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mary Holmes, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 27 1948

245 228041 434

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 27 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419528
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Laura Wenonah Kunz

5. Date of Birth of Child (Month, day, year) Mar. 28, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Kunz
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cedron (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia M. McMurdie
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Riverside, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sophia M. Kunz (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Chas J. Martin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Robert Kunz Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 11 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859 212033 859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419546
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (near) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City (near) Sugar City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City, Ida

4. **FULL NAME OF CHILD** Loranza Hermocillo

5. Date of Birth of Child (Month, day, year) June 12, 1920

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Alphonso Hermocillo
11. Color or Race Mexican
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lagagos DeMoreno, Mexico (City or town) (State or foreign country)
14. Exact Occupation topped beets.
15. Industry or Business Sugar factory.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paula Herrera Hermocillo
17. Color or Race Mexican
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lagagos, DeMoreno, Mexico, (City or town) (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Paula Herrera Hermocillo (First name) (Last name) who is related as mother, (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 411 Washington St. Garden City, Kansas. Date 6-1-1946

AFFIDAVIT

State of Kansas } ss.
County of Finney }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Paula Herrera Hermocillo (First name) (Last name), who attended this birth as mother (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to Signature: Louise Russell Paula Herrera Hermocillo (X) her mark. Signature
Helen M. Stowell 411 Washington St. Garden City, Kansas. P.O. Address

Subscribed and sworn to before me this 1st day of June, 1946

(SEAL) Helen M. Stowell Notary Public, residing at Garden City, Finney county, Kansas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires: August 10, 1946

Received for filing on JUN 11 1946 by [illegible], Registrar

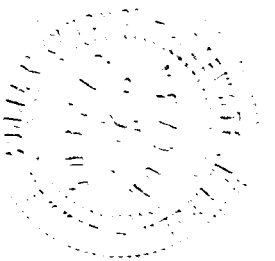
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 41554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Juan Pacheco

5. Date of Birth of Child (Month, day, year) Nov. 13, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Guillermo Pacheco
11. Color or Race Mexican
12. Age at time of THIS birth 31 yrs.
13. Birthplace Leon Guanajuato Mexico (City or town) (State or foreign country)
14. Exact Occupation agricultural worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Librada Polacio
17. Color or Race Mexican
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leon Guanajuato Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of San Joaquin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 25 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Librada Pacheco
Signature

2413 E. Wood St. Stockton P. O. Address

Subscribed and sworn to before me this 24th day of May 1946

(SEAL)

Frances Cutting
Notary Public, residing at Stockton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary Felder, Registrar

JUN 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 218 041 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419555
Local Reg. No. 419555
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Driggs
   (c) Street Address or R.F.D. No. Driggs
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Driggs
   (d) Street Address or R.F.D. No. Driggs
   (e) How long has **MOTHER** lived in Idaho? 16 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** Sylvia Louise Daley

5. Date of Birth of Child (Month, day, year) November 18, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harland Graham Daley
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Francine Laënder
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lorient (City or town) France (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Mesa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 25 years, and that Dr. (First name) Martin (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Francine Daley Signature
1137 Gunnison Grand Junction Address

Subscribed and sworn to before me this 21 day of May 1946.

(SEAL) Grace G. Duncan Notary Public, residing at Grand Jct., Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires December 16, 1945

Received for filing on JUN 11 1946 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 0 1968

JUL 1 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-102026-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 419583
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Isabell Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Irwin Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Irwin Idaho

4. **FULL NAME OF CHILD** Seth Stillman Nickerson

5. Date of Birth of Child (Month, day, year) March 2 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Levi Stillman Nickerson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verda Post
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Verda Post Nickerson (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature O H Call M.D. ~~Midwife~~ Address Pocatello Idaho Date 5/10/46

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 219010 - 249 419639 419639

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419639
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Mary Jane Bertrand

5. Date of Birth of Child (Month, day, year) Apr. 19- 1920

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Nicholas Bertrand
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sleepy Eye, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Burke
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Grafton, (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr. T.C. Hollister (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Bertrand Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3d day of July, 1946

(SEAL) Gilbert E. Blair, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1946 by Mary Fuller, Registrar

JUL 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-21902-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420707
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
In THIS county pregnant month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Viola Lenz
5. Date of Birth (Month, day, year) Dec 4 1945
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred L. Lenz
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Watkins Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Gredle
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Concordia Kan.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive/stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Fred Lenz (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 18 1946 (Date received) (b) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 7-13-46

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945
OCT 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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MK 343-25-216-942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Declo
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Delivered at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Declo
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Declo, Idaho

4. **FULL NAME OF CHILD** Lorna Lillian Lucas

5. Date of Birth of Child (Month, day, year) Dec. 15, 1920

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Thornton Lucas
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Stockport (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Owned Ranch. Worked for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Frances Rush
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Berryville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Homemaker, Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Texas } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 25 years, and that Dr. (First Name Unknown) Killen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Rush Lucas
Signature
1221 McFaddin, Beaumont, Tex.
P. O. Address

Subscribed and sworn to before me this 12th day of July 19 46

(SEAL)

Anita M. Schmit, Notary Public, residing at Beaumont Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Extra certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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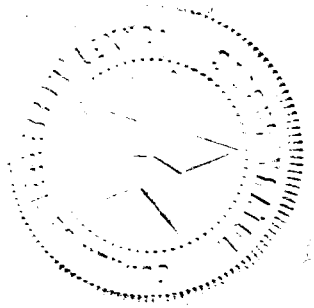

958-116-042-795

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421894
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Buhl Hospital
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Richard Allen Reynolds Jr.

5. Date of Birth of Child (Month, day, year) May 16th 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard A Reynolds
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Perry (City or town) Illinois (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothy C Pierce
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Great Falls, (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11.00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy C (First name) Reynolds (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr Frank A (First name) Dwight (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy C. Reynolds Signature

Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of July, 19 46.

(SEAL) Arlene Lowery, Notary Public, residing at Twin Falls,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 19 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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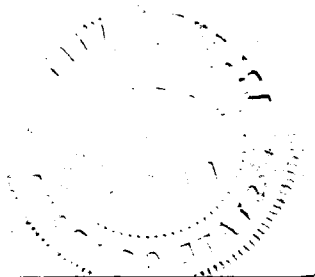


313-205-003-863

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

421928

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Ida.
No. 216 Wayne Ave Alamed.
(If born in hospital or institution give name)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rhoda Culbertson.

3. Sex Female | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } | 6. Premature _____ Full term Yes | 7. Legitimate? Yes. | 8. Date of birth Apr. 5, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herbert Henry Culbertson.	18. Full maiden name Jaretha Hottel.
10. Residence (usual place of abode) (If non-resident, give place and State) 10 years	19. Residence (usual place of abode) (If non-resident, give place and State) 21 years
11. Color or race W	12. Age at last birthday 31 (years)	20. Color or race W	21. Age at last birthday 21 (years)
13. Birthplace (city or place) [redacted] (State or Country) Indiana	22. Birthplace (city or place) _____ (State or Country) Utah.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Custodian.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife.
16. Date (month and year) last engaged in this work _____, 19__	17. Total time (years) spent in this work Life	25. Date (month and year) last engaged in this work _____, 19__	26. Total time (years) spent in this work Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AGNO3. 2%.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks 9 MO. }

30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive. at 7 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

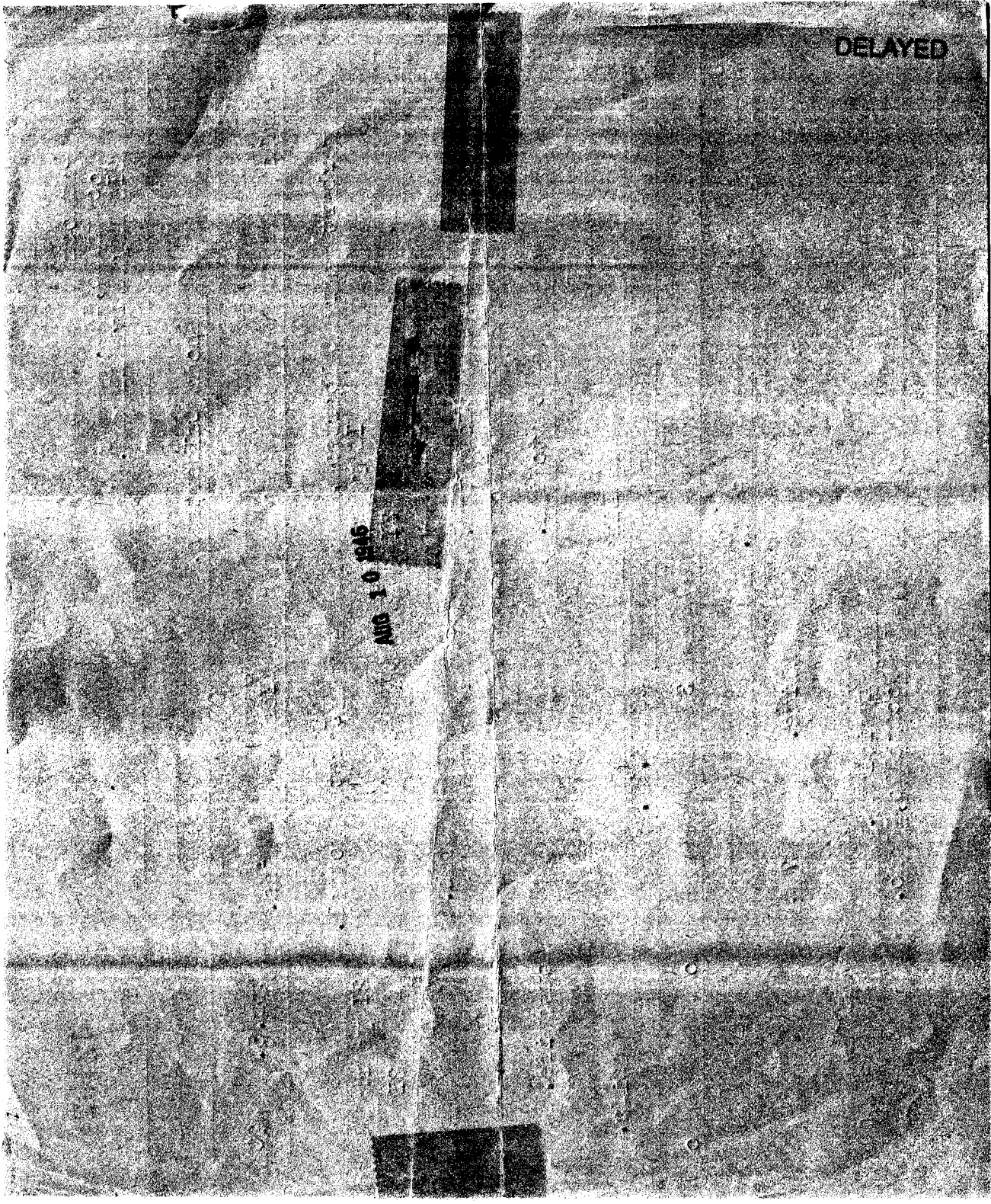
Give name added from a supplemental report _____
(Date of)

(Signed) [signature], M. D.
or Physician., Midwife
Address Pocatello, Idaho.

Filed AUG 9 1946, 193__ [signature] Registrar.

Registrar.

Write plainly with pen or typewriter. Do not use pencil. Any physician, midwife or other person in attendance upon a birth is required to sign a certificate of birth and to make return thereof to the local registrar of the district in which the birth occurred within ten days after the birth. If one child is born to each of two mothers, two certificates must be made for each, and the number of each, in order of birth stated.


DELAYED

693-212-024-239 421985

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell Ida.

4. **FULL NAME OF CHILD** Georgia Luella Wickersham

5. Date of Birth of Child (Month, day, year) Feb 12, 1920

6. Sex female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Charles Wickersham
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Washington Co. Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie M. Strickland
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Medicine Lodge Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Thos. Charles Wickersham (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature C. L. Simonton M.D. ~~Midwife~~ Address Wendell Ida Date 8-31-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 4 1946 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1946

1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DUP OF

19 20-88506

391-217031-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423235
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester, Ida

4. **FULL NAME OF CHILD** Elizabeth Ann Craig

5. Date of Birth of Child (Month, day, year) June 17, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ledom Craig
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Westlake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Alice Robinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr. J.E. McLaughlin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph L. Craig Signature

1515 - 13th Ave., Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 23rd day of August, 1946.

(SEAL)

Ruby Ringuette EX OFFICIO CLERK OF THE DISTRICT COURT AND EX OFFICIO AUDITOR AND RECORDER IN AND FOR NEZ PERCE COUNTY, IDAHO

Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W. Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-214022-791

AUG 24 1946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423246
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Roberta Nell Thomas

5. Date of Birth of Child (Month, day, year) 12-14-20

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hubert Thomas
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Prairie View, Kansas (City or town) (State or foreign country)
14. Exact Occupation Grain Dealer and Livestock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Geraldine Graham
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Logan, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above and that personal particulars were furnished by Hubert Thomas (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 5-11-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-118-036-23

425996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425996
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City St. John
   (c) Street Address or R.F.D. No. Idaho R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City St. John,
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. John, Ida.

4. **FULL NAME OF CHILD** WALLACE HARVO SATO

5. Date of Birth of Child (Month, day, year) March 18, 1920

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ushizo SATO
11. Color or Race JAPANESE 12. Age at time of THIS birth 43 yrs.
13. Birthplace Fukushima, JAPAN (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tota SATO
17. Color or Race JAPANESE 18. Age at time of THIS birth 28 yrs.
19. Birthplace Fukushima, JAPAN (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Oneida }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ a neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that J. M. Kerns MD. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J. Lewis Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1946

(SEAL) Edward Worley Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1946 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-219017-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clark (b) City Ranch on
   (c) Street Address or R.F.D. No. Camas Creek
   (d) Name of Hospital or Maternity Home: Ranch on Camas Creek
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clark
   (c) City Ranch on Camas Creek.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state Ranch on Camas Creek.

4. **FULL NAME OF CHILD** Veda Hoopes

5. Date of Birth of Child (Month, day, year) Nov. 19, 1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jonathan N. Hoopes
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Weston, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie L. Hoopes
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Preston, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jonathan N. Hoopes (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 26 years, and that Rose Middaugh and Lola Hathaway (First name) (Last name), who attended this birth deceased & whereabouts unknow (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jonathan N Hoopes Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 1947

(SEAL) Clerk of Dist. Court Notary Public, residing at Dubois, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295 220024 289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430472
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No. Gen. Delivery
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell, Idaho

4. **FULL NAME OF CHILD** Faye Genevieve Sinclair

5. Date of Birth of Child (Month, day, year) July 20, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lonnie Madison Sinclair
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Telluride, Colorado (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily Muriel Byrne
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Midvale, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5 % Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mrs W E. Thompson (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature E. L. Thompson M.D. Midwife Address Wendell Idaho Date 1-4-47

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 28 1947

331-92-022-356

431931

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431931
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. ------
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Vivian Clark

5. Date of Birth of Child (Month, day, year) 1/27/20

6 Sex F

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Elmer Clark
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavon Catherine Thomson
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth ~~and including~~ this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Dr. John R. Grey (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavon Catherine Clark Signature

834 New Deal Ave., Elmonte, Cal. P.O. Address

Subscribed and sworn to before me this 7th day of March, 1947

(SEAL) Erla A. Lewis Notary Public, residing at Elmonte, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-106-027-492

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: family residence
(e) Mothers stay BEFORE delivery: In THIS county 0 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. rural
(e) How long has MOTHER lived in Idaho? 6 mos.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ray Alfred WHITON

5. Date of Birth of Child (Month, day, year) 8-6-1920

6 Sex male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Abner WHITON
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Anatone (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self employed

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Elsie MISNER
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Worland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -- - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Emergency call. (First name) Physician unknown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Elsie Whiton Signature
507 Twelfth St., Bremerton, Wash. Address

Subscribed and sworn to before me this 25th. day of February, 1947

(SEAL) M H Bledsoe Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1948

MAR 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-150-237-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD Willard Oliver Purjue

5. Date of Birth of Child (Month, day, year) Jan. 20, 1920

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Purjue
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bruneau (City or town) Idaho (State or foreign country)
14. Exact Occupation rancher & blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Taylor
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Roland (City or town) Nevada (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. / Midwife Address Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 27 years, and that Maggie (First name) Taylor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Purjue Signature
Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 47.

(SEAL) Stella Brown, Notary Public, residing at Kellogg, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-218-029-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City HELMER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATO
(c) City HELMER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) HELMER Idaho

4. FULL NAME OF CHILD OLIVE MELTOSE HOTTON

5. Date of Birth of Child (Month, day, year) August 18, 1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GEORGE CALVIN HOTTON
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace Little Wolfe township Wisc. (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA MAY CALDWELL
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace Little Falls Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5:00 P M. on the date and at the place stated above, and that personal particulars were furnished by GEORGE C. HOTTON (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Wallowa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 26 years, and that MAY (First name) CALDWELL (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Calvin Hotton Signature
Wallowa Oregon P. O. Address

Subscribed and sworn to before me this 28th day of March 1947

(SEAL) David T. Couch, Notary Public, residing at Wallowa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Jan 17 1950

Received for filing on APR 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-229026-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436350
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEFFERSON (b) City RIGBY
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: (WAS CONFINED AT HOME)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County JEFFERSON
   (c) City RIGBY
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) RIGBY, IDAHO

4. **FULL NAME OF CHILD** BARBARA CORDON

5. Date of Birth of Child (Month, day, year) MARCH 29, 1920

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** OMER SAMUEL CORDON
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace WILLARD, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER (AT TIME OF THIS BIRTH)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHOEBE JANE THOMAS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace SAMARIA, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Phoebe (First name) Thomas Cordon (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature O. L. Call M.D. ~~Midwife~~ Address Pocatello, Ida Date April 26, 1947

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1947
JUN 2 1960
APR 23 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-124009-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   Born at home (taken to St. Lukes Hospital Spokane Wash. when 3 days old)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 5 months days,

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bonner
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, IDA.

4. **FULL NAME OF CHILD** MELVIN GENE SIERMAN

5. Date of Birth of Child (Month, day, year) 3-24-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John FRED SIERMAN
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace ALBERT LEA MINN (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business OWN Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTA MURIEL GREER
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace EVANSVILLE ARK. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Dr. Salmon (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Lota Greer Sierman Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1947.

(SEAL) Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1947 by John W Wright Registrar

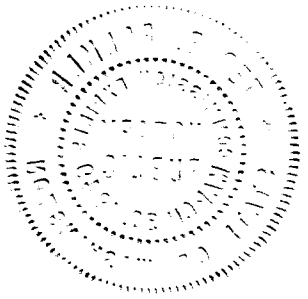
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. 436429
Reg. Dist. No. ____

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls

4. **FULL NAME OF CHILD** Antonio Burciaga

5. Date of Birth of Child (Month, day, year) Feb. 7, 1920

6. Sex male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jose Burciaga
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation Railroad worker
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Sanchez
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 27yrs 5 mo years, and that doctor (First name) ____ (Last name), who attended this birth cannot be loc. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosinda Sanchez Signature
940 Geraghty St. P. O. Address

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Subscribed and sworn to before me this 10th day of June 19 47

(SEAL) Eileen D. Nelson

My Commission Expires February 14th, 1949

Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUN 18 1947

Received for filing on ____ by John W Wright, Registrar

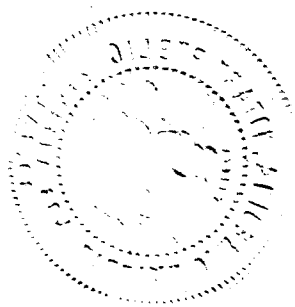
JUN 18 1947

JAN 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to~~ such ~~date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-106-022-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Ida

4. **FULL NAME OF CHILD** Robert Rudolph Klamt

5. Date of Birth of Child (Month, day, year) March 6, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph "J" Klamt
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Silesia (City or town) Germany (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine David Smith
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Allegheny (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Rangis M.D. Midwife Address Ashton Idaho Date 6-11-47

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright Registrar

JUN 18 1947

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1947
MAR 1 1967

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

499-113-010-967 437882

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Albor Ranch near Idaho Falls
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Albor Ranch
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pedro Mireles

5. Date of Birth of Child (Month, day, year) Feb. 13, 1920

6 Sex Male

7. Twin or Triplet ------- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bonifacio Mireles
11. Color or Race White (Mexican)
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jerez, Zacatecas, Mexico (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Antonia Rogarti
17. Color or Race White (Mexican)
18. Age at time of THIS birth 28 yrs.
19. Birthplace Jerez, Zacatecas, Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of United Mexican States, State of Jalisco, County of Guadalajara, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that I do not know (First name) (Last name), who attended this birth - - - - - (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-under Chapter 139, 1937 Session Laws.

Item 24
Service No. 1873
Fee $2.00

Bonifacio Mireles Signature
Jerez, Zacatecas, Mexico P. O. Address

Subscribed and sworn to before me this 23th day of July, 1947 Mexico

(SEAL) Edward N. McCully Vice Consul of the United States of America Notary Public, residing at Guadalajara/

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1947 by John H. Wright, Registrar

HOW BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Copy requires an advance payment of fifty cents, money order or coin.

AMERICAN FOREIGN SERVICE 30 DAYS DEF STATE

AUG 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 6 1949

662-104-023-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437890
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Ola, Idaho

4. FULL NAME OF CHILD Jack Albert Foster

5. Date of Birth of Child (Month, day, year) August 4, 1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry J. Foster
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Brown County (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora May Foster
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Windon (City or town), Kansas (State or foreign country)
20. Exact Occupation Wswf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Mr. Carl Fetters (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora May Foster Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of July 1947

(SEAL) Jane F. Elder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

m. H. 433-103-006-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437896
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Blackfoot
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** JUAN ULLOA

5. Date of Birth of Child (Month, day, year) July 3, 1920

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guadalupe Ulloa
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Valparaiso, Zac., Mexico (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Cabral
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Valparaiso, Zac., Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date JUN

State of UNITED MEXICAN STATES: STATE OF SAN LUIS POTOSI: **AFFIDAVIT**
County of CITY OF SAN LUIS POTOSI: } ss.
CONSULATE OF THE UNITED STATES OF AMERICA (Be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Service No. 940
Tariff Item 24
Fee: 2 dollars-10 pesos

Maria Cabral MOTHER Signature
Calle Enfermera No. 36 P. O. Address
Valparaiso, Zac.

Subscribed and sworn to before me this 30th day of June, 1947.
(SEAL) F. R. Lineaweaver, Consul of the United States of America, Notary Public, residing at San Luis Potosi, Mexico

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 22 1947 by [signature] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate may requires an advance payment of fifty cents, money order or coin.

JUL 22 19

NOV 29

NOV 9 196

MAR 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls Sugar Beet Company Camp
(e) Mothers stay BEFORE delivery: In THIS county 3 years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Juan Alvarado

5. Date of Birth of Child (Month, day, year) August 1, 1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jose Alvarado
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Agriculture worker

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolores Valenzuela
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Physician in Grace Idaho (First name) (Last name), who attended this birth dont know his name (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

José Alvarado Signature
235 N. Mission, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of August 1947

(SEAL) Soledad L. Pingarron, Notary Public, residing at Los Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1947 by John W. Wright, Registrar

my Commission expires 11-25-49

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1947

OCT 31 1949

OCT 4 1954

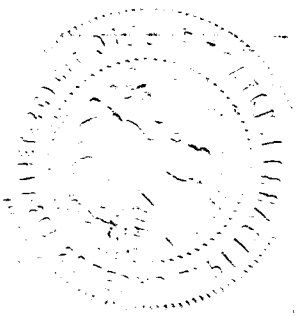
SEP 10 1969

NOV 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



599-220-006-593 442262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ---
(e) Mothers stay BEFORE delivery: In THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Firth, Ida.

4. FULL NAME OF CHILD Swea Linnea Erickson

5. Date of Birth of Child (Month, day, year) Nov. 20, 1920

6 Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claus Algot Erickson
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sodermanland, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Victoria Erickson
17. Color or Race Anglo Saxon
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sodermanland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that [redacted] Mrs. Trulin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Victoria Erickson Signature
Route 1, Firth, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of January, 1947.

(SEAL) [signature], Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 23 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-230-027-655

443679 443679

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Karen Lucile Webster

5. Date of Birth of Child (Month, day, year) Oct. 30, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Daniel Webster
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Greenville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer - Meat Market
15. Industry or Business Land owner & Prop. Meat Market

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Mae Overdalser
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Greenville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 27 years, and that Dr. Charles Gellard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Daniel Webster Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of November 19 47.

(SEAL) Thurley, Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 25 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-204-006-645 443685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

NOV 29 1947 DIVISION OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443685
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No. none
   (e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt, Idaho

4. FULL NAME OF CHILD Fern Thompson

5. Date of Birth of Child (Month, day, year) January 4 1920

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Parley Thompson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Roxie May Owen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Roxie Thompson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Mrs. (First name) Sessions, Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosie Thompson Signature

133 Jefferson Avenue P. O. Address

Subscribed and sworn to before me this 26 day of November, 1947.

(SEAL) Alton M. Jessander, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 26 1947 by Jessie J. Powell, Registrar

NOV 29 1947

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-119-022-457

446298

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446298
Local Reg. No. 446298
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home of Gerardo Cardenas.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont.
   (c) City Sugar City.
   (d) Street Address or R.F.D. No. 1,
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same.

4. **FULL NAME OF CHILD** Narcisso Cardenas.

5. Date of Birth of Child (Month, day, year) Sept. 19, 1920.

6. Sex Male.

7. Twin or Triplet If so—born single 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Bonifacio Cardenas.
11. Color or Race Mexican
12. Age at time of THIS birth 29 yrs.
13. Birthplace Monte De Garcia, Mexico. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Garcia
17. Color or Race Mexican
18. Age at time of THIS birth 28 yrs.
19. Birthplace Monte De Garcia, Mexico. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~knew~~ present in the home at the birth of this child, who was born (Born alive, stillborn) at night M. on the date and at the place stated above, and that personal particulars were furnished by Gerardo Cardenas (First name) (Last name) who is related as Uncle. The child above named was attended by my Mother, Dorotea Cardenas, now deceased. (Mother, etc.)

25. Attendant's **OWN** signature (deceased) ~~M.D.~~ Midwife Address now deceased. Date

AFFIDAVIT

State of Washington, County of Yakima, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Dorotea Cardenas, (First name) my Mother, (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gerardo Cardenas Signature

Route 1, Wapato, Washington, P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 48.

(SEAL) Neale M. Chaney, Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/5/48 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1972
MAR 21 1949
NOV 14 1949
DEC 21 1950
JAN 5 1953
MAR 10 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

State File No. 1920-448112

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last): WILLIAM EARL DAVIDSON
2. DATE OF BIRTH (Month, Day, Year): JULY 9 1920
3. TIME OF BIRTH:
4. SEX: M
5. CITY, TOWN, OR LOCATION OF BIRTH: GRACE
6. COUNTY OF BIRTH: BANNOCK
7. BIRTHPLACE (Enter Name of Place, Street and Number): PARENTS HOME AUG. 11. 1890

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last): RUTH ELENOR OBRAY
9. DATE OF BIRTH (Month, Day, Year): ~~JULY 9 1920~~
10. BIRTHPLACE (State or Foreign Country): ~~IDAHO~~ UTAH

FATHER

11. FATHER'S NAME (First, Middle, Last): DON DAVIDSON
12. DATE OF BIRTH (Month, Day, Year): JULY, 13. 1890
13. BIRTHPLACE (State or Foreign Country): IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ▶

14. SIGNATURE OF REGISTRANT: William E. Davidson
15a. RESIDENCE — STATE: UTAH
15b. COUNTY: SALT LAKE
15c. CITY, TOWN, OR LOCATION:
15d. STREET AND NUMBER:
15e. MAILING ADDRESS (If same as residence, enter Zip Code only):

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON July 1st 2010
17. SIGNATURE OF NOTARY: ▶ David McEntire
18. NOTARY COMMISSION EXPIRES: 06/01/2012

Notary Public DAVID McENTIRE 6148 South 2470 West West Jordan, Utah 84088 My Commission Expires June 1, 2012 State of Utah

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Church Certificate of Birth	LDS Church	May 8, 1942	Aug. 1, 1920

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Jul. 9, 1920	Grace, Bannock County, Idaho	Elenor Ruth Obray	Don Davidson

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own Child's Birth Certificate	State of Utah, file #42-3564	child born Jul.15,1942	child born Jul. 15, 1942

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Age: 22	Idaho	----	----

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Individual Ordinance Summary	LDS Church	May 29, 2010	baptized Sep. 22, 1928

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Jul. 9, 1920	Grace, Bannock, Idaho	Ruth Ellenor B Obray	Don Davidson

QUALIFYING INFORMATION

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
[signature]	▶ Kathryn Cook	JUL 07 2010

APPLICANT — GO TO PAGE TWO

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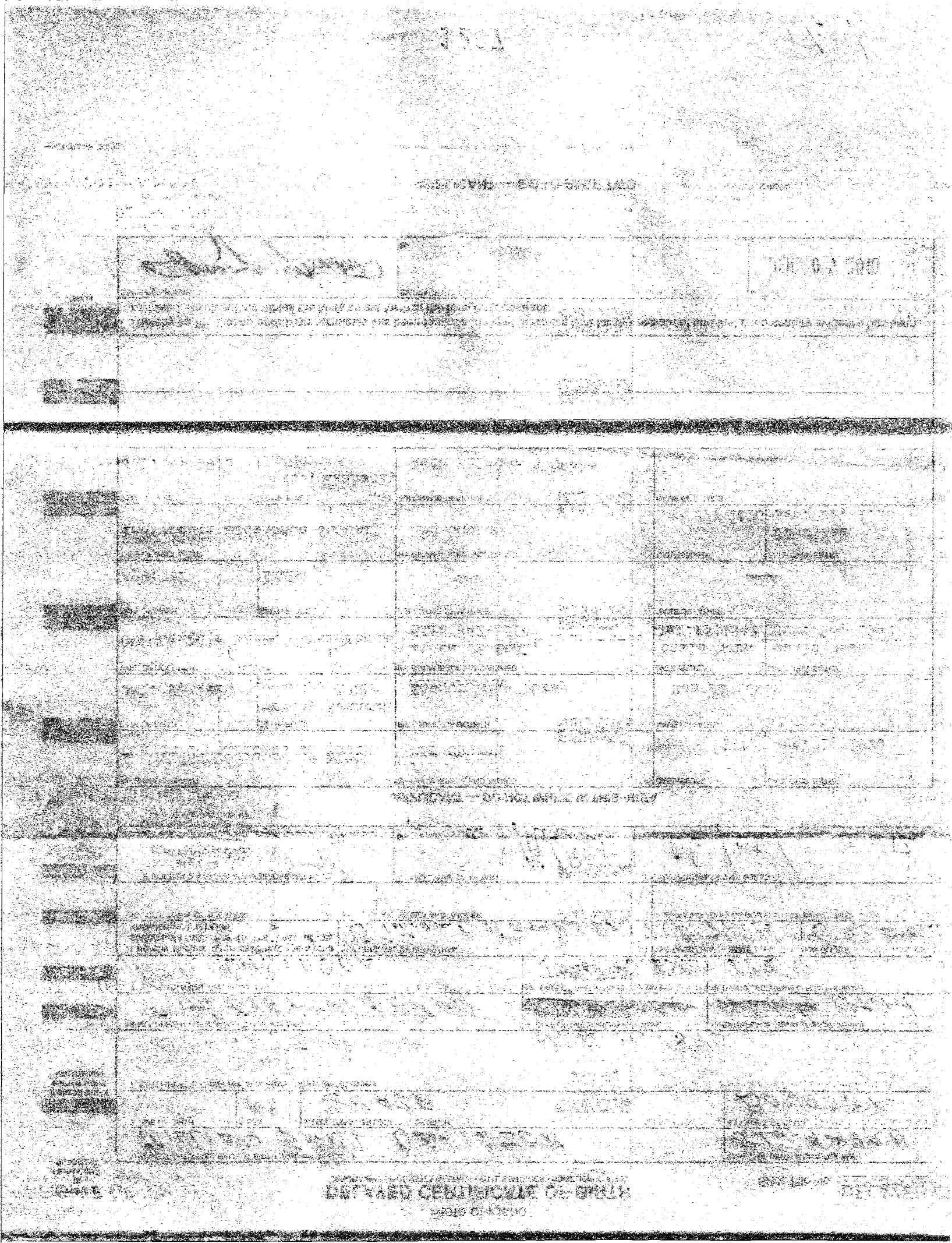
1207

6/24/10



State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State File No. 1920-448112

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
WILLIAM EARL DAVIDSON			July 9 1920
3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	M	GRACE	BANNOCK

7. BIRTHPLACE (Enter Name of Place, Street and Number)

PARENTS HOME AUG. 11 1890

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

	23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
MOTHER	23a. ☐ No ☐ Yes (Specify):	24a.	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5
FATHER	23b. ☐ No ☐ Yes (Specify):	24b.	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)
26a. Now living Number ____ ☐ None	26d. Number ____ ☐ None
26b. Now dead Number ____ ☐ None	
26c. DATE OF LAST LIVE BIRTH (Month, Year)	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)

27. BIRTH WEIGHT (Specify unit)

28a. PLURALITY — (Specify single, twin, triplet, etc.)

28b. IF NOT SINGLE BIRTH — Born (Specify first, second, third, etc.)

29. IS MOTHER MARRIED? (At birth, conception, or any time between) ☐ Yes ☐ No

30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

30b. CLINICAL ESTIMATE OF GESTATION (Weeks)

31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN — (Specify 1st, 2nd, etc.)

31b. PRENATAL VISITS — Total Number (If none, so state)

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name and address of facility transferred from: ☐ Yes ☐ No ☐ Unknown

33. INFANT TRANSFERRED? If yes, enter name and address of facility transferred to: ☐ Yes ☐ No ☐ Unknown

34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL? ☐ Yes ☐ No

APGAR SCORE 1 min. 35a. 5 min. 35b.

36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)? ☐ Yes ☐ No If "No", reason:

37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY? ☐ Yes ☐ No

38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES? ☐ Yes ☐ No ☐ No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. <10) ..... 01 ☐
- Cardiac disease ..... 02 ☐
- Acute or chronic lung disease ..... 03 ☐
- Diabetes ..... 04 ☐
- Genital herpes ..... 05 ☐
- Hydramnios/Oligohydramnios ..... 06 ☐
- Hemoglobinopathy ..... 07 ☐
- Hypertension, chronic ..... 08 ☐
- Hypertension, pregnancy-associated ..... 09 ☐
- Eclampsia ..... 10 ☐
- Incompetent cervix ..... 11 ☐
- [redacted] ..... 12 ☐
- Previous preterm or small-for-gestational-age infant ..... 13 ☐
- Renal disease ..... 14 ☐
- Rh sensitization ..... 15 ☐
- Uterine bleeding ..... 16 ☐
- None ..... 00 ☐
- Other _____ (Specify) ..... 17 ☐

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ☐ Yes ☐ No
  - Average number cigarettes per day _____
- Alcohol use during pregnancy ☐ Yes ☐ No
  - Average number drinks per week _____
- Weight gained during pregnancy ☐ Yes ☐ No

40. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis ..... 01 ☐
- Electronic fetal monitoring ..... 02 ☐
- Induction of labor ..... 03 ☐
- Stimulation of labor ..... 04 ☐
- Tocolysis ..... 05 ☐
- Ultrasound ..... 06 ☐
- None ..... 00 ☐
- Other _____ (Specify) ..... 07 ☐

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (>100°F, or 38°C) ..... 01 ☐
- Meconium, moderate/heavy ..... 02 ☐
- Premature rupture of membrane (>12 hours) ..... 03 ☐
- Abruptio placenta ..... 04 ☐
- Placenta previa ..... 05 ☐
- Other excessive bleeding ..... 06 ☐
- Seizures during labor ..... 07 ☐
- Precipitous labor (< 3 hours) ..... 08 ☐
- Prolonged labor (> 20 hours) ..... 09 ☐
- Dysfunctional labor ..... 10 ☐
- Breech/Malpresentation ..... 11 ☐
- Cephalopelvic disproportion ..... 12 ☐
- Cord prolapse ..... 13 ☐
- Anesthetic complications ..... 14 ☐
- Fetal distress ..... 15 ☐
- None ..... 00 ☐
- Other _____ (Specify) ..... 16 ☐

42. METHOD OF DELIVERY (Check all that apply)

- Vaginal ..... 01 ☐
- Vaginal birth after previous C-section ..... 02 ☐
- Primary C-section ..... 03 ☐
- Repeat C-section ..... 04 ☐
- Forceps ..... 05 ☐
- Vacuum ..... 06 ☐

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Anemia (Hct. < 39/Hgb. <13) ..... 01 ☐
- Birth injury ..... 02 ☐
- Fetal alcohol syndrome ..... 03 ☐
- Hyaline membrane disease/RDS ..... 04 ☐
- Meconium aspiration syndrome ..... 05 ☐
- Assisted ventilation < 30 min ..... 06 ☐
- Assisted ventilation ≥ 30 min ..... 07 ☐
- Seizures ..... 08 ☐
- None ..... 00 ☐
- Other _____ (Specify) ..... 09 ☐

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

- Anencephalus ..... 01 ☐
- Spina bifida/Meningocele ..... 02 ☐
- Hydrocephalus ..... 03 ☐
- Microcephalus ..... 04 ☐
- Other central nervous system anomalies (Specify) _____ ..... 05 ☐
- Heart malformations ..... 06 ☐
- Other circulatory/respiratory anomalies (Specify) _____ ..... 07 ☐
- Rectal atresia/stenosis ..... 08 ☐
- Tracheo-esophageal fistula/Esophageal atresia ..... 09 ☐
- Omphalocele/Gastroschisis ..... 10 ☐
- Other gastrointestinal anomalies (Specify) _____ ..... 11 ☐
- Malformed genitalia ..... 12 ☐
- Renal agenesis ..... 13 ☐
- Other urogenital anomalies (Specify) _____ ..... 14 ☐
- Cleft lip/palate ..... 15 ☐
- Polydactyly/Syndactylyl/Adactyly ..... 16 ☐
- Club foot ..... 17 ☐
- Diaphragmatic hernia ..... 18 ☐
- Other musculoskeletal/integumental anomalies (Specify) _____ ..... 19 ☐
- Down's syndrome ..... 20 ☐
- Other chromosomal anomalies (Specify) _____ ..... 21 ☐
- None ..... 00 ☐
- Other _____ (Specify) ..... 22 ☐

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State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

State File No. 1920-448140

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
LOLA		ARMSTRONG	APRIL 12, 1920
3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	BASALT	BINGHAM

7. BIRTHPLACE (Enter Name of Place, Street and Number): HOME

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last)			9. DATE OF BIRTH (Month, Day, Year)	10. BIRTHPLACE (State or Foreign Country)
MARTHA	ELLEN	THOMPSON	OCT. 5, 1898	IDAHO

FATHER

11. FATHER'S NAME (First, Middle, Last)			12. DATE OF BIRTH (Month, Day, Year)	13. BIRTHPLACE (State or Foreign Country)
OSCAR		ARMSTRONG	DEC. 19, 1890	UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ▶	14. SIGNATURE OF REGISTRANT	15a. RESIDENCE — STATE	15b. COUNTY
	Lola Andreasen	IDAHO	LEMHI

15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. MAILING ADDRESS (If same as residence, enter Zip Code only)
SALMON	309 N. WARPATH	83467

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON	17. SIGNATURE OF NOTARY	18. NOTARY COMMISSION EXPIRES
January 20, 2012	▶ Natalie Stevenson	May 18 2016

STATE OF IDAHO NOTARY PUBLIC NATALIE STEVENSEN

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Blessing	LDS Church, Basalt Ward, Shelley Stake	Jun. 6, 1920	blessed Jun. 6, 1920

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Apr. 12, 1920	Basalt, Bingham County, Idaho	Martha Thompson	Oscar Armstrong

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own child's birth certificate	State of Idaho file #1943-377902	filed Sep. 7, 1943	child born Aug. 11, 1943

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Age: 23	Idaho	----	----

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Report of Confidential Social Security Benefit Information	Social Security Administration	Jan.17,2012	Aug. 1940

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Apr. 12, 1920	Basalt, Idaho	Martha E Thompson	Oscar Armstrong

QUALIFYING INFORMATION

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
James B. Gabbert	▶ Kathryn Cook	FEB 07 2012

APPLICANT — GO TO PAGE TWO

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State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • BOISE, IDAHO 83720

State File No. 1920-448140

TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
LOLA		ARMSTRONG	APRIL 12, 1920
3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	BASALT	BINGHAM

7. BIRTHPLACE (Enter Name of Place, Street and Number)

HOME

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

	23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
MOTHER	23a. ☐ No ☐ Yes (Specify):	24a.	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5
FATHER	23b. ☐ No ☐ Yes (Specify):	24b.	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	27. BIRTH WEIGHT (Specify unit)	28a. PLURALITY — (Specify single, twin, triplet, etc.)	28b. IF NOT SINGLE BIRTH — Born (Specify first, second, third, etc.)	29. IS MOTHER MARRIED? (At birth, conception, or any time between)
26a. Now living Number ____ ☐ None; 26b. Now dead Number ____ ☐ None	26d. Number ____ ☐ None				☐ Yes ☐ No

30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	30b. CLINICAL ESTIMATE OF GESTATION (Weeks)	31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN — (Specify 1st, 2nd, etc.)	31b. PRENATAL VISITS — Total Number (If none, so state)

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? *If yes, enter name and address of facility transferred from:* ☐ Yes ☐ No ☐ Unknown

33. INFANT TRANSFERRED? *If yes, enter name and address of facility transferred to:* ☐ Yes ☐ No ☐ Unknown

26c. DATE OF LAST LIVE BIRTH (Month, Year)	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)	34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL?
		☐ Yes ☐ No

APGAR SCORE 1 min.	APGAR SCORE 5 min.	36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)?	37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY?	38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES?
35a.	35b.	☐ Yes ☐ No If "No", reason:	☐ Yes ☐ No	☐ Yes ☐ No ☐ No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. <10) ..... 01 ☐
- Cardiac disease ..... 02 ☐
- Acute or chronic lung disease ..... 03 ☐
- Diabetes ..... 04 ☐
- Genital herpes ..... 05 ☐
- Hydramnios/Oligohydramnios ..... 06 ☐
- Hemoglobinopathy ..... 07 ☐
- Hypertension, chronic ..... 08 ☐
- Hypertension, pregnancy-associated ..... 09 ☐
- Eclampsia ..... 10 ☐
- Incompetent cervix ..... 11 ☐
- Previous infant 4000+ grams ..... 12 ☐
- Previous preterm or small-for-gestational-age infant ..... 13 ☐
- Renal disease ..... 14 ☐
- Rh sensitization ..... 15 ☐
- Uterine bleeding ..... 16 ☐
- None ..... 00 ☐
- Other _____ 17 ☐ (Specify)

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ☐ Yes ☐ No
- Average number cigarettes per day _____
- Alcohol use during pregnancy ☐ Yes ☐ No
- Average number drinks per week _____
- Weight gained during pregnancy ☐ Yes ☐ No

40. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis ..... 01 ☐
- Electronic fetal monitoring ..... 02 ☐
- Induction of labor ..... 03 ☐
- Stimulation of labor ..... 04 ☐
- Tocolysis ..... 05 ☐
- Ultrasound ..... 06 ☐
- None ..... 00 ☐
- Other _____ 07 ☐ (Specify)

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (>100°F, or 38°C) ..... 01 ☐
- Meconium, moderate/heavy ..... 02 ☐
- Premature rupture of membrane (>12 hours) ..... 03 ☐
- Abruptio placenta ..... 04 ☐
- Placenta previa ..... 05 ☐
- Other excessive bleeding ..... 06 ☐
- Seizures during labor ..... 07 ☐
- Precipitous labor (< 3 hours) ..... 08 ☐
- Prolonged labor (> 20 hours) ..... 09 ☐
- Dysfunctional labor ..... 10 ☐
- Breech/Malpresentation ..... 11 ☐
- Cephalopelvic disproportion ..... 12 ☐
- Cord prolapse ..... 13 ☐
- Anesthetic complications ..... 14 ☐
- Fetal distress ..... 15 ☐
- None ..... 00 ☐
- Other _____ 16 ☐ (Specify)

42. METHOD OF DELIVERY (Check all that apply)

- Vaginal ..... 01 ☐
- Vaginal birth after previous C-section ..... 02 ☐
- Primary C-section ..... 03 ☐
- Repeat C-section ..... 04 ☐
- Forceps ..... 05 ☐
- Vacuum ..... 06 ☐

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Anemia (Hct. < 39/Hgb. <13) ..... 01 ☐
- Birth injury ..... 02 ☐
- Fetal alcohol syndrome ..... 03 ☐
- Hyaline membrane disease/RDS ..... 04 ☐
- Meconium aspiration syndrome ..... 05 ☐
- Assisted ventilation < 30 min ..... 06 ☐
- Assisted ventilation ≥ 30 min ..... 07 ☐
- Seizures ..... 08 ☐
- None ..... 00 ☐
- Other _____ 09 ☐ (Specify)

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

- Anencephalus ..... 01 ☐
- Spina bifida/Meningocele ..... 02 ☐
- Hydrocephalus ..... 03 ☐
- Microcephalus ..... 04 ☐
- Other central nervous system anomalies (Specify) _____ 05 ☐
- Heart malformations ..... 06 ☐
- Other circulatory/respiratory anomalies (Specify) _____ 07 ☐
- Rectal atresia/stenosis ..... 08 ☐
- ~~Tracheo-esophageal fistula/Esophageal atresia~~ ..... 09 ☐
- Omphalocele/Gastroschisis ..... 10 ☐
- Other gastrointestinal anomalies (Specify) _____ 11 ☐
- Malformed genitalia ..... 12 ☐
- Renal agenesis ..... 13 ☐
- Other urogenital anomalies (Specify) _____ 14 ☐
- Cleft lip/palate ..... 15 ☐
- Polydactyly/Syndactylyl/Adactyly ..... 16 ☐
- Club foot ..... 17 ☐
- Diaphragmatic hernia ..... 18 ☐
- Other musculoskeletal/integumental anomalies (Specify) _____ 19 ☐
- Down's syndrome ..... 20 ☐
- Other chromosomal anomalies (Specify) _____ 21 ☐
- None ..... 00 ☐
- Other _____ 22 ☐ (Specify)

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12/7/11

FEB 07 2012

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE2000-037

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHESTER C HAMMER

2. Date Of Birth: (month) JUNE (day) 5 (year) 1920

3. Sex: MALE

4. Place of Birth: a. County: BINGHAM; b. City or Town of Birth: WOODVILLE

FATHER

5. Full Name of Father: JOHN HAMMER

6. State or Country of Father's Birth: UTAH

MOTHER

7. Full Maiden Name of Mother: FLORENCE HOPE

8. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Chester C Hammer

10. Present Address of Registrant: 1220 1st St Idaho Falls Id 83401

NOTARY (Seal)

Subscribed and sworn to before me on October 16, 2000 (mo. / day / yr.)

11. Signature of Notary: Mary Schneider

12. Notary Commission expires: 2 16 2006 (mo. / day / yr.)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: CHURCH BIRTH CERTIFICATE
By whom issued and signed: LDS CHURCH
Date Issued: 9/1/2000
Date Orig. Entry: 8/1/1920
Date of Birth: JUNE 5 1920
Birth Place: WOODVILLE, IDAHO
Full Name of Mother: FLORENCE HOPE
Name of Father: JOHN HAMMER

SUPPORTING RECORD 2.

Type of Document: LDS CHURCH RECORD
By whom issued and signed: LDS CHURCH
Date Issued: ---------
Date Orig. Entry: OCT. 5, 1928
Date of Birth: JUNE 5 1920
Birth Place: WOODVILLE, IDAHO
Full Name of Mother: FLORENCE HOPE
Name of Father: JOHN HAMMER

SUPPORTING RECORD 3.

Type of Document: AFFIDAVIT
By whom issued and signed: CLARENCE D. HOPE
Date Issued: 9/8/2000
Date Orig. Entry: 9/8/2000
Date of Birth: JUNE 5 1920
Birth Place: WOODVILLE, IDAHO
Full Name of Mother: ----------
Name of Father: ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane A. Smith
Evidence reviewed by: MARY SCHNEIDER
Date Filed: OCT 16 2000

FORM HW 0610

OCT 16 2000

238-15-02-643 13

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEFFERSON (b) City CAMAS
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: MOTHER'S RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County JEFFERSON
   (c) City CAMAS
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) CAMAS IDAHO

4. **FULL NAME OF CHILD** JAMES SCHEETS

5. Date of Birth of Child (Month, day, year) OCT 15, 1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WESTLEY SCHEETS
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LACLEDE Co. MISSOURI (City or town) (State or foreign country)
14. Exact Occupation WELL DRILLER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA WILLIAMS
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace TEXAS COUNTY MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that DR. C. M. JONES (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna W Scheets Signature

REXBURG IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of February, 1948

(SEAL) John L. Bloem, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26, 1948 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 13 TO DE48-0013 10/30/12 KMC

FEB 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-128-025862

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 193

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City. Idaho
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Multnomah
   (c) City Portland
   (d) Street Address or R.F.D. No. 1414 S.E.13th
   (e) How long has **MOTHER** lived in Idaho? 2 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** George Harvey Bostwick

5. Date of Birth of Child (Month, day, year) 4-28-1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Hiram Bostwick
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Boseman Montana (City or town) (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business Telephone

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Mae Hoskins
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bluffdale Texas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that The Doctor (First name) (Last name), who attended this birth do not remember name (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Hiram Bostwick Signature
200 N.E.57th.Ave Portland Oregon P. O. Address

Subscribed and sworn to before me this 20th. day of October, 19 47.

(SEAL) Mary A. Barber as Notary Public, residing at 7505 N.E.Glisan Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 16, 1948 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 193 TO DE48-0193 12/10/12 KMC

APR 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-227-010-995

4-11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Helen Heffel

5. Date of Birth of Child (Month, day, year) May 27-1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Abe Heffel
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna J. Wreb
17. Color or Race W.
18. Age at time of THIS birth 28 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada
} ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature

Glendale, Calif P. O. Address

Subscribed and sworn to before me this 19 day of April 19 48

(SEAL) Mabel Fielden, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19, 1948 by [illegible], Registrar

FILE # FROM 211 TO DE48-0211 12/11/12 KMC

APR 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-129-022-864

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

MAY 19 1948 STATE OF IDAHO

State File No. DE48-0314
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony, Idaho
   (d) Street Address or R.F.D. No. R#2
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harvey Housley Powell

5. Date of Birth of Child (Month, day, year) May 29, 1920

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Powell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Egin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Housley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Paridise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at unkown M. on the date and at the place stated above, and that personal particulars were furnished by Ida Powell (First name) (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 28 years, and that Doctor Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Powell Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of May, 1948

(SEAL)

Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. Oct 13, 1951

Received for filing on MAY 20 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

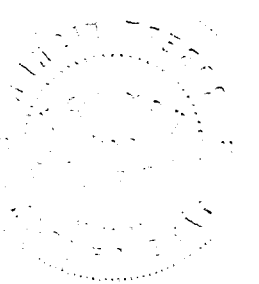
FILE # FROM 314 TO DE48-0314 12/14/12 KMC

MAY 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-202-041-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

MAY 26 1948

STATE OF IDAHO

State File No. DE48-0345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Belva Marie Diskie

5. Date of Birth of Child (Month, day, year) 2nd August 1920

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Arthur Thomas Diskie
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Marinette (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Wheat farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jean Olson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Spencer (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Annie (First name) Freeman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jean Patrick Signature
Rt. 5 Box 255 Eugene Ore. P.O. Address

Subscribed and sworn to before me this 22" day of May 1948
(SEAL) E. E. Hunter Notary Public, residing at Vineta, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1948 by John W Wright, Registrar

COMMISSION EXPIRES JUNE 17, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

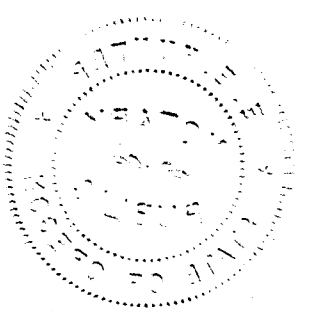
FILE # FROM 345 TO DE48-0345 12/17/12 KMC

MAY 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-210-007-234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 1 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0367
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Elizabeth Robbins

5. Date of Birth of Child (Month, day, year) 3-10-20

6. Sex f.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Simon S. Robbins
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brady Island (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Stump
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Edison (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Deceased (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Stump (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Deceased (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Robbins Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 31 day of May 19 48

(SEAL) William E. Armstrong Probate Judge & Ex-Officio Clerk, Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 367 TO DE48-0367 12/17/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

U. S. P. H. S.
Federal Security Agency
814-104-010-617

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. DE48-0404
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Iona
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County 28 years 2 months 3 days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 28 yrs.
   (f) Mother's mailing address (for registration notice): 1 (Street or R.F.D.) Idaho Falls Idaho (Postoffice)

3. **RESIDENCE OF FATHER** Idaho Falls Idaho Rt 1 (City, State)

4. **FULL NAME OF CHILD** Frank Walter Haderlie

5. **DATE OF BIRTH** Feb 4 1920 (Month, day, year)

6. Sex Mail

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Henry Walter Haderlie
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Providence Utah (City or Town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Jones Ward
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Iona (City or Town) Idaho (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum .....
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 6:40 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Jones Ward (First name) (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) JUN 12 1948 (Date received) (b) [signature] (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** [signature], M.D. (D.O., Midwife, etc.)
and address ..... Date Feb 6, 1970
Idaho Falls, Ida

FILE # FROM 404 TO DE48-0404 12/19/12 KMC

JUN 12 1948

MAR 18 1975

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

215-108-203-3 RECEIVED

SEP 22 1948

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0753
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items to refer to time of this birth)
   (a) County Bannock (b) City Pocatello Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alberto Sanchez

5. Date of Birth of Child (Month, day, year) April-8-1920

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Asencion Sanchez
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Coahuila (City or town) Coahuila Mex. (State or foreign country)
14. Exact Occupation Construction work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Tomasa Carrillo
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Cala Blanco (City or town) Durango Mex (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ascención Sánchez (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Chihuahua, Mexico } ss.
County of Ciudad Juarez }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Asencion Sanchez Signature

Ave. Ferrocarril 1613 Sur P. O. Address

Subscribed and sworn to before me this 15th day of September, 1948.

(SEAL) Rafael D. Martinez, Notary Public, residing at Ciudad Juarez

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 23, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1948

FILE # FROM 753 TO DE48-0753 1/9/13 KMC

MAY 6 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-216001-569

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DELAYED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mrs Wilson's
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruth Vivian Anderson

5. Date of Birth of Child (Month, day, year) 4-16-1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Alfred Anderson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Hartington Neb. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Norris
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Colo. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for Life years, and that Geo Conard (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A Anderson Signature

Boise, Ida P. O. Address

Subscribed and sworn to before me this 7th day of October 1948

(SEAL) Muriel Fidler, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 11, 1948 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE 04/17/2018 ICL

OCT 12 1948

APR 17 2018

FILE # FROM 810 TO DE48-0810 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-216-042-955

RECEIVED
NOV 10 1948
DIVISION OF VITAL STATISTICS

D-48

United States Department of Commerce Bureau of the Census

(Please see that the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 918
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hollister
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hollister
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vera Irene Hatch

5. Date of Birth of Child (Month, day, year) May 16, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cyrus C. Hatch
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Shannon Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle ~~Green~~ Reed
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Licking (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address 318 Eastern Ave.,Taft,Cal Date Nov 8-48 mother

AFFIDAVIT

State of California
County of Kern } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Dr. McKinley (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Hatch Signature

318 Eastern Ave., Taft, Calif P. O. Address

Subscribed and sworn to before me this 8th day of November, 19 48.

(SEAL) Elmer Wilson, Notary Public, residing at Taft, Californ

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 17, 1948 by John W. Wright, Registrar

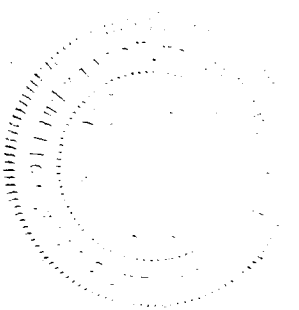
NOV 12 1948

AUG 7 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Amended 4-28-81 799-115-048-365
of DE 48-960

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 48-960

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen Jack Griffin			2. Date Of Birth (month) 3 (day) 15 (year) 20	
	3. Color or Race: Am. White	4. Sex: M	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: Enoch Arden Griffin			7. State or Country of Father's Birth: Macon County Missouri	
MOTHER	8. Full Maiden Name of Mother: Julia Anne Conarty			9. State or Country of Mother's Birth: Norton County, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen Jack Griffin		11. Present Address of Registrant: Rt 2, Twin Falls, ID	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17, 1981	12. Signature of Notary: Janet L. King		13. Notary Commission expires: March 15, 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic St. Edward Church		Date Issued: Feb.9,1981	Date Orig. Entry: Baptized Jan 20,1933
	Date of Birth: Mar.15,1920	Birth Place: Twin Falls	Full Name of Mother: Julia Conaty	Name of Father: Enoch Griffin	
SUPPORTING RECORD 2.	Type of Document: School Census Record	By whom issued and signed: Twin Falls School Dist # 411		Date Issued: -----	Date Orig. Entry: Sept.8,1936
	Date of Birth: Mar.15,1920	Birth Place: Idaho	Full Name of Mother: Mrs. Julia Griffin	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U. S. Dept. of Commerce		Date Issued: Mar 12,1981	Date Orig. Entry: Census taken April 1, 1930
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Julia Griffin	Name of Father: Enoch Griffin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	4-28-81

FORM BH 56067

2-3-81

Coleman

799-115-042-536

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 960 De 48
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Falls County Hospital
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.R. 2
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) deceased.

4. FULL NAME OF CHILD GLENN JACK GRIFFIN

5. Date of Birth of Child (Month, day, year) March 15, 1921

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ENOCK A. GRIFFIN
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace LaPlata (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA ANNE CONARTY
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Norton (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that Dr. Bealer (First name) (Last name), who attended this birth location unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Anne Griffin Signature
Tourist Hotel, Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 26th day of November, 1948.

(SEAL) [signature], Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 29, 1948 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1948 SEP 29 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-123-003 RECEIVED DEC 8 1948 NAME CHANGED PURSUANT COURT ORDER 6-14-96 Cert amend 7-19-96

United States Department of Commerce Bureau of the Census

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-1000 01
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Grace, Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 4 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Ida.

4. **FULL NAME OF CHILD** ~~JB Hancock~~ JOSEPH BRENT HANCOCK

5. Date of Birth of Child (Month, day, year) April 23, 1920

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph B. Hancock
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Ann Smith
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grace, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of BANNOCK } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Known as Grandma Egbert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph B Hancock Signature
355 South 4th P. O. Address

Subscribed and sworn to before me this 4th day of December, 19 48

(SEAL) G. K. Carlson, Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 6, 1948 by Jeanie J Powell, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

FILE # FROM 1000 TO DE48-1000 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
JUN 25 1996

RICHARD C. CAHOON A535
MARSDEN, ORTON, CAHOON & GOTTFREDSON
ATTORNEYS FOR PETITIONER
68 SOUTH MAIN STREET, SUITE 500
SALT LAKE CITY, UTAH 84101
TELEPHONE: (801) 521-3800
FAX: (801) 537-1315

IN THE SECOND JUDICIAL DISTRICT COURT
DAVIS COUNTY, STATE OF UTAH

J B HANCOCK, Petitioner.	ORDER CHANGING NAME File No. 963700133

On this 14th day of June, 1996, came on to be held the Petition of JB Hancock for an Order changing his name, and the Court having heard in open court the evidence pertaining to such Petition, now therefore, it is:

HEREBY ORDERED AND DECREED THAT:

1. The Court has jurisdiction over this proceeding and subject matter:

2. That all required notices have been given or waived.

3. That Petitioner's name of J B Hancock is hereby changed and he shall henceforth be known as Joseph Brent Hancock.

DATED this 14th day of June, 1996.

BY THE COURT:

District Judge

STATE OF UTAH)
COUNTY OF DAVIS) ss.
I THE UNDERSIGNED, CLERK OF THE DISTRICT COURT OF DAVIS COUNTY, UTAH DO HEREBY CERTIFY THAT THE ANNEXED AND FOREGOING IS A TRUE AND FULL COPY OF AN ORIGINAL DOCUMENT ON FILE IN MY OFFICE AS SUCH CLERK.
WITNESS MY HAND SEAL OF SAID OFFICE
THIS 14 DAY OF June, 19 96
PAUL B CARR, CLERK
BY: _____

STATE OF UTAH)
: ss.
COUNTY OF DAVIS)

I, PAULA SMITH, CLERK OF THE DISTRICT COURT IN AND FOR DAVIS COUNTY, UTAH, DO HEREBY CERTIFY THAT THE ANNEXED IS A CONSCIENTIOUS AND TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN MY OFFICE AS SUCH CLERK.

WITNESS MY HAND AND SEAL OF SAID OFFICE

THIS _____ DAY OF _____, 19____

PAULA SMITH, CLERK

BY: _____

296-107-026-684

RECEIVED
DEC 13 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1009
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Henry Joseph Brown

5. Date of Birth of Child (Month, day, year) August 7, 1920

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Moronie Brown
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chester (City or town) Idaho. (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah L. Whitaker
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rigby, (City or town) Idaho. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None so far as Known
23. Number of children of this mother 4 (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years and that this time Dr A.L Palmer (First name) (Last name), who attended this birth is not known at (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah L Whitaker Brown Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 6th day of December, 1948

(SEAL) Percy Gowen, Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 14, 1948 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1948

FILE # FROM 1009 TO DE48-1009 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-407-065-217

United States Department of Commerce Bureau of the Census

RECEIVED DEC 15 1948 VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Room in old Ida-ho Hotel
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months -days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GEORGE JUNIOR WELCH

5. Date of Birth of Child (Month, day, year) Oct. 7, 1920

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GEORGE THOMAS WELCH
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace West Weber, (City or town) Utah (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie Evelyn Baggs
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Tabor, (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 7 p.M. on the date and at the place stated above, and that personal particulars were furnished by Goldie B. Welch (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tyler M.D. ~~Midwife~~ Address Soda Springs, Idaho Date 12-13-48

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Caribou }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 16, 1948 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1948

FILE # FROM 1017 TO DE48-1017 1/25/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-122-009-519

RECEIVED
DEC 17 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-1020
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNER (b) City CLARKIA
   (c) Street Address or R.F.D. No. GEN'L DELIVERY
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNER
   (c) City CLARKIA
   (d) Street Address or R.F.D. No. GEN'L DELIVERY
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) CLARKIA, IDAHO

4. **FULL NAME OF CHILD** LESTER EARL ~~THEODORE JEFFERSON~~ SEYMOUR

5. Date of Birth of Child (Month, day, year) APRIL 22, 1920

6 Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THEODORE J. SEYMOUR
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace JULIETTA, IDAHO (City or town) (State or foreign country)
14. Exact Occupation LABORER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH STEPTOE EARL
17. Color or Race WHITE
18. Age at time of THIS birth 44 yrs.
19. Birthplace STEPTOE BUTTE, IDAHO. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6:45 A M. on the date and at the place stated above, and that personal particulars were furnished by SARAH (First name) SEYMOUR (Last name) who is related as MOTHER. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that SARAH MARTIN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Steptoe White Signature
Rt. 1, Box 328 - Lewiston P. O. Address

Subscribed and sworn to ~~before~~ me this 13th day of December, 1948.

(SEAL) [signature], Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Comm. exp. 11-15-50.

Received for filing on Dec 17, 1948 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1948 MAY 11 1966

FILE # FROM 1020 TO DE48-1020 1/30/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-103-030-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City May
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City May
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) May Idaho

4. **FULL NAME OF CHILD** Donald Mack Dean O'Neal

5. Date of Birth of Child (Month, day, year) 5/3/20

6 Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawerence E. O'neal
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salmon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Ellis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace May (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Dr. C. J. (First name) Gilman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Ellis O'Neal Signature
May P. O. Address

Subscribed and sworn to before me this 28th day of February, 1949.

(SEAL) Vina Thompson, Notary Public, residing at May

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1211 TO DE49-1211 2/12/13 KMC

MAR 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-118-019-793

RECEIVED
MAR 22 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1282
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Stanley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Brothers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** John Robert Lightfoot

5. Date of Birth of Child (Month, day, year) July 18, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hardy Baxter Lightfoot
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Soldier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Mill man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Gillespie
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Muldoon Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Montana } ss.
County of Madison }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that the midwife (don't recall name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs. Irene G. Vickers Signature

Virginia City Mont P. O. Address

Subscribed and sworn to before me this 19th day of March, 1949.

(SEAL)

Frank E. Blair, Notary Public, residing at Virginia City, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Expires 7/27/51

Received for filing on March 22, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1282 TO DE49-1282 11/6/2013-LLE

MAR 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Madison }

Certificate No. 1282 Delayed

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for John Robert Lightfoot (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1920. (Date of Event) in Stanley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on July 12, 1940. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
5. Date of Birth	July 17, 1920	July 18, 1920

Subscribed and sworn to before me this 5th day of April 1949

Frank E Blair

Notary Public, residing at Virginia City, Montana

My commission expires June 27, 1951

(Seal)

Signed Irene F. Vickers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Virginia City, Montana.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of April 1949

Frank E Blair

Notary Public, residing at Virginia City, Montana.

My commission expires June 27, 1951

(Seal)

Signed R. R. Vickers
(Signature of Any Credible Person)

Virginia City, Montana.
(Street Address, City, State)

APR 8 1949

APR 11 1974

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana — Certificate No. 1282 Delayed

County of Madison — Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for John Robert Lightfoot (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1920. (Date of Event)

in [illegible], Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

[illegible] are [illegible] insurance policy (Liable Bureau Insurance Policy, Ill.) prepared on July 18, 1940. (Give Date) are:

FACTS TO BE CORRECTED (Correct Facts, Date of Event, Death, Title)	FROM (As Original)	TO (The Correct Facts)
[illegible]	[illegible]	[illegible], 1920

Subscribed and sworn to before me this [illegible] day of [illegible]

Signed [illegible]

(Signature of Person or at Admit if correcting a birth record or at Admit, Funeral Director, informant if correcting a death record or [illegible] person)

[illegible] Virginia City, Montana

[illegible] of expires [illegible] Virginia City, Montana.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[illegible] (This Affidavit MUST Also be Executed, [illegible] Chapter [illegible] 1921 [illegible] Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they [illegible] the best of his knowledge.

Subscribed and sworn to before me this 8th day of [illegible] 1949

[illegible] (Signature of Any Eligible Person)

[illegible] residing at Virginia City, Montana. Virginia City, Montana.

(Seal) [illegible] expires [illegible] (Street Address, City, State)

819-214-303-445

RECEIVED
MAR 24 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lynn Bros. Hospital
(e) Mothers stay BEFORE delivery: In THIS county ✓ years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 525 So. 5th Ave
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Janet Cynthia Hartman

5. Date of Birth of Child (Month, day, year) Feb. 14-1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edward Hartman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Safety Appliance Ins.
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Monahan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Philipsburg, Mont. (City or town) (State or foreign country)
20. Exact Occupation Teacher (Teacher)
21. Industry or Business Butte City, Mont.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

X Laura Hartman

State of Montana
County of Silver Bow } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mrs Laura Hartman (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 20 years, and that Mrs Laura Hartman (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Laura Hartman Signature
306 W. Silver St. P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1949

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Francis Kopalan, Registrar

Notary Public for State of Montana
Residing at Butte Montana
My Commission Expires June 24, 1951

Mch 24, 1949 W. W. Benson

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1287 TO DE49-1287 11/7/2013-LLE

MAR 25 1949
APR 7 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-213-034-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1311

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LILLIE LOUISE SCOTT
2. Date Of Birth: (month) Dec. (day) 13th (year) 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County RUPERT, IDAHO MINNIDOKA; b. City or Town of Birth: RUPERT

FATHER

6. Full Name of Father: EMMETT HENDERSON SCOTT
7. State or Country of Father's Birth: DAYTON, OREGON

MOTHER

8. Full Maiden Name of Mother: LILLIE ANN DAVIS
9. State or Country of Mother's Birth: SALEM UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie Louise Eckles
11. Present Address of Registrant: 911 Eckles Way, Coos Bay, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on 24th day of Sept. 1979

12. Signature of Notary: Jeanette P. Williams
13. Notary Commission expires: Oct. 4 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
original Birth announcement	Mr. and Mrs. E. H. Scott	received Sep.28 1979	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.13,1920	----------	Mrs. E. H. Scott	Mr. E. H. Scott

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license affidavit	Coos County, Oregon	Sep.28,1979	June11,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	----------	Mrs. Lillie Ann Simmons	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Oregon	Jan.30,1979	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Rupert, Idaho	----------	Apr.17,1940 ----------

QUALIFYING INFORMATION

Affidavit by mother, Lillie Ann Davis Simmons, dated March 31, 1949, lists the parents of Lillie Louise Scott as Emmett Henderson Scott and Lillie Ann Davis, and lists Rupert, Idaho as the place of birth.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 19 1979

FORM BH 56067

Eckles

DELAYED

Dup of 1920-86282

236-213-034-415 RECEIVED APR 4 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1311
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Minnidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minnidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) RUPERT IDA.

4. FULL NAME OF CHILD Lillie Louise Scott

5. Date of Birth of Child (Month, day, year) DEC 13-1921

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME EMMETT, Henderson Scott
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Dayton (City or town) Oregon (State or foreign country)
14. Exact Occupation Comon Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Ann Davis
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Salem (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argarol 10 % Sol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma L Wilkins (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature Emma L Wilkins M.D. Midwife Address Emmarcola Ore. Date 10/9/48

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Ann Davis Simmons Signature
RT 1 BOX 142 Talent Ore. P. O. Address

Subscribed and sworn to before me this 31 day of March, 1949
(SEAL) MY COMMISSION EXPIRES APRIL 27, 1952 Arlene Lay, Notary Public, residing at Ashland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 5, 1949 by W A Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1949

OCT 19 1979

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1920-86282

215-102-010-458

RECEIVED

APR 9 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. I I St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 2nd Street
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Walter Beryl Sanders

5. Date of Birth of Child (Month, day, year) November 2, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter S. Sanders
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mercer (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Transfer Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Mae Meyers
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ashland (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Sanders (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. P. Dodeguski M.D. Address Idaho Falls Idaho Date 4/1/49

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 11, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1326 TO DE49-1326 11/7/2013-LLE

APR 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

538-206.001-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 907 Grove St.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Felisa Echevarria

5. Date of Birth of Child (Month, day, year) June 6, 1920

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Female

FATHER OF CHILD

10. **FULL NAME** Ben Echevarria
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Arieta, Spain (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mostly sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josefa Petralanda
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dima, Vizcaya, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Godmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 28 years, and that Dr. George Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marie Ormachea Signature
413 So. 5th P. O. Address

Subscribed and sworn to before me this 27th day of April 1949
(SEAL) Mabel Fleeler, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 26, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1379 TO DE49-1379 11/8/2013-LLE

APR 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-229-007-396

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey Idaho

4. **FULL NAME OF CHILD** Frances Hutton

5. Date of Birth of Child (Month, day, year) Nov 29, 1930

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lionel Fenwick Hutton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Cross
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cinson Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Velma Hutton (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs V.E. Eldredge M.D. Midwife Address Carey, Ida. Date Mar 26-49

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1418 TO DE49-1418 11/12/2013-LLE

MAY 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-210-005-663

RECEIVED

JUN 2 [illegible]

United States Department of Commerce Bureau of the Census

DIVISION OF VITAL STATISTICS STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

State File No. DE49-1567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Tekoa Wash
   (c) Street Address or R.F.D. No. Star Rt. to Desmet
   (d) Name of Hospital or Maternity Home: born in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Tekoa Washington
   (d) Street Address or R.F.D. No. Star Rt. to Desmet
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Doris Mae Brincken

5. Date of Birth of Child (Month, day, year) December 10, 1920

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Frederick Brineker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Waverly (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Clare Fothergill
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Foremound Prarie, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Payette }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Dr. Riley (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cynthia C. Brincken Signature

New Plymouth P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1949

(SEAL)

E. P. Dash, Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 24, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1567 TO DE49-1567 11/14/2013-LLE

JUN 24 1949

SEP 2 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-128-034-495

RECEIVED
OCT 12 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1953
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minadoka (b) City Adelaide
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Family Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Adelaide
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Adelaide, Ida.

4. **FULL NAME OF CHILD** Albert Christ Dietz

5. Date of Birth of Child (Month, day, year) Jan. 28, 1920

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** Edward J. Dietz
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Newburg (City or town), Russia (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Dietz
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Odessa (City or town), Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (~~Mother,~~ etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all his life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward J. Dietz Signature
508 E. Oak St Lodi Cal P. O. Address

Subscribed and sworn to before me this 8th day of October, 1949.

(SEAL) John Wittmeyer, Notary Public, residing at 306 E. Lodi Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1953 TO DE49-1953 12/2/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-212-010 253

RECEIVED
1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2077
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Vivian Carlson

5. Date of Birth of Child (Month, day, year) April 12, 1920

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eric B. Carlson
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Becker
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Clayton Co. Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by Amelia (First name) Carlson (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Harry L. Willson M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date Nov. 28, 1949.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 1, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2077 TO DE49-2077 12/6/2013-LLE

NOV 30

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

855-14-666-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1920 DE50-0027
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Antonio Hernandez
2. Date Of Birth: (month) May (day) 14 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Nicholas Hernandez
7. State or Country of Father's Birth: Fernandina Mich Mexico

MOTHER

8. Full Maiden Name of Mother: Rosario Hernandez
9. State or Country of Mother's Birth: Fernandina Mich Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Antonio Hernandez
11. Present Address of Registrant: 725 No 10th

NOTARY (Seal)

Subscribed and sworn to before me on 11th of February 1950
12. Signature of Notary: P H Carlson
13. Notary Commission expires: June 3, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	C. M. Verlisever, Pastor	2-11-50	6-18-20

Date of Birth	Birth Place	Full Name of ~~Mother~~ Father	Name of ~~Father~~ Mother
5-14-20	Blackfoot, Idaho	Nichles Hermandez	Rosario Gomez

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism			

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Principal of School	2-14-50	1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5-14-1920	Blackfoot, Idaho	Rosario Gomez	Nicholas Hernandez

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Hazel L. Hurlbert	Feb. 18, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # CHANGED FROM 1950 DE-27 ON 5/13/08 KMC

FEB 10 1950

FEB 22 2002

469-116-026-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0040
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONAS BECK MORGAN			2. Date Of Birth (month) (day) (year): September 16, 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: La Belle, Idaho Jefferson	b. City or Town of Birth: La Belle, Idaho	
FATHER	6. Full Name of Father: Franklin David Morgan			7. State or Country of Father's Birth: Grouse Creek, Utah	
MOTHER	8. Full Maiden Name of Mother: Deseret Beck			9. State or Country of Mother's Birth: La Belle, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Don B. Morgan	11. Present Address of Registrant: 151 W Short St, Rigby, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 10 March 1950		12. Signature of Notary: Percy Groom	13. Notary Commission expires: march 6- 1951	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Ellis Gallup, Clerk, L. D. Church	Date Issued: S.11-6-20	Date Orig. Entry: 11-6-20
Class* A	Date of Birth: 9-16-20	Birth Place: LaBelle, Idaho	Full Name of Mother: Deseret Beck	Name of Father: David F. Morgan	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Joseph L. Lundquest, Bishop	Date Issued: Dec. 1-29	Date Orig. Entry: 11-30-39
Class A	Date of Birth: 9-16-20	Birth Place: LaBelle, Idaho	Full Name of Mother: Deseret Beck	Name of Father: David Franklin Morgan	
SUPPORTING RECORD 3.	Type of Document: High School Record		By whom issued and signed: Donna Branson, Sec.	Date Issued: 3-10-50	Date Orig. Entry: Sept. 1934
Class B	Date of Birth: Sept. 16, 1920,	Birth Place: LaBelle, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Honorable Discharge United States Army, date, August 13, 1945, given at Fort Lewis, Washington, shows date of birth Sept. 16, 1920, at LaBelle, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	3-13-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM 50-40 TO DE50-0040 12/[illegible]/2013

MAR 13 1950

155-209-022-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

3

State File No. De50-301
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BEATRICE JENKINS
2. Date Of Birth (month) (day) (year): March 9 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St. Anthony, Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: CLAUDE RICE JENKINS
7. State or Country of Father's Birth: Parker, Idaho,

MOTHER

8. Full Maiden Name of Mother: EVA LUCY STEED
9. State or Country of Mother's Birth: Farmington, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beatrice Jenkins
11. Present Address of Registrant: 4444 Graywood Long Beach, California

NOTARY (Seal)

Subscribed and sworn to before me on: Sept- 29 1950

12. Signature of Notary: M C Houser

13. Notary Commission expires: My Commission Expires January 24, 1953. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Affidavit by Edison Thomas, Notary viewed the Bible
Date Issued: Sept. 29, 1950
Date Orig. Entry:
Date of Birth | Birth Place: Mch. 9, 1920, St. Anthony, Idaho
Full Name of Mother:
Name of Father:
Class* A

SUPPORTING RECORD 2.

Type of Document: Church Record
By whom issued and signed: Office of Presiding Bishop L. D. S. Church, Salt Lake,
Date Issued: Sept. 11, 1950
Date Orig. Entry:
Date of Birth | Birth Place: Mch. 9, 1920, St. Anthony
Full Name of Mother: Eva Lucy Jenkins
Name of Father: Claude R. Jenkins
Class B

SUPPORTING RECORD 3.

Type of Document: Certificate of Baptism
By whom issued and signed: L. D. S. Church
Date Issued: 9-18-50
Date Orig. Entry: 3-31-28
Date of Birth | Birth Place: Mch 9, 1920, St. Anthony, Idaho, Eva Steed
Full Name of Mother:
Name of Father: Claude R. Jenkins
Class B

QUALIFYING INFORMATION

School records from the Long Beach Public School, also, Berendo Junior High School showing the date of birth as March 9, 1920, St. Anthony, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Melvin Helsen
Date Filed: Oct. 3, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 4 1950

244-111-066 1955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-354
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen Diever Kump
2. Date Of Birth: (month) May (day) 11 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley, Idaho

FATHER

6. Full Name of Father: David Lodvin Kump
7. State or Country of Father's Birth: Utah (Sandpete)

MOTHER

8. Full Maiden Name of Mother: Vera Adeline Winn
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen Diever Kump
11. Present Address of Registrant: 527 N. Main, Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: October 31 1950
12. Signature of Notary:
13. Notary Commission expires: June 4 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Ed W. Little	8-1-36	
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	5-11-20 / Shelly, Idaho	Vera Adeline Winn	David Lodvin Kump	
SUPPORTING RECORD 2.	Certificate of Blessing	F. M. Davis	8-1-20	
Class A	5-11-20 / Shelley, Idaho	Vera Adeline Winn	David Lodvin Kump	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	11-1-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 2 1950

719-201-042-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-495
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUBY MAY PARTIN
2. Date of Birth: (month) May (day) 1 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Twin Falls County; b. City or Town of Birth: Buhl, Idaho

FATHER

6. Full Name of Father: William Partin
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Pearl King Partin
9. State or Country of Mother's Birth: Tenneessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby (Partin) Edmons
11. Present Address of Registrant: Rt. 4 Buhl, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 27, 1951

12. Signature of Notary:
13. Notary Commission expires: Jan. 1, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Newspaper Announcement	Buhl Herald	May 6, 1920	

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1, 1920	Buhl, Idaho	Mrs. Wm. Partin	William Partin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Buhl Public School	1-31-51	9-13-26

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1, 1920	Buhl, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	2-2-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 26 1973

FEB. 2 1951

226-220-009-369

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-731
Local Reg. No. 4
Reg. Dist. No. 110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Marie Skow	2. Date Of Birth (month) October (day) 20 (year) 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Home - Cocolalla Bonner	b. City or Town of Birth: Cocolalla, Idaho
FATHER	6. Full Name of Father: Peter Nels Skow	7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Josephine Lorentze Lorents	9. State or Country of Mother's Birth: Minnesota U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] Spencer; 11. Present Address of Registrant: Post Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 19th day of March 1951	12. Signature of Notary: [illegible]; 13. Notary Commission expires: 4-5 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: Oct. 20, 1920
	Date of Birth: Oct. 20, 1920; Birth Place: Cocolalla, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction	Date issued: 2-28-51	Date Orig. Entry: 1931
	Date of Birth: Oct. 20, 1920; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
. W. Benson	[illegible]	4-16-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 17 1951

JUL 22 1953

316-221-001-246

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-735
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Margaruite Lawler
2. Date Of Birth: (month) July (day) 21 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County 231h Pleasanton Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Joseph Patrick Lawler
7. State or Country of Father's Birth: Orchard, Idaho

MOTHER

8. Full Maiden Name of Mother: Irma Belle Smoot
9. State or Country of Mother's Birth: Caldwell, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Margaruite Lawler
11. Present Address of Registrant: 1010 N. 7, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Mar. 27 19 51

12. Signature of Notary: Harry A. Poulson
13. Notary Commission expires: July 28 19 54

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's Birth Certificate	State of Idaho	1-30-45	1-30-45
Class* B	**Date of Birth** / **Birth Place**: 7-21-1920 / Boise, Idaho	**Full Name of Mother**: Irma Belle Smoot	**Name of Father**: Joseph Patrick Lawler	
SUPPORTING RECORD 2.	Life Insurance Policy	Northern Life Insurance	2-4-43	2-4-43
Class B	7-21-1920 / Boise, Idaho	Irma Belle Smoot	Joseph Patrick Lawler	
SUPPORTING RECORD 3.	Baptismal Certificate	St. John's Cathedral	6-16-1939	6-16-1939
Class B	7-21-1920 / Boise, Idaho	Irma Belle Smoot	Joseph Patrick Lawler	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Carol Bennett	4-17-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

213-103-003-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-758
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: TRUMAN LaVERN BALL
2. Date Of Birth (month) (day) (year): January 3 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Banock
b. City or Town of Birth: Pocetello, Idaho

FATHER

6. Full Name of Father: WILLIAM BALL
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: VICTORIA ELIZABETH BLACKBURN
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Truman La. Vern Ball
11. Present Address of Registrant: Premier, W. Va.

NOTARY (Seal)

Subscribed and sworn to before me on April 20, 19 51
12. Signature of Notary: Lutherine Lambert
13. Notary Commission expires: July 8 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Separation from U. S. Navy
By whom issued and signed: U. S. Navy
Date Issued: 10-10-45
Date Orig. Entry: 6-27-44
Date of Birth: 1-3-1920
Birth Place: Pocatello, Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Beneficall Life Insurance Co.
Date Issued:
Date Orig. Entry: Oct. 24, 1925
Date of Birth: Jan. 3, 1930
Birth Place: Pocatello, Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Employment Record
By whom issued and signed: Premier Pocahontas Co.
Date Issued: Apr. 20, 1951
Date Orig. Entry: 1-16-46
Date of Birth: Jan. 3, 1920
Birth Place: Pocatello, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mary Keeler
Date Filed: Apr. 23, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 24 1951

819-22)-010-483

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-854
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julia Julina Hardy

2. Date Of Birth (month) (day) (year): April 21 1920

3. Color or Race: White

4. Sex: Female

5. Place of Birth a. County: Bonneville

b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: John Ira Hardy

7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Julia Anne Myler

9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia Mercer

11. Present Address of Registrant: 422 So 14th

NOTARY (Seal)

Subscribed and sworn to before me on: May 22 1951

12. Signature of Notary: Mabel Keeler

13. Notary Commission expires: May 7 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Membership	L. D. S. Church	5-20-1951	6-6-1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-21-1920	Idaho Falls, Ida.	Julia Anne Myler	John Ira Hardy

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Child's Birth Certificate	State of Idaho	8-7-1939	8-7-1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
19 Yrs.	Idaho Falls, Ida.	Julia Anne Myler	John Ira Hardy

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

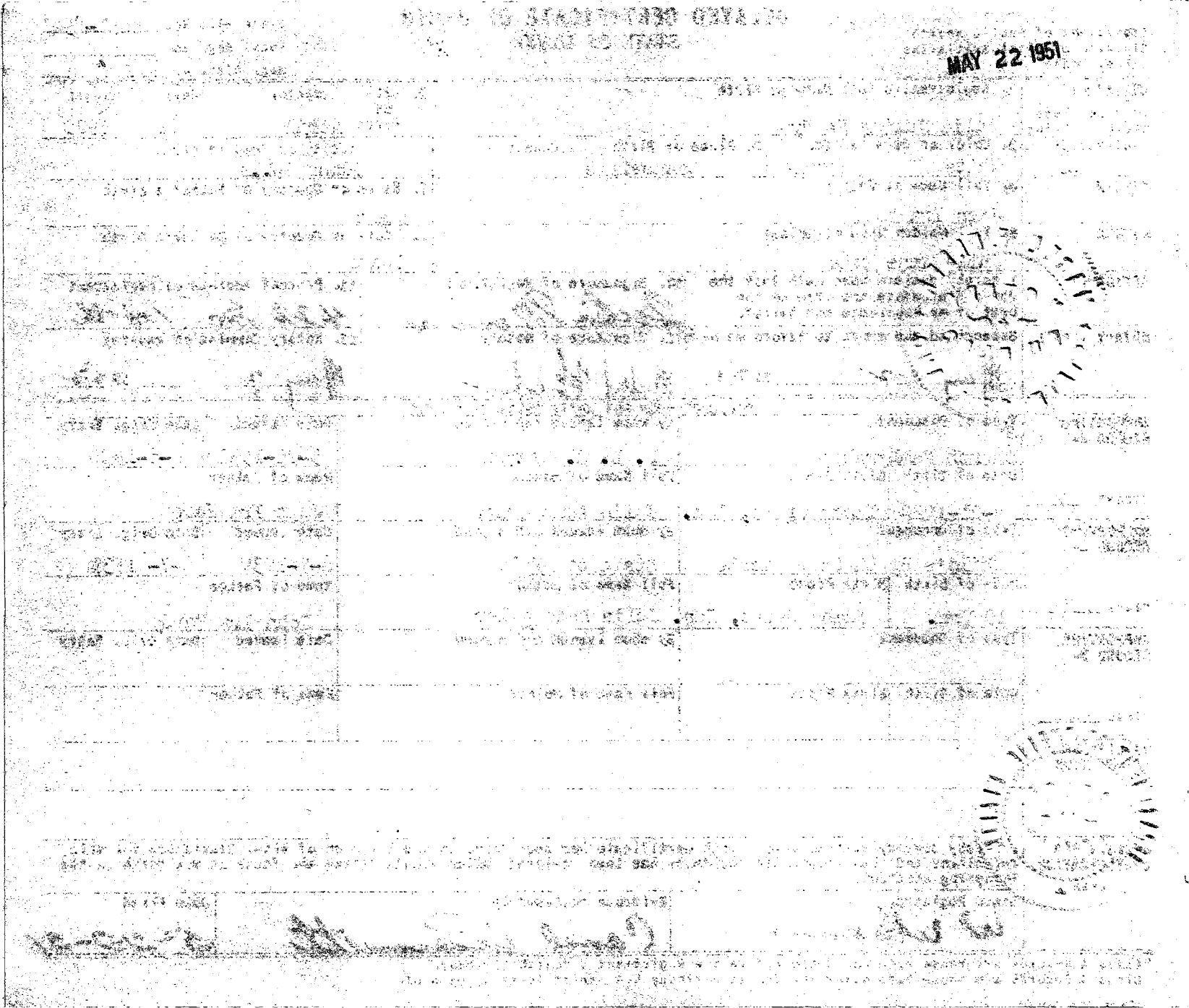
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	5-22-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 22 1951



494-225-004-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-961
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Dimick
2. Date Of Birth (month) (day) (year): March 28 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho, a. County: Bear Lake, b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Hubert Clemon Dimick
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Magdalena Hoff
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Dimick Kunz
11. Present Address of Registrant: Montpelier, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 9th, 1951 19___

12. Signature of Notary: Ruth Aland
13. Notary Commission expires: March 6th, 19 52

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	1-27-51	
Class* B	Date of Birth: 3-28-1920 / Birth Place: Montpelier, Idaho	Full Name of Mother: Magdalena Hoff	Name of Father: Hubert C. Dimick	
SUPPORTING RECORD 2.	Newspaper Announcement	The News-Examiner	1-22-51	
Class A	Date of Birth: 3-28-1920 / Birth Place: Montpelier	Full Name of Mother:	Name of Father: H. C. Dimick	
SUPPORTING RECORD 3.	School Record	School Dist. #5	1-15-51	
Class B	Date of Birth: 3-28-1920 / Birth Place: Montpelier, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

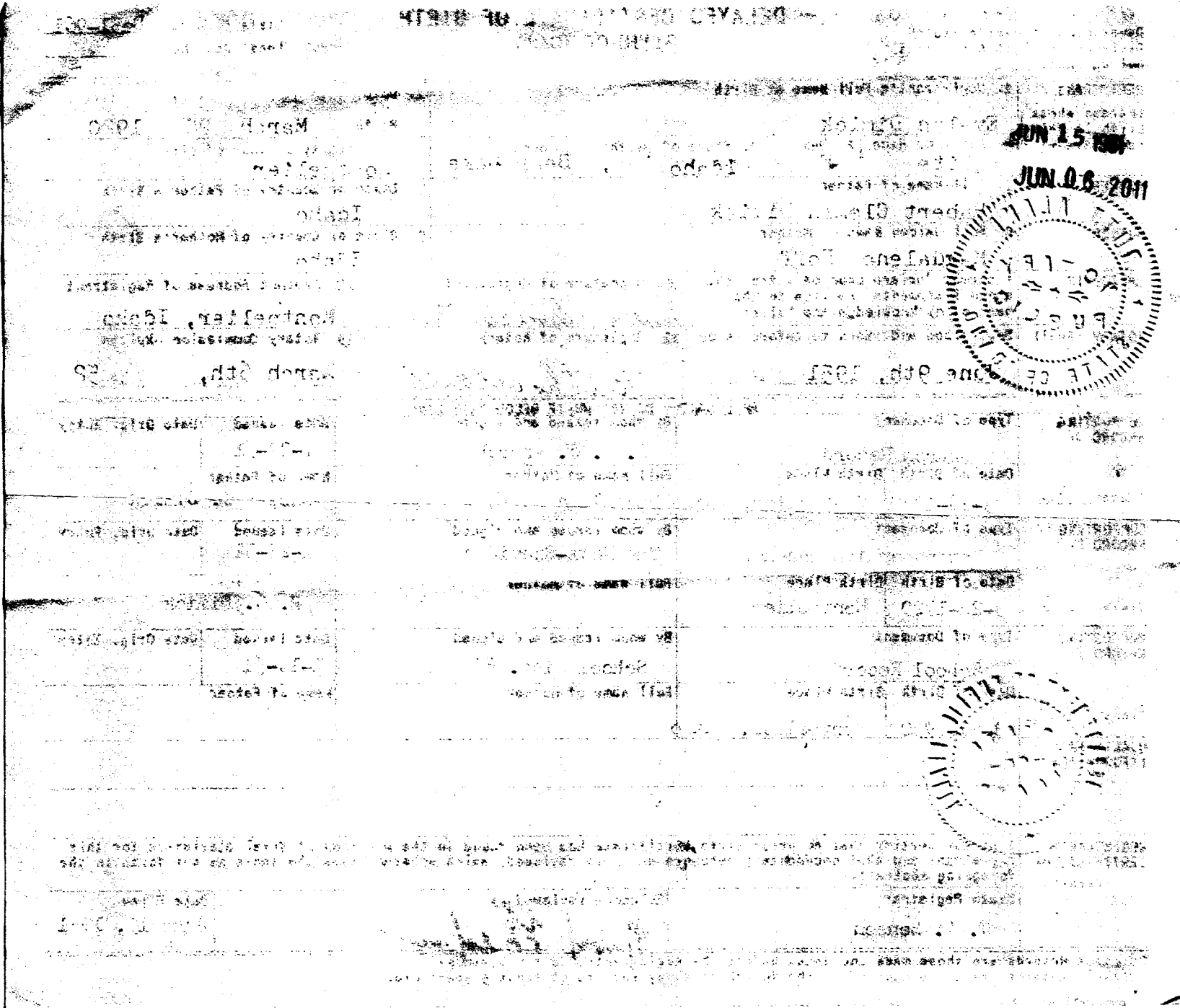
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freed	June 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


JUN 15
JUN 06 2011

285-205-014-936

RECEIVED JUN 29 1951 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-989
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County CANYON (b) City CALDWELL
   (c) Street Address or R.F.D. No. OLD FAIR GROUND
   (d) Name of Hospital or Maternity Home: (NONE) WOS BORN IN CAMP WAGON
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City CALDWELL
   (d) Street Address or R.F.D. No. OLD FAIR GROUND
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) CALDWELL Idaho.

4. **FULL NAME OF CHILD** Ruby BESSIE SHERWOOD

5. Date of Birth of Child (Month, day, year) FEB. 5 1920

6 Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROSCO SHERWOOD
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace ROSEBURG (City or town) OREGON (State or foreign country)
14. Exact Occupation HORSE TRADER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MYRTLE IDA MCFARLAND
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace JOPLIN (City or town) MISOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 12:05 M. on the date and at the place stated above, and that personal particulars were furnished by ANNIE (First name) SIMON'S (Last name) who is related as AUNT (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of MARION } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that ANNIE SIMON'S (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Myrtle Ida Taddock Signature
1965 Highway Ave. Salem, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of June, 1951

(SEAL) Dorothy McElvaney, Notary Public, residing at Salem, Oregon Marion County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 31st 1954

Received for filing on June 27, 1951 by W. W. Benson, Registrar

Note Attached Affidavite

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF OREGON)
)ss
County of Marion)

On this 13th. day of June, 1951, before me, a Notary Public in and for said City and County, State of Oregon, residing therein, duly commissioned and sworn, personally appeared Roy T. Todd, personally known to me to be the person whose name is subscribed to the within instrument as one of the subscribing witnesses thereto who, being by me duly sworn, deposed and said that he resides in the said City and County, State of Oregon; that he was present and saw Myrtle Ida Sherwood, now by marriage Myrtle Ida Tadlock, personally known to hime to be the same person described in, whose name is subscribed to the within instrument as a party hereto, sign and execute the same; that said Myrtle Ida Tadlock cannot write,her signature being made by a mark and her name being written near it by the affiant who then and there subscribed his own name to said instrument as a witness; that the execution of said instrument was witnessed by three, namely Le Roy Simpson, Fred L. Rawlins, and the affiant, each of who subscribed his own name as witnesses thereto.

her Myrtle Ida Tadlock
mark

Roy T. Todd

Le Roy Simpson

Fred L Rawlins

Subscribed and sworn before me, this 13th. day of June, 1951

Dorothy Mc Elhaney
Notary Public for Oregon
My commission expires: May 31st. 1954

RECEIVED
JUN 23 1951
DIV OF

STATE OF OREGON)
) ss
County of Marion)

On this 13th. day of June, 1951, before me, a Notary [illegible] in and for said City and County, State of Oregon, residing [illegible] duly commissioned and sworn, personally appeared Roy T. [illegible] known to me to be the person whose name is subscribed to the within instrument as one of the subscribing witnesses thereto who, being by me duly sworn, deposed and said that he resides in the said City and County, State of Oregon; that he was present and saw Myrtle Ida Sherwood now by marriage Myrtle Ida Tadlock, personally known to him to be the same person described in, whose name is subscribed to the within instrument as a party hereto, sign and execute the same; that said Myrtle Ida Tadlock cannot write, her signature being made by a mark and her name being written near it by the affiant who then and there subscribed his own name to said instrument as a witness; that the execution of said instrument was witnessed by three, namely Le Roy Simpson, Fred L. Bowlins, and the affiant, each of [illegible]

Subscribed and sworn before me, this 13th. day of June, 1951

419-125-066-45

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 7 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1122
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Enoch Martin		2. Date of Birth (month) Jan. (day) 25 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Shelly; b. City or Town of Birth
FATHER	6. Full Name of Father: Franklin Martin		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mae Lillian Deverall		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William E Martin	11. Present Address of Registrant: 3272 S. 27th East
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 - 1951	12. Signature of Notary: [signature]	13. Notary Commission expires: Mar. 12, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy		By whom issued and signed: Equitable Life Insurance	Date issued: 1-1-47	Date Orig. Entry: 1-1-47
Class* B	Date of Birth: 1-25-1920	Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Granite School District	Date issued: 7-12-51	Date Orig. Entry: 1935- 1938
Class B	Date of Birth: Jan. 25, 1920, Shelley, Idaho		Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date issued: 8-31-1945	Date Orig. Entry:
Class B	Date of Birth: 1-25-1920	Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

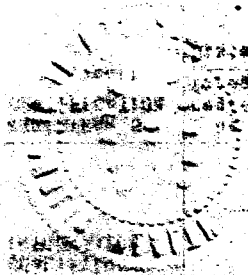
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Aug. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 8 1951

386-[illegible]
039-292- [illegible] 1951

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2180
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ARBON VALLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ARBON VALLEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) ARBON. IDAHO

4. **FULL NAME OF CHILD** RICHARD DEVOE THOMAS

5. Date of Birth of Child (Month, day, year) FEB. 7, 1920

6 Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RICHARD REESE THOMAS
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace MALAD (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE ELLERENE BISHOFF
17. Color or Race WHITE
18. Age at time of THIS birth 16 yrs.
19. Birthplace MALAD (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that DR. C. (First name) SCHILTZ (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie E Thomas Signature
746 So 2nd Pocatello, Ida. P.O. Address

Subscribed and sworn to before me this 27 day of October 1951

(SEAL) Alton M. Alexander, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 5, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 6 DELAYED

Dup of 1920 - 71525

312-118-010-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 18 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2305
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Manuel Castillo		2. Date Of Birth (month) May (day) 18 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Davis Castillo		7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Cauncion Santoz		9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Manuel Castillo	11. Present Address of Registrant: po Box 703 Riverbank calif.
NOTARY (Seal)	Subscribed and sworn to before me on December 1, 1951	12. Signature of Notary: Angela Reyes	13. Notary Commission expires July 11, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Holy Rosary Church	Date Issued:	Date Orig. Entry: Dec. 15, 1920
Class* A	Date of Birth: May 18, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Anuncia Santos	Name of Father: Joseph Manuel Castillo
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued:	Date Orig. Entry: Oct. 30, 1945
Class B	Date of Birth: May 18, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericksen	Dec. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 18 1956

719-114-044-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2454
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Eddie Thomas Garrett

5. Date of Birth of Child (Month, day, year) June 14, 1920

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Garrett
11. Color or Race white
12. Age at time of THIS birth 59 yrs.
13. Birthplace unknown (City or town) Missouri (State or foreign country)
14. Exact Occupation woodchopper
15. Industry or Business (laborer)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arminta Bell Hicks
17. Color or Race white
18. Age at time of THIS birth 58 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 32 years, and that Dr. (First name) Hamilton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires: 2/28/54

Arminta Bell Garrett Signature
Rt. 1 Box 108, Seaside, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of February, 1952

(SEAL) Avery A. Comb, Notary Public, residing at Seaside, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 12, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

FEB 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-228-006-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2514
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Delora Bailey		2. Date Of Birth (month) (day) (year): Sept. 28 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Taylor LaRay Manning		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hilda May Savage		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hilda Delora Bailey	11. Present Address of Registrant: 2572 No. muscatel ave. Garvey, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: 29th February 1952	12. Signature of Notary: [illegible]	13. Notary Commission Expires: My Commission Expires July 17, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church		Aug. 31, 1929
Class* B	Date of Birth / Birth Place: Sept. 28, 1920, Firth, Idaho	Full Name of Mother: Hilda May Savage	Name of Father: Taylor L. Manning	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Dec. 5, 1920
Class A	Date of Birth / Birth Place: Sept. 28, 1920, Firth, Idaho	Full Name of Mother: Hilda May Savage	Name of Father: Taylor L. Manning	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Hilda May Manning	Date Issued: 2-29-52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Sept. 28, 1920, Firth, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	March 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Fl. No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth: [illegible] 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: [illegible]
6. City or Town of Birth: [illegible]

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

APPLICANT

Subscribed and sworn to before me on [illegible] 19[illegible]

10. Signature of Registrant
11. Present Address of Registrant: [illegible]
12. Signature of Notary
13. Notary Commission Expires: July 17, 1955

SUPPORTING RECORD 1

Document: Certificate of Baptism
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: A [illegible]
Date of Birth / Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Certificate of Blessing
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: Dec. [illegible], 1920
Date of Birth / Birth Place: Sept. 28, 1920, [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

Class A

SUPPORTING RECORD 3

Type of Document: Affidavit of [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth / Birth Place: Sept. 28, 1920, [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

Class B

QUALIFYING INFORMATION

MAR 5 19[illegible]

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: [illegible]

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are [illegible]

Form DPH [illegible]

292-109-001-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 1 0 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2527
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward ~~M. Bisel~~ Mitchel Bisel		2. Date Of Birth (month) Jan (day) 9 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Joseph Edward Bisel		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Theresa Lettay		9. State or Country of Mother's Birth: France
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Mitchel Bisel	11. Present Address of Registrant: 2105 Hervey St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 19 51	12. Signature of Notary: Florence Kirk	13. Notary Commission expires: Nov 2 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedeal, Boise	Date Issued:	Date Orig. Entry: Jan. 29, 1920
Class* A	Date of Birth: Jan. 9, 1920	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: Edward Bisel
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: Nov. 11, 1945	Date Orig. Entry:
Class B	Date of Birth: Jan. 9, 1920	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Melva F. Leeper	Date Filed: March 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

VITAL STATE OF IDAHO

Department of Public Hea
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Mitchel Rose	2. Date of Birth (month) (day) (year): [illegible] 1920
	3. Place of Birth: [illegible]	4. City or Town of Birth: [illegible]
FATHER	5. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise	Date Issued	Date Orig. Entry: Jan. 29, 1920
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: Nov. 11, 1920	Date Orig. Entry:
	Date of Birth: Jan. 9, 1920	Full Name of Mother: [illegible]	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	March 11, 1920

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

259-22-8.025-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF ID

RECEIVED
MAR 26 1952
DIVISION OF VITAL STATISTICS

State File No De52-2641
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Lavonne Kerr			2. Date Of Birth (month) (day) (year): June 28 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rigby	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Willis Taylor Kerr			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Estella Mae Gragg			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June Garrison	11. Present Address of Registrant: 300 W 15th St.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 23 1952		12. Signature of Notary: D. E. Bates, County Clerk By T. Salisbury, Deputy	13. ~~Notary Commission expires~~ 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Willis Kerr	Date Issued: 3-21-52	Date Orig. Entry
Class* B	Date of Birth: June 28, 1920	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Mae Wood	Date Issued: 3-3-52	Date Orig. Entry
Class B	Date of Birth: June 28, 1920	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: David E. Bates, Sup't The Dalles Public Schools	Date Issued: 3-11-52	Date Orig. Entry: 1936 to 1940
Class B	Date of Birth: June 28, 1920	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Byrd	Apr. 10, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED DEPUTY FOR STATE OF [illegible]

STATE OF TEXAS

APR 10 [illegible]

DECLARANT

FATHER

MOTHER

AFFIDAVIT

NOTARY

RECORD 1:

RECORD 2:

Type of Document

Affidavit

Date of Birth

Type of Document

School

Date of Birth

Name of Father

Name of Mother

Date Issued

Date Recd. Date

Date Issued

Date Recd. Date

Name of Father

Name of Mother

Name of Father

Name of Mother

Date of Birth

Place of Birth

Date of Birth

Place of Birth

Date of Birth

Place of Birth

384-230-029-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2768
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUBY MARIA THUNBERG
2. Date Of Birth: (month) August (day) 30 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Troy

FATHER

6. Full Name of Father: CLAES THUNBERG
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: ELLEN LOUISE PETERSON
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Maria Thunberg
11. Present Address of Registrant: 1102 Ninth Avenue #15, Seattle 1, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: April 25, 1952
12. Signature of Notary: Lorraine B. Anderson
13. Notary Commission expires: February 26, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	Claes and Ellen Louise Thunberg	2-15-52	
Class* B	Date of Birth: Aug. 30, 1920 — Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Honorable Discharge	U. S. Marine Corps	11-1-1945	
Class B	Date of Birth: Aug. 30, 1920 — Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Record	Olympia Public Schools	Sept. 1934	
Class B	Date of Birth: Aug. 30, 1920 — Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	May 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2768
Local Reg. No.
Reg. Dist. No.

MAY 7 1962

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]MARIA THUNBERG	2. Date of Birth (month) August (day) 30 (year) 1920
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Latah; Subdivision: Troy	Sixty or Town of Birth: Troy
FATHER	6. Full Name of Father: CLAES THUNBERG	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: ELLEN LOUISE PETERSON	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	9. Person declare upon oath that the [illegible] statements are true to the [illegible] knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 1102 Ninth Avenue #15 Seattle 1, Washington	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: February 26, 1954
	April 25, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 30, 1920, Troy, Idaho			

RECORD	Date of Birth	Birth Place	Full Name of Mother
Aug. 30, 1920, Troy, Idaho			

SUPPORTING RECORD	Type of Document: School Record	By whom issued and signed: [illegible] Public Schools	Date Issued: [illegible] 1934
	Date of Birth	Birth Place	Full Name of Mother
	Aug. 30, 1920, Troy, Idaho		

QUALIFYING CHECK COPY

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as shown in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

Cases A Records are those made and dated before the Registrant's Court Hearing.
Cases B Records are those made after the fourth birthday but are at least 3 years old.

162-210-025-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 22 1952
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2883
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY DORIS ANDERSON JOKY		2. Date of Birth (month) June (day) 10 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Goshen, Idaho; b. City or Town of Birth: Goshen, Idaho
FATHER	6. Full Name of Father: ROBERT AXEL JOKY		7. State or Country of Father's Birth: Lead, So. Dakota
MOTHER	8. Full Maiden Name of Mother: ODESSA ANDERSON		9. State or Country of Mother's Birth: Deeth, Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy D. Demlong	11. Present Address of Registrant: 228 So. Kenwood, Glendale Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1952	12. Signature of Notary: Anthony Dronda	13. Notary Commission expires: April 2, 1954 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: Oct. 3, 1930
Class* B	Date of Birth: June 10, 1920; Birth Place: Shelley, Idaho	Full Name of Mother: Adessa Anderson	Name of Father: Alex Joky	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Odessa Shafer	Date issued: 3-20-1951	Date Orig. Entry:
Class B	Date of Birth: June 10, 1920; Birth Place: Goshen, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: Supt of Schools, Silver Bow County, Butte, Montana	Date issued:	Date Orig. Entry: 1927
Class B	Date of Birth: June 10, 1920; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eleifer	June 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

ODESSA SHAFER, Mother of the registrant, being duly sworn, deposes and says that the information given on the reverse side of this document are true of her own knowledge.

JUN 4 1952

Odessa Shafer

Odessa Shafer.

Signed and sworn to before me this 20th day of March, 1952.

Anthony Drozda

Anthony Drozda,
a Notary Public, in and for the
County of Los Angeles, State of
CALIFORNIA.

576-221-014-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3095
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Elizabeth Nau
2. Date of Birth (month) (day) (year): September 21 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Route 3 Caldwell, Idaho

FATHER

6. Full Name of Father: Anthony Henry Nau
7. State or Country of Father's Birth: Muscatine, Iowa

MOTHER

8. Full Maiden Name of Mother: Mary Estella Watson
9. State or Country of Mother's Birth: Chicago, Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Elizabeth Nau
11. Present Address of Registrant: 1515 Arthur Caldwell Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 21 1952
12. Signature of Notary: Mary Strode
13. Notary Commission expires: 9-6-1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Roman Catholic Church, by Chas. J. Tracey, Pastor		Baptized on October 9, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1920	Caldwell, Ida.	Mary E. Watson	Anthony H. Nau

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record - Canyon Board of Education	Margaret M. Duval, Co. Supt.	8/4/52	For the year of 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11 yrs old			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	Aug. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

#352

DELAYED

Dup of 1920 - #3341B

793-113-040-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No. Mill Road
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No. Mill Road
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Robert John Gillespie.

5. Date of Birth of Child (Month, day, year) August 13, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Patrick John Gillespie.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ireland. (City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Julia Chisholm.
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Collis, Minnesota. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used in prevention of Ophthalmia Neonatorum
23. Number of children of this mother born alive, including this child 2 Now living 2

PHYSICIAN'S, MIDWIFE'S OR OTHER ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7.00 A.M. on the date stated above, and that personal particulars were furnished by Anna Julia Gillespie. (Last name)
who is related as Mother. (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho. } ss.
County of Shoshone }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Bean (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna Julia Gillespie Signature

Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of September, 1952

(SEAL)

Duncan Robinson, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 29, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter [illegible], 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 30 1952

Dup of 1920-88[illegible]

DELAYED

794-115-001-613

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3408
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Eugene Pruett

5. Date of Birth of Child (Month, day, year) Nov. 15, 1920

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bevy B. Pruett
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mississippi (City or town) (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Fackrell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Dr. Handy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bevy B Pruett Signature

617 Washington, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of Oct., 19 52

(SEAL) Mary F Feldman, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 29, 1952 by W. W. Benson, Registrar

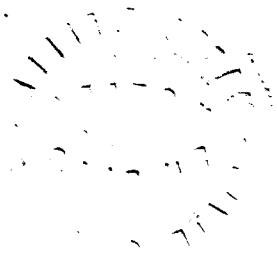
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eugene Pruett
2. Date of Birth (month) (day) (year): Nov. 15 1920
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Bevy B. PRUETT
7. State or Country of Father's Birth: MISSISSIPPI-U.S.A.

MOTHER

8. Full Maiden Name of Mother: OLIVE FACKRELL
9. State or Country of Mother's Birth: UTAH USA.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Pruett
11. Present Address of Registrant: 1408 BRADbourne Duarte, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on the 25 day of 10 19 52

12. Signature of Notary: Arthur W. Smith
13. Notary Commission expires: My Commission Expires Feb. 27, 1956 19 ____

Notary Public in and for the County of Los Angeles, State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class* _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE

1. Full Name of Birth
2. Date of Birth
3. Sex
4. Place of Birth
5. County
6. City or Town of Birth

Birth Nov 15 1928

Registered

Boise

FATHER

7. Full Name of Father
8. Full Maiden Name of Mother
9. State or Country of Father's Birth

Bevy D. Kuett

MOTHER

10. Full Maiden Name of Mother
11. State or Country of Mother's Birth

Ruth Fagarell

AFFIDAVIT

I, Bevy D. Kuett, before me, have sworn that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant
13. Present Address of Registrant

Bevy D. Kuett

NOTARY (Final)

Subscribed and sworn to before me on 19

14. Signature of Notary
15. Notary Commission expires

19

SUPPORTING RECORD 1.

Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry

Date of Birth
Birth Place
Full Name of Mother
Name of Father

Class

SUPPORTING RECORD 2.

Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry

Date of Birth
Birth Place
Full Name of Mother
Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date Filed

Class A Records are those made before the registrant's [illegible]
Class B Records are those made after the [illegible]

814-216-044-491

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3483
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adda Jean Hauntz	2. Date Of Birth (month) 8 (day) 16 (year) 1920
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Midvale; a. County: Washington	b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: Henry Jess Hauntz	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Laura Draper	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adda Jean Purbaugh; 11. Present Address of Registrant: Mt. View, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: 18th Nov 1952	12. Signature of Notary: Norman G. Lange; 13. Notary Commission expires: Nov 1st 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Roy L. Titus, Minister	Date issued: 3-1-1931	Date Orig. Entry:
	Date of Birth: 8-16-1920; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Standard Life	Date issued: Oct. 18, 1951	Date Orig. Entry:
	Date of Birth: Aug. 16, 1920; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: School District 431 Weiser, Idaho	Date issued: 11-14-52	Date Orig. Entry:
	Date of Birth: Aug. 16, 1920; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

141-113-042-468

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3578
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dale Joseph Adamson
2. Date of Birth (month) (day) (year): Sept. 13. 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Twin Falls
   b. City or Town of Birth: Twin Falls City

FATHER

6. Full Name of Father: Joseph Warren Adamson
7. State or Country of Father's Birth: Utah County. Utah.

MOTHER

8. Full Maiden Name of Mother: Jane Eva Moyes
9. State or Country of Mother's Birth: Huntsville, Weber County Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jane E Adamson mother
11. Present Address of Registrant: 137, 4th, Ave No. Twin Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 15th 1952

12. Signature of Notary: [signature] Probate Judge
13. Notary Commission expires: 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church, by David G. Moyes, Bishop	6/1/29	Baptized on June 1, 1929
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 13, 1920 Twin Falls, Ida.	Jane Eva Moyes	Joseph Warren Adamson	
SUPPORTING RECORD 2.	Certificate of Ordination	L. D. S. Church, by J. E. Allred		Ordained on October 2, 1932
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 13, 1920 Idaho	Jane Eva Moyes	Joseph W. Adamson	
SUPPORTING RECORD 3.	Honorable Discharge, U.S.Army	Thomas B. Whitaker, 1st Lt., USAF Ross Langley, Lt.Col USAF	11/18/49	Nov. 18, 1949
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 13, 1920 Twin Falls, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Dec 2 3578
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Health
Division of Vital Statistics
Registration

9 1975

REGISTRANT (Person whose Birth is Delayed Registered)

1. Present Full Name of Birth: Male Joseph Adamson
2. Date of Birth (month) (day) (year): Sept. 13, 1920
3. Color or Race: Male
4. Sex: Male
5. Place of Birth: Twin Falls
6. City or Town of Birth: Twin Falls City

DEC 22 1952

FATHER

7. Full Name of Father: Joseph Warren Adamson
8. State or Country of Father's Birth: Utah County, Utah.

MOTHER

9. Full Maiden Name of Mother: Jane Eva Moyes
10. State or Country of Mother's Birth: Huntsville, Weber County, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 1?7, 4th, Ave No. Twin Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 19 [illegible]

12. Signature of Notary
13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Certificate of Baptism
By whom issued and signed: L. D. S. Church, by David O. Moyes, Bishop
Date Issued: 6/?/29
Date Orig. Entry: Baptized on June 1, 1929
Date of Birth: Sept. 13, 1920
Birth Place: Twin Falls, Ida.
Full Name of Mother: Jane Eva Moyes
Name of Father: Joseph Warren Adamson
Class: B

SUPPORTING RECORD 2

Type of Document: Certificate of Ordination
By whom issued and signed: L. D. S. Church, by J. R. Allred
Date Issued: October 2, 1932
Date of Birth: Sept. 13, 1920
Birth Place: Idaho
Full Name of Mother: Jane Eva Moyes
Name of Father: Joseph W. Adamson
Class: B

SUPPORTING RECORD 3

Type of Document: Honorable Discharge, U.S. Army Ross Langley, Lt. Col USAF
By whom issued and signed: Thomas H. Whitaker, 1st Lt., USAF
Date Issued: 11/18/49
Date Orig. Entry: Nov. 15, 1949
Date of Birth: Sept. 13, 1920
Birth Place: Twin Falls, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Dec. 19, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form [illegible]

231-129-010-314

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-102
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS IDAHO

4. **FULL NAME OF CHILD** JACK BURTON STANSELL

5. Date of Birth of Child (Month, day, year) 11-29-20

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALBERT MILTON STANSELL
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace BOWERS MILL (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GOLDA CAMDEN
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace BOWERS MILL (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by GOLDA STANSELL (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of OWYHEE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that DR. THOMAS C. HOLLISTER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Golda C Stansell Signature

HOMEDALE, IDAHO P. O. Address

Subscribed and sworn to before me this 28th day of JANUARY, 19 53.

(SEAL) Helen Fuge, Notary Public, residing at HOMEDALE, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

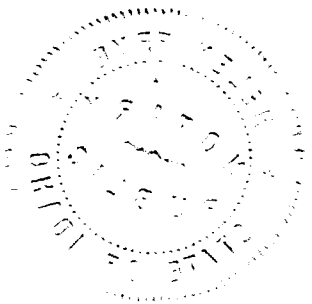
Received for filing on Jan. 30, 1953 by W. W. Benson, Registrar

FEB 2 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

331-131-025-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 201
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dale Taylor Clay
2. Date of Birth (month) July (day) 31 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Falls Idaho
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Everett Hawley Clay
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Myrtle Alice Dale
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dale Taylor Clay
11. Present Address of Registrant: Box 124 Manton California

NOTARY (Seal)

Subscribed and sworn to before me on February 14 1953
State of California County of Tehama

12. Signature of Notary: Herbert A. Vicars
13. Notary Commission expires: 1/31 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Madison School Dist. A-321 George A. Catmull, Superintendent	Feb. 24, 1953	Sept. 7, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 31, 1920			

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Everett Hawley Clay	2/24/53	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 31, 1920	Idaho Falls		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Myrtle Alice Dale Clay	Feb. 24, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 31, 1920	Idaho Falls		

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 26, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. 201
Local Reg. No.
Reg. Dist. No.

FEB 27 1958

REGISTRATION

1. Certain whose birth is being registered: Dale Taylor Clay
2. Color or Race: 3. Place of Birth: Idaho Falls Idaho
3. Date of Birth (month) (day) (year): July 31 1920
4. Sex: Male
5. Place of Birth: Idaho Falls
6. Full Name of Father: Everett Hawley Clay
7. State or Country of Father's Birth: Idaho
8. Full Maiden Name of Mother: Myrtle Alice Dale
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon Oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dale Taylor Clay
11. Present Address of Registrant: Berkeley Wanton California

NOTARY (Seal)

Subscribed and sworn to before me on: [illegible] 1958
12. Signature of Notary: [illegible]
13. Notary Commission expires: 1/31 1963

SUPPORTING RECORD 1

Type of Document: School Record
Date of Birth | Birth Place: July 31, 1920
Date Issued | Date Orig. Entry: Feb. 24, 1958 | Sept. 7, 1938
Full Name of Mother: Madison School Dist. A-321 George A. Catmull, Superintendent
Name of Father:

SUPPORTING RECORD 2

Type of Document: Affidavit
Date of Birth | Birth Place: July 31, 1920 Idaho Falls
Date Issued | Date Orig. Entry: 2/24/58
Full Name of Mother: Everett Hawley Clay
Name of Father:

SUPPORTING RECORD 3

Type of Document: Affidavit
Date of Birth | Birth Place: July 31, 1920 Idaho Falls
Date Issued | Date Orig. Entry: Feb. 24, 1958
Full Name of Mother: Myrtle Alice Dale Clay
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Feb. 28, 1958

Class A Records are those [illegible] fourth birthday.
Class B Records are those [illegible] at least 5 years [illegible]

493-122-044-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-234
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hudson Linden Miller
2. Date of Birth: Sept 22 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Midvale, Ida. b. City or Town of Birth: Midvale

FATHER

6. Full Name of Father: Philip Lester Miller
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Alice Winnifred Taylor
9. State or Country of Mother's Birth: Union Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hudson Linden Miller
11. Present Address of Registrant: Rt #1 Baker Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: August 11th 1952

12. Signature of Notary:
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires July 15 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	United States Army		Feb. 5, 1946
Class* B	Date of Birth / Birth Place: Sept. 22, 1920, Midvale, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Census	Office of the Supt. Court House, LaGrande, Oregon		1924 Census
Class B	Date of Birth / Birth Place: 4 yrs old	Full Name of Mother	Name of Father: P. L. Miller	
SUPPORTING RECORD 3.	Affidavit by mother	Alice Miller	Feb. 27, 1953	
Class B	Date of Birth / Birth Place: Sept. 22, 1920, Midavle, Idaho.	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		March 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

455-114-010-543

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 53-500
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Jay Denning
2. Date of Birth (month) (day) (year): July 14, 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ammon Bonneville
b. City or Town of Birth: Ammon, Idaho

FATHER

6. Full Name of Father: Warren Phillip Denning
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Bertie Null
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Jay Denning
11. Present Address of Registrant: 927 Elva Street, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 14 1953
12. Signature of Notary: J. Royal Parker
13. Notary Commission expires: Dec 31 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	Apr. 21, 1953	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 14, 1920, Ammond, Idaho	Bertie Null	Warren Phillip Denning	
SUPPORTING RECORD 2.	Insurance Policy	Great Northwest Life	Jan. 15, 1946	
Class B	July 14, 1920, Ammond, Idaho			
SUPPORTING RECORD 3.	Honorable Discharge	United States Marine Corps	Oct. 8, 1945	
Class B	July 14, 1920, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	May 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 21 2002

MAY 1 8 1953

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File
Local Reg.
Reg. Dist.

REGISTRAR (Person) 1. Registrar's Full Name as Birth
2. Date of Birth (Month) (Day) (Year)
3. Color or Race, Sex
4. Place of Birth, Place of Birth, County
5. City or Town of Birth
6. Full Name of Father
7. State or Country of Fathers Birth
8. Full Maiden Name of Mother
9. State or Country of Mothers Birth

ADDRESS

MOTHER

AFFIDAVIT 10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Present Address of Registrant
12. Signature of Registrant
13. Notary Commission Expires

NOTARY (Seal) Subscribed and sworn to before me on

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document
2. By Whom Issued and Signed
Date Issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 2. Type of Document
By Whom Issued and Signed
Date Issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

QUALIFYING INFO. OR

CERTIFICATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date Filed

294-210-005-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-502
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julia Irene Simmons	2. Date of Birth (month) 8 (day) 20 (year) 1920	
	3. Color or Race: White; 4. Sex: FEMALE; 5. Place of Birth: a. County: Benewah	b. City or Town of Birth: DeSmet, Idaho	
FATHER	6. Full Name of Father: Jerry Alonzo Simmons	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Eliza R. Morgan	9. State or Country of Mother's Birth: Whitman, Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. Irene Baker	11. Present Address of Registrant: Tekoa Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct. 7 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Record	By whom issued and signed: Ladies Auxiliary Brotherhood of R. R. Trainmen	Date Issued: 4-29-53	Date Orig. Entry: June 8, 1943
Class* B	Date of Birth: 22 yrsold; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Plummer High School	Date Issued: 4-29-53	Date Orig. Entry: 1935-to-1937
Class B	Date of Birth: Aug. 20, 1920; Birth Place:	Full Name of Mother: Eliza Morgan	Name of Father: Jerry Simmons	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Eliza R. Simmons	Date Issued: Apr. 27, 1953	Date Orig. Entry:
Class B	Date of Birth: Aug. 20, 1920; Birth Place: DeSmet, Idaho	Full Name of Mother: Eliza R. Morgan	Name of Father: Jerry Alonzo Simmons	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	May 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Bur. Stat. No.

1. Name at birth (First, middle, last)

2. Sex

3. Date of birth (Month, day, year)

4. Place of birth (City or town, county, state)

5. Usual residence (Place where mother lives)

6. Full name of father

7. Maiden name of mother

8. Birthplace of father (State or foreign country)

9. Birthplace of mother (State or foreign country)

10. Name and address of informant

11. Relationship of informant to person named in item 1

12. Signature of informant

13. Date signed (Month, day, year)

14. Name and address of person who prepared this form for signature

15. Signature of person who prepared this form

16. Date signed (Month, day, year)

17. Name and address of person who certified birth

18. Signature of person who certified birth

19. Date signed (Month, day, year)

20. Name and address of person who filed this certificate

21. Signature of person who filed this certificate

22. Date filed (Month, day, year)

23. Name and address of person who registered this certificate

24. Signature of person who registered this certificate

25. Date registered (Month, day, year)

26. Remarks

27. Name and address of person who supplied information for this certificate

28. Signature of person who supplied information for this certificate

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408. Name and address of person who supplied information for this certificate

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500. Date signed (Month, day, year)

799-107-042-566

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-544
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Emmons Pribble
2. Date of Birth (month) (day) (year): March 7 1920
3. Color or Race: White Cauc
4. Sex: male
5. Place of Birth: a. County: Twin Falls da. b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Jesse Emmons Pribble
7. State or Country of Father's Birth: Kansas Gray County

MOTHER

8. Full Maiden Name of Mother: Lola Lucy Pribble Nowell
9. State or Country of Mother's Birth: Mo. close to Clinton

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul E. Pribble
11. Present Address of Registrant: 931 Butts St. Prescott Ariz

NOTARY (Seal)

Subscribed and sworn to before me on: Mar 24 1953
12. Signature of Notary: [illegible]
13. Notary Commission expires: 1/10 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by grandmother	Mrs. Mary A. Nowell	Apr. 27, 1953	
Class* B	Date of Birth / Birth Place: Mch 7, 1920, Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Uncle	F. N. Pribble	May 25, 1953	
Class B	Date of Birth / Birth Place: Mch 7, 1920, Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by Aunt	Mrs. Dollie DeBall	Apr. 28, 1953	
Class B	Date of Birth / Birth Place: Mch 7, 1920, Twin Falls, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	June 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No.

Local Reg. No.

Reg. Dist. No.

APR 3

Boise, Idaho

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race

4. Sex

5. Place of Birth

6. City or Town of Birth

FATHER

7. Full Name of Father

8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

I hereby certify that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 3

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract

Registrar

Evidence reviewed by

Date filed

June 5, 1950

*Disease Records are those made and filed in the Registrar's Fourth Division.
Change Records are those made after the Fourth Division Registrar's set at least [illegible]

419-229-042-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-635
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Mai			2. Date Of Birth (month) January (day) 29 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Kimberly, Idaho
FATHER	6. Full Name of Father: John Mai			7. State or Country of Father's Birth: Saratov, Russia
MOTHER	8. Full Maiden Name of Mother: Amolia Schlager			9. State or Country of Mother's Birth: Saratov, Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Mai		11. Present Address of Registrant: Box 738 Dillon, Montana
NOTARY (Seal)	Subscribed and sworn to before me on 16th day of June 1953	12. Signature of Notary: Twin Falls, Idaho Jordan L. Puckett		13. Notary Commission expires: April 8 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: Cassia County Schools	Date Issued: Census	Date Orig. Entry: 1936
Class* B	Date of Birth: Jan. 29, 1920	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by midwife	By whom issued and signed: Clara Mai	Date Issued: June 16, 1953	Date Orig. Entry
Class B	Date of Birth: Jan. 29, 1920	Birth Place: Kimberley, Idaho	Full Name of Mother: Amolia Schlager	Name of Father: John Mai
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Reeder		Date Filed*: June 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

235-20-040-965

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 708
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie June Stein

2. Date of Birth: (month) June (day) 10 (year) 1920

3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Kellogg

FATHER

6. Full Name of Father: Edward Peter Stein

7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Valerine Henrietta Zoellner

9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie June Stein

11. Present Address of Registrant: 1619 E. John St. Seattle 2 Washington

NOTARY (Seal)

Subscribed and sworn to before me on July 18 1953

12. Signature of Notary: [illegible]

13. Notary Commission expires: May 23 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital record of Birth	Wardner Hospital, by A. G. Camm, Business Manager	7/18/53	June 10, 1920
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 10, 1920 Kellogg, Idaho	Mrs. Ed Stein		
SUPPORTING RECORD 2.	Certificate of Baptism	Roman Catholic Church	7/18/53	Baptized on Aug. 15, 1920
Class A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 10, 1920 Kellogg, Idaho	Valerine Zoellner	Edward P. Stein	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	July 21, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF PUBLIC HEALTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

STATE FILE NO. 708

LOCAL REG. NO.

BIRTH NO.

DEC 12 1950

REGISTRATION DISTRICT

(Type or print plainly with pen in black ink)

1. NAME OF CHILD (If not named, so state)

2. DATE OF BIRTH (Month) June (Day) 10 (Year) 1920

3. SEX Female

4. COLOR OR RACE White

5. IF NOT SINGLE BIRTH, CHILD NUMBERED (First, second, etc.)

6. FULL NAME OF FATHER Julius Stein

7. PLACE OF BIRTH (State or Country) Germany

8. AGE AT LAST BIRTHDAY 30

9. COLOR OR RACE White

10. OCCUPATION (Kind of work done during most of working life, even if retired) Laborer

11. BIRTHPLACE (State or Country) Oregon

12. FULL MAIDEN NAME OF MOTHER Selma Julia Goltner

13. AGE AT LAST BIRTHDAY 28

14. COLOR OR RACE White

15. OCCUPATION (Kind of work done during most of working life, even if retired) Housewife

16. BIRTHPLACE (State or Country) Oregon

17. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING (Including this child) 1

18. NUMBER OF OTHER CHILDREN BORN ALIVE BUT NOW DEAD 0

19. NUMBER OF OTHER FETAL DEATHS 0

20. INFORMANT'S STATEMENT AS TO FACTS

I HEREBY CERTIFY that I attended the birth of the child named above, that the child was born alive at the time stated, and that the facts stated above are true to the best of my knowledge and belief.

(Signature of Informant)

(Address of Informant)

21. PHYSICIAN'S OR MIDWIFE'S STATEMENT AS TO FACTS

I HEREBY CERTIFY that I attended the birth of the child named above, that the child was born alive at the time stated, and that the facts stated above are true to the best of my knowledge and belief.

(Signature of Physician or Midwife)

(Address of Physician or Midwife)

22. NAME AND ADDRESS OF PERSON WHO SUPPLIED THE INFORMATION IF OTHER THAN MOTHER OR FATHER

23. DATE RECEIVED BY REGISTRAR (Month) July (Day) 21 (Year) 1950

24. REGISTRAR'S SIGNATURE

25. DATE ACCEPTED FOR FILING (Month) (Day) (Year)

26. DATE COPY ISSUED (Month) (Day) (Year)

27. REGISTRAR'S SIGNATURE

28. REMARKS

29. AMENDMENTS

30. DATE RECEIVED BY REGISTRAR (Month) (Day) (Year)

31. DATE ACCEPTED FOR FILING (Month) (Day) (Year)

32. DATE COPY ISSUED (Month) (Day) (Year)

33. REGISTRAR'S SIGNATURE

34. REMARKS

35. ITEMS AMENDED

36. DATE RECEIVED BY REGISTRAR (Month) (Day) (Year)

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40. REMARKS

41. ITEMS AMENDED

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46. REMARKS

47. ITEMS AMENDED

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52. REMARKS

53. ITEMS AMENDED

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250. REMARKS

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719-217-022-691

(Be sure the information is complete and accurate)

State File No. De53-846

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugarell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Squirrel Idaho
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First) Gladys
b. (Middle) Albertina
c. (Last) Garza

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [X] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) March (Day) 17 (Year) 1930

FATHER OF CHILD

7. FULL NAME: a. (First) Julius b. (Middle) Charles c. (Last) Garza
8. COLOR OR RACE: White
9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Germany
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Anna b. (Middle) Sophie c. (Last) Frankie
13. COLOR OR RACE: White
14. AGE (At time of this birth): 24 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Germany
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? None
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None
17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE E. L. Garza
18c. ADDRESS Ashton Idaho
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18d. DATE SIGNED Sept 2 1953

19. DATE REC'D BY LOCAL REG. Sept. 4, 1953
20. REGISTRAR'S SIGNATURE W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS
22b. WEIGHT AT BIRTH: LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-18001

LOCAL REGISTRATION OF BIRTHS SEP 8 1953

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

133-230-010-753

RECEIVED
DEC 30 1953
Division of Vital Statistics

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 1140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Bonneville (b) City Idaho Falls, Idaho
   (c) Street Address or R.F.D. No. Ucon, Idaho
   (d) Name of Hospital or Maternity Home: Peoples Hospital, Idaho Falls, Idaho.
   (e) Mothers stay **BEFORE** delivery: In THIS county [illegible] years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City ~~Idaho Falls, Idaho~~ Ucon, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) Ucon, Idaho.

4. **FULL NAME OF CHILD** Vera Helen Allen

5. Date of Birth of Child (Month, day, year) May 30, 1920

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edwin Allen
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Alvina Peterson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Thomas Edwin Allen (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature John C. Mellor M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date May 31, 1920

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 30, 1953 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 8 2000

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

DEC 31 1953

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RELEASED

313-227.031-366

(Be sure the information is complete and accurate)

State File No. De54-166

Local Reg. No. 47

Reg. Dist. No. 23

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or print)
a. (First): Marcella
b. (Middle): Cleon
c. (Last): Caldwell

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 27 (Year) 20

FATHER OF CHILD

7. FULL NAME
a. (First): Alvin
b. (Middle): Adam
c. (Last): Caldwell

8. COLOR OR RACE: W

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Walsburg Wash

11a. USUAL OCCUPATION: Retail Clerk

11b. KIND OF BUSINESS OR INDUSTRY: General Store

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Norma
b. (Middle): Ellen
c. (Last): Cook

13. COLOR OR RACE: W

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Colton Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? ✓
c. How many children were stillborn (born dead after 20 weeks pregnancy)? ✓

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs Norma Ellen Caldwell Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: John F. Grist M.D.

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Nezperce Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 30 20

20. REGISTRAR'S SIGNATURE: Albert Hoff

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 9 WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date:

Name prophylactic used to prevent Ophthalmia Neonatorum:

NO FILE DATE

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 3 - 195

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

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MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

Dup of 1920 00105

713-222 006-595

RECEIVED MAR 11 1954 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-186
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Lucille Patchin	2. Date of Birth (month) (day) (year): February 22, 1920
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth: Shelley, a. County: Bingham	b. City or Town of Birth: Shelley, Idaho.
FATHER	6. Full Name of Father: Joseph Lee Patchin	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Grace Lin Fredenburg	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Lucille Patchin; 11. Present Address of Registrant: 1285 Canal Ave. Idaho Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1954.	12. Signature of Notary: L. Ivan Jensen; 13. Notary Commission expires: June 16 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Shelley Public Schools	Date issued: graduated	Date Orig. Entry: May 1937
Class* B	Date of Birth: Feb. 22, 1920; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Grace Patchin	Date issued: March 5, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 22, 1920; Birth Place: Shelley, Idaho	Full Name of Mother: Grace Patchin	Name of Father: Joseph Lee Patchin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Joseph Lee Patchin	Date issued: March 5, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 22, 1920; Birth Place: Shelley, Idaho	Full Name of Mother: Grace Patchin	Name of Father: Joseph Lee Patchin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeler	March 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 11 1954

1. Registrant's Name	Catherine Lucille Patchin
2. Date of Birth	February 22, 1920
3. Sex	White Female Shelley, Bingham
4. Place of Birth	Shelley, Idaho.
5. Full Name of Father	Joseph Lee Patchin
6. State or Country of Father's Birth	Iowa
7. Full Maiden Name of Mother	Grace Lin Vredenburg
8. State or Country of Mother's Birth	Iowa
9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	
10. Signature of Registrant	[signature]
11. Present Address of Registrant	[illegible]
12. Signature of Notary	[signature]
13. Notary Commission expires	June 16 1955

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Shelley Public Schools	Graduated	May 1937
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 22, 1920			
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Grace Patchin	March 5, 1954	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 22, 1920, Shelley, Idaho	Grace Patchin	Joseph Lee Patchin	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Joseph Lee Patchin	March 5, 1954	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 22, 1920, Shelley, Idaho	Grace Patchin	Joseph Lee Patchin	

Registrar's Certification (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Filed	Evidence reviewed by	Registrar
March 11, 1954	[signature]	H. W. Hanson

*Class 7 Records: 1. Those made and [illegible]
Class 8 Records: 1. Those made after [illegible]

366-227-004-44

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 8 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-284
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Toomer			2. Date of Birth: April 27, 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Idaho Bear Lake	b. City or Town of Birth: Sharon
FATHER	6. Full Name of Father: John Thomas Toomer			7. State or Country of Father's Birth: Bear Lake, Idaho
MOTHER	8. Full Maiden Name of Mother: Ida Derricott			9. State or Country of Mother's Birth: Bear Lake, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lydia Toomer Harmon	11. Present Address of Registrant: Cokeville, Wyoming
NOTARY (Seal)	Subscribed and sworn to before me on: April 2, 1954		12. Signature of Notary: A. L. Hobbitt	13. Notary Commission expires: June 6, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 17, 1928
Class* B	Date of Birth: Apr. 27, 1920	Birth Place: Sharon, Idaho	Full Name of Mother: Ida Derricott	Name of Father: John Thomas Toomer
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Apr. 23, 1947	Date Orig. Entry
Class B	Date of Birth: Apr. 27, 1920	Birth Place: Sharon, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ida Derricott Toomer	Date Issued: Apr. 5, 1954	Date Orig. Entry
Class B	Date of Birth: Apr. 27, 1920	Birth Place: Sharon, Idaho	Full Name of Mother: Ida Derricott Toomer	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fredericksen	Date Filed: Apr. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person Whose Birth is Being Registered)

1. Registrant's Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth (Incorporated)
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT (Seal)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Notary
13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Applicant
By whom issued and signed: [illegible]
Date Issued: Apr. 27, 1954
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: John Thomas Roomer

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Beneficial Life Insurance Co.
Date Issued: Apr. 23, 1947
Date of Birth: Apr. 27, 1920
Birth Place: Sharon, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother
By whom issued and signed: [illegible]
Date Issued: Apr. [illegible], 1954
Date Orig. Entry:
Date of Birth: Apr. 27, 1920
Birth Place: Sharon, Idaho
Full Name of Mother: Ida Dennison Roomer
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: W. W. Hansen
Evidence reviewed by:
Date Filed: Apr. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

Form 8PH 40077

593-123-033-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-606
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juan Del Villar		2. Date Of Birth (month) June (day) 23 (year) 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Idaho a. County: Madison b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Manuel Del Villar		7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Romana Cardenas		9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juan Del Villar	11. Present Address of Registrant: P.O.Box 733 Lincoln, California
NOTARY (Seal)	Subscribed and sworn to before me on: 14th day of July 1954	12. Signature of Notary: Edward Brey Jr.	13. Notary Commission expires: July 31, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date issued: Baptized	Date Orig. Entry: Aug. 16, 1920
Class* A	Date of Birth: June 23, 1920	Birth Place: Sugar City, Idaho	Full Name of Mother: Romana Cardenas	Name of Father: Manuel Del Villar
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Gladding McBean & Co. Lincoln, Calif.	Date issued: Aug. 6, 1953	Date Orig. Entry:
Class B	Date of Birth: June 23, 1920	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eden	July 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. Re54-206
Local Reg. No.
Reg. Dist. No.

JUL 20 1954

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date (month) (day) (year): June 23 1920
	3. Color or Race (M. Sex): [illegible]	4. Place of Birth: Idaho Madison — Country: Sugar City
FATHER	5. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Mexico
MOTHER	6. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	8. Date of Delayed Birth: [illegible]	10. Signature of Registrant: [illegible] — 11. Present Address of Registrant: P.O. Box 783, Lincoln, California
NOTARY (Seal)	Subscribed and sworn to before me on: 14th day of July 1954	12. Signature of Notary: [illegible] — 13. Notary Commission expires: July 31, 1955

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Baptism	Date Orig. Entry: Aug. 12, 1920
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Claudine Mcneal & Co. [illegible]	Date Issued: Aug. [illegible], 1953	Date Orig. Entry:
	Date of Birth: June 23, 1920	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

CERTIFICATION: Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supplements the facts as set forth in the foregoing abstract.

Name of Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: July 20, 1954

Reverse side of this record is to be made and dated before the registrant's fourth birthday. Please see those made after the fourth birthday but are at least 3 years old.

433-15-003-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 14 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-668
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED HERSCHEL McCLELLAN		2. Date of Birth (month) (day) (year): FEBRUARY 15, 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: NITER, BANNOCK; b. City or Town of Birth: NITER, Idaho
FATHER	6. Full Name of Father: FRED McCLELLAN		7. State or Country of Father's Birth: Utah, BENJAMIN.
MOTHER	8. Full Maiden Name of Mother: IRETA STALKER		9. State or Country of Mother's Birth: Idaho, FRANKLIN.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Herschel McClellan / Ireta S. McClellan	11. Present Address of Registrant: BURBANK, CALIFORNIA
NOTARY (Seal)	Subscribed and sworn to before me on: June 12th 1954	12. Signature of Notary: Beatrice G. Green	13. Notary Commission expires: My Commission Expires March 4, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co.	Date Issued: Jan. 28, 1924	Date Orig. Entry
Class* A	Date of Birth: 4 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Culver City, School District Culver City, Calif.	Date Issued: year	Date Orig. Entry: 1926-27
Class B	Date of Birth: Feb. 15, 1920	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Ireta Stalker McClellan Fred McClellan	Date Issued: August 9, 1954	Date Orig. Entry
Class B	Date of Birth: Feb. 15, 1920	Birth Place: Niter, Idaho	Full Name of Mother: Ireta Stalker	Name of Father: Fred McClellan
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Elder, Edna Hamilton	Date Filed: Aug. 16, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

AUG 16 1954

REGISTRATION (Person whose birth is being registered)	1. Name of Birth: Fred Hensher McClellan	2. Date of Birth (month) (day) (year): February 15, 1920	
	3. Child: Race, Sex	4. Place of Birth: Walter Drake Water	5. City or Town of Birth: Witter, Idaho
FATHER	6. Full Name of Father: Fred McClellan	7. State or Country of Father's Birth: Utah Benjamin	
MOTHER	8. Full Maiden Name of Mother: Greta Stalker	9. State or Country of Mother's Birth: Idaho, Franklin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Burbank, California
NOTARY (Shall)	12. Sworn and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co.	Date Issued: Jan. 28, 1934	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Class: A	Before old			
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Culver City, School District	Date Issued: year	Date Orig. Entry: 1926-27
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Class: B	Feb. 15, 1920			
SUPPORTING RECORD 3.	Type of Document: Affidavit by Parents	By whom issued and signed: Greta Stalker McClellan	Date Issued: August 9, 1954	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Class: B	Feb. 15, 1920 Witter, Idaho	Greta Stalker	Fred McClellan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Stamp): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

5. Registrar	Evidence reviewed by: Mabel [illegible]	Date Filed: Aug. 16, 1954

Clerk's Notes: [illegible] Clerk's Notes: [illegible] the fourth birthday but [illegible] years old.

453-12-030-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 725
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAWRENCE EDWARD DETTON		2. Date Of Birth: (month) February (day) 29 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Lawrence M. Detton		7. State or Country of Father's Birth: Hatch, Idaho	
MOTHER	8. Full Maiden Name of Mother: Blanche B. Crook		9. State or Country of Mother's Birth: Salmon, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Edward Detton	11. Present Address of Registrant: 399th Evac Hosp Apo L80 US Army	
NOTARY (Seal)	Subscribed and sworn to before me on: 29 June 1954	12. Signature of Notary: Rodolphe Hamel. RODOLPHE HAMEL 2nd Lt MSC	13. Notary Commission expires: Summary Court 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Civilian Conservation Corps	Date Issued: June 29, 1940	Date Orig. Entry: Enlisted on July 12, 1938
Class* B	Date of Birth / Birth Place: 18 years old Salmon, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: June 22, 1945	Date Orig. Entry: Enlisted on Mar. 13, 1941
Class B	Date of Birth / Birth Place: Feb. 29, 1920 Salmon, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Census record	By whom issued and signed: Yelm School District No. 2 Helm, Washington	Date Issued: 8/23/54	Date Orig. Entry: Entered on Sept. of 1932
Class B	Date of Birth / Birth Place: Feb. 29, 1920	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Aug. 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 31 19[illegible]

Reg. No. [illegible]

Local Reg. No. [illegible]

1. Name of child: (First) (Middle) (Last)

2. Sex: Male

3. Color or race: White

4. Date of birth: February 29, 1932

5. Place of birth: Idaho

6. Name of father: [illegible]

7. Color or race: White

8. Age at last birthday: [illegible]

9. Birthplace: Idaho

10. Name of mother: Blanche M. Crook

11. Color or race: White

12. Age at last birthday: [illegible]

13. Birthplace: Idaho

14. Name and address of informant: [illegible]

15. Relationship: [illegible]

16. Date filed: Aug. 31, 1932

17. Signature of registrar: [illegible]

18. Evidence received: [illegible]

19. Remarks: [illegible]

I hereby certify that the above is a true and correct copy of the birth record filed in this office.

Witness my hand and official seal this 31st day of August, 1932.

[illegible]
Registrar of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child: (First) (Middle) (Last)

2. Sex: Male

3. Color or race: White

4. Date of birth: February 29, 1932

5. Place of birth: Idaho

6. Name of father: [illegible]

7. Color or race: White

8. Age at last birthday: [illegible]

9. Birthplace: Idaho

10. Name of mother: Blanche M. Crook

11. Color or race: White

12. Age at last birthday: [illegible]

13. Birthplace: Idaho

14. Name and address of informant: [illegible]

15. Relationship: [illegible]

16. Date filed: Aug. 31, 1932

17. Signature of registrar: [illegible]

18. Evidence received: [illegible]

19. Remarks: [illegible]

I hereby certify that the above is a true and correct copy of the birth record filed in this office.

Witness my hand and official seal this 31st day of August, 1932.

[illegible]
Registrar of Vital Statistics

AFFIDAVIT TO SECURE DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO, County of Bingham, ss.

I, Blanche M. Crook, being first duly sworn, depose and say that I am 29 years of age and reside at Blackfoot, Idaho; that I was present at the birth of a child born to me on the 29th day of February, 1932, at Blackfoot, Idaho; that the name of said child is [illegible]; that the sex of said child is male; that the color or race of said child is white; that the name of the father of said child is [illegible]; that the color or race of the father of said child is white; that the maiden name of the mother of said child is Blanche M. Crook; that the color or race of the mother of said child is white; that the name and address of the informant is [illegible]; that the relationship of the informant to the child is [illegible]; that I have personal knowledge of the facts stated herein; that the statements made herein are true to the best of my knowledge and belief.

Blanche M. Crook
Signature of Affiant

Subscribed and sworn to before me on the 29th day of August, 1932.

[illegible]
Notary Public

My Commission expires [illegible]

SUPPORTING RECORD 1

Type of Document: Physician's Affidavit

Date issued: August 29, 1932

By whom issued and signed: [illegible]

Name of Father: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

Name of Mother: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

SUPPORTING RECORD 2

Type of Document: School Census Record

Date issued: [illegible]

By whom issued and signed: [illegible]

Name of Father: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

Name of Mother: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

SUPPORTING RECORD 3

Type of Document: [illegible]

Date issued: [illegible]

By whom issued and signed: [illegible]

Name of Father: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

Name of Mother: [illegible]

Date of birth: [illegible]

Birth Place: [illegible]

613-120-010-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-883
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Donald Walquist		2. Date Of Birth (month) October (day) 20th (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Ernest Wendell Walquist		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Hannah Goldie Bodin		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Donald Walquist	11. Present Address of Registrant: Route 3, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1954	12. Signature of Notary: Irene Surerus	13. Notary Commission expires: August 13 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: E. W. Walquist, Hanna Golda Bodin Walquist	Date issued: Sept. 27,	Date Orig. Entry: 1954
Class* B	Date of Birth: Oct. 20, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Eligibility	By whom issued and signed: Veterans Administration	Date issued:	Date Orig. Entry: Aug. 2, 1950
Class B	Date of Birth: Oct. 20, 1920,	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Ray E. Lundahl Co.	Date issued: Oct. 9, 1954	Date Orig. Entry:
Class B	Date of Birth: Oct. 20, 1920,	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	Nov. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. De54-983
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 4 1954

Division of Public Health
Bureau of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Raymond Donald Walquist
2. Date of Birth (month) (day) (year): October 20th 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho
6. County: Bonneville
7. City or Town of Birth: Idaho Falls

FATHER

8. Full Name of Father: Ernest Wendell Walquist
9. State or Country of Father's Birth: Nebraska

MOTHER

10. Full Maiden Name of Mother: Hannah Goldie Bodin
11. State or Country of Mother's Birth: Idaho

AFFIDAVIT

1. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
2. Subscribed and sworn to before me on: September 27 1954
10. Signature of Registrant:
11. Present Address of Registrant: Route 3, Idaho Falls, Idaho
12. Signature of Notary:
13. Notary Commission expires: August 13 1957

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORDS

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	L. W. Walquist Hanna Golda Bodin Walquist	Sept. 27, 1954	

Class: B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 20, 1920	Idaho Falls, Idaho		

RECORDS

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Eligibility	Veterans Administration	Aug. 2, 1950	

Class: B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 20, 1920	Idaho Falls, Idaho		

SUPPORTING RECORDS

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	Ray M. Lundahl Co.	Oct. 9, 1954	

Class: B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 20, 1920	Idaho Falls, Idaho		

QUALIFYING INFORMATION

PREPARING & CERTIFICATION (Issuer)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. Benson		Nov. 3, 1954

Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but are at least 5 years old.

Form [illegible]

695-226-016-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-9
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IRIS MARIE WINWARD
2. Date Of Birth (month) (day) (year): AUGUST 26 1920
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO CASSIA
b. City or Town of Birth: BURLEY

FATHER

6. Full Name of Father: ARDEN GLEN WINWARD
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: DORA VERDA PIERSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Iris Kleeman
11. Present Address of Registrant: 1360 - 18TH AVE SAN FRANCISCO 22 CAL

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 3rd 1955
12. Signature of Notary: Edward Johnson
13. Notary Commission expires: My Commission Expires October 5, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Census Record	Department of Commerce Bureau of the Census	Census of	1930, Jan.
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	9 yrs old Idaho	Verda and	Glen Winward	
SUPPORTING RECORD 2. Class B	School Census	State of Oregon County of Lake	Dec. 1, 1926	
	6 yrs old		G. Winward	
SUPPORTING RECORD 3. Class B	Affidavit by parents	Glen Winward Dora Verda Winward	Dec. 9, 1954	
	Aug. 26, 1920, Burley, Idaho	Dora Verda Pierson	Arden Glen Winward	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Weldon	Jan. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1955

Department of Public Health
Division of Vital Statistics
Boise, Idaho 313-215-040-449

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 7 1955
Division of Vital Statistics

State File No. De55-15
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beverly Katherine Calabretta			2. Date of Birth: (month) 5 (day) 15 (year) 20	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth: a. County Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Paul Calabretta			7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Angelene Muzzi			9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Beverly Katherine Calabretta	11. Present Address of Registrant: 324 W. Mission	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1957		12. Signature of Notary: Eva Jannusch	13. Notary Commission expires: October 23 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for hospital ins.	By whom issued and signed: Assn. Mutual Benefit Health & Acc.	Date Issued:	Date Orig. Entry: May 19, 1952
Class* B	Date of Birth: May 15, 1920	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by midwife	By whom issued and signed: Italia Rinaldi	Date Issued: 1-4-55	Date Orig. Entry:
Class A	Date of Birth: May 15, 1920	Birth Place: Kellogg, Idaho	Full Name of Mother:	Name of Father: Paul Calabretta
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

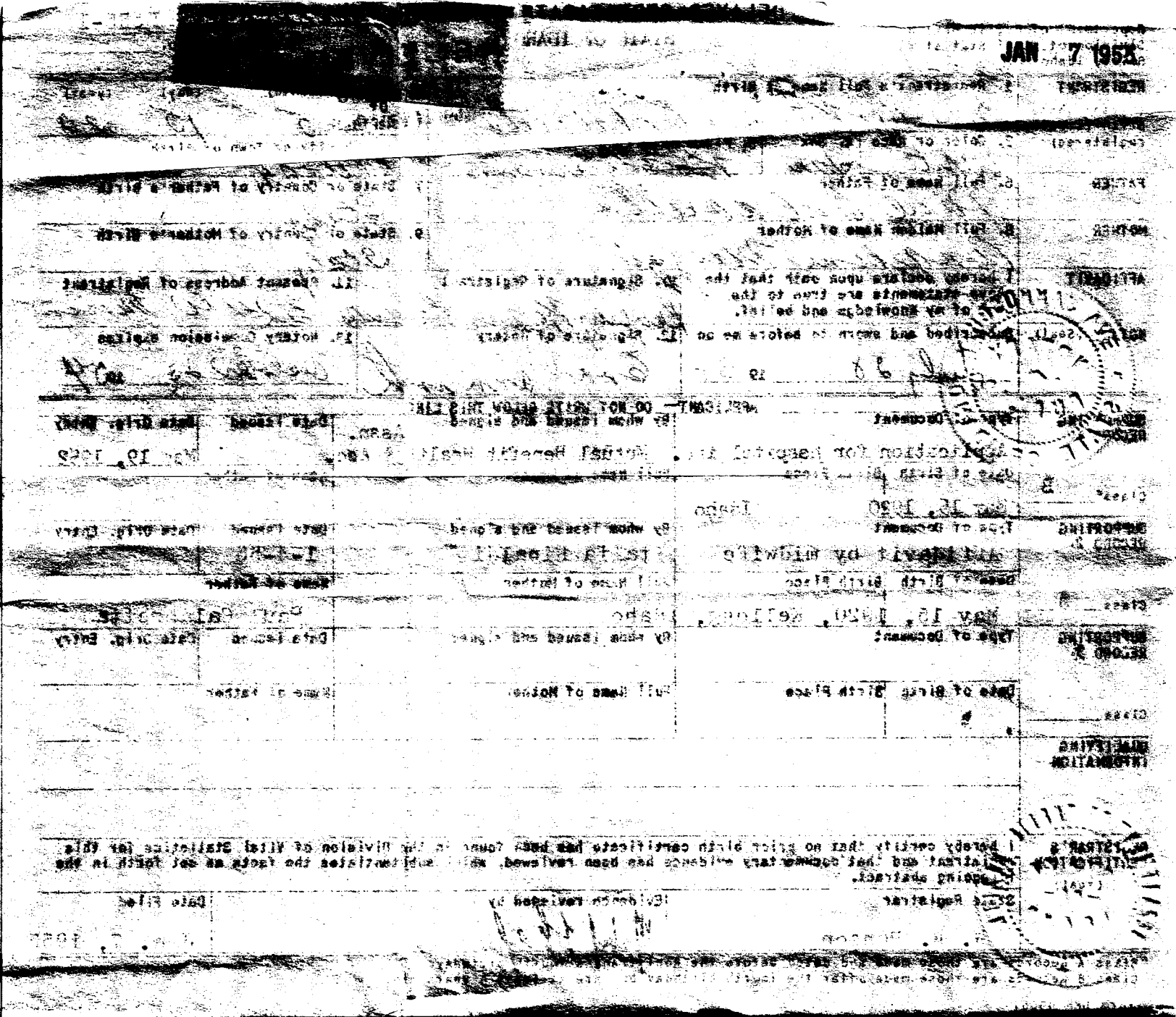
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel E. Felder	Jan. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



36-126-027-8/9

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JAN 11 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 30
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRWIN WHITTINGTON COOK		2. Date of Birth (month) July (day) 26 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Eden, Idaho
FATHER	6. Full Name of Father: Ai Deloss Cook		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Maud Hardee		9. State or Country of Mother's Birth: Wyoming	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irwin Whittington Cook	11. Present Address of Registrant: Greybull, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 7 1955	12. Signature of Notary: [signature]	13. Notary Commission expires: July 16th 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by father	By whom issued and signed: Ai Deloss Cook	Date Issued: April 1, 1954	Date Orig. Entry
	Date of Birth: July 28, 1920	Birth Place: Eden, Idaho	Full Name of Mother: Maud Cook	Name of Father: Ai Deloss Cook
SUPPORTING RECORD 2. Class B	Type of Document: Book 7, P. 403 Certificate of Marriage	By whom issued and signed: Bureau of Vital Statistics State of Wyoming	Date Issued: May 25, 1943	Date Orig. Entry
	Date of Birth: 22 yrs old	Birth Place: Eden, Idaho	Full Name of Mother: Maude Hardee	Name of Father: A. D. Cook
SUPPORTING RECORD 3. Class B	Type of Document: 149-49-000476 Child's birth certificate	By whom issued and signed: Wyoming Bureau of Vital Statistics	Date Issued: Filed on 1/10/49	Date Orig. Entry: Child born on Jan. 5, 1949
	Date of Birth: 28 yrs old	Birth Place: Eden, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Jan. 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 11 1955

619-104-026-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-120
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thayel J. Ward			2. Date Of Birth (month) (day) (year): 9 (Sept.) 4 1920	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: ~~Rigby~~ Idaho Jefferson	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Joseph Hyrum Ward			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elsie Elizabeth Call			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thayel J. Ward	11. Present Address of Registrant: 627 East 450 South Clearfield, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1955		12. Signature of Notary: Elmer R. Matthews	13. Notary Commission expires: February 26 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: L. D. S. Churcn	Date Issued: Blessed	Date Orig. Entry: Oct. 3, 1920
Class* A	Date of Birth: Sept. 4,	Birth Place: 1920, Rigby, Idaho	Full Name of Mother: Elsie E. Call	Name of Father: Hyrum Ward	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Record viewed by Elmer R. Matthews, Notary Public	Date Issued:	Date Orig. Entry: Sept. 4, 1920
Class A	Date of Birth: Sept. 4,	Birth Place: 1920, Rigby, Idaho	Full Name of Mother: Elsie Elizabeth Call	Name of Father: Joseph Hyrum Ward	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by:	Date Filed: Feb. 10, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 9655-120
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 11 1955

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible] J. Ward
2. Date of Birth (month) (day) (year): 9 (Sept.) 4 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho
6. County: Jefferson
7. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Joseph Myrum Ward
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elsie Elizabeth Call
9. State or Country of Mother's Birth: Idaho

MAKE FULL NAME OF MOTHER

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 627 East 450 South, Clearfield, Utah

NOTARY (Seal)

12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Blessed	Oct. 3, 1920

Date of Birth: Sept. 4, 1920 | Birth Place: Rigby, Idaho | Full Name of Mother: Elsie Elizabeth Call | Name of Father: Myrum Ward

Class A

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Family Record	R. Matthews, Notary Public		Sept. 4, 1920

Date of Birth: Sept. 4, 1920 | Birth Place: Rigby, Idaho | Full Name of Mother: Elsie Elizabeth Call | Name of Father: Joseph Myrum Ward

Class A

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry

Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father:

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: K. W. Hansen | Evidence reviewed by: | Date Filed: Feb. 10, 1955

Class A Records are those made and dated before the Registrant's Birth Day.
Class B Records are those made after the Birthday but are at least [illegible]

194-222-003-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 3 1955
Division of Vital Statistics

State File No. De55-127
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Mary Armyon			2. Date of Birth: (month) March	(day) 22	(year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Alexander, Idaho Bannock	b. City or Town of Birth: Alexander, Idaho		
FATHER	6. Full Name of Father: John Henry Arymon			7. State or Country of Father's Birth: Bucharest, Roumania		
MOTHER	8. Full Maiden Name of Mother: Mary Anderson			9. State or Country of Mother's Birth: Logan, Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Mary Armyon Bliss	11. Present Address of Registrant: 19648 Redwood Rd. Castro Valley, Calif.		
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 3rd 1955		12. Signature of Notary: Albert L. Stamm Notary Public Alameda Co. California	13. Notary Commission expires: July 6 1957		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Anderson Armyon		Date Issued: January 6, 1955	Date Orig. Entry
Class* B	Date of Birth: Mar. 22, 1920	Birth Place: Alexander, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: Blessed	Date Orig. Entry: Aug. 1, 1920
Class A	Date of Birth: Mch 22, 1920,	Birth Place: Alexander, Idaho	Full Name of Mother: Mary Anderson	Name of Father: John Henry Arymon	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Leeper		Date Filed: Feb. 14, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

H 49067

DELAYED CERTIFICATE OF BIRTH

Date Filed: Feb 13 1955

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Full name of birth: [illegible]

2. Color or Race: [illegible] 3. Place of Birth: [illegible] County: [illegible] City or Town of Birth: Alexander, Idaho

Date of Birth: March 22, 1920

FATHER

5. Full name of Father: Henry Arymon

6. Place of Birth: [illegible] State or Country of Father's Birth: Bucharest, Roumania

MOTHER

7. Full name of Mother: [illegible] State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

8. Declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant

10. Signature of Notary

11. Present Address of Registrant

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document: Affidavit by Mother

APPLICANT: DO NOT WRITE WITH THIS LINE

By Whom Issued and Signed: Mary Anderson Arymon

Date Issued: January 6, 1955

Date Orig. Entry

Date of Birth: Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document: Church Record

By Whom Issued and Signed: L. D. S. Church

Date Issued: Blessed Aug. 1, 1920

Date of Birth: Birth Place

Full Name of Mother: Mary Anderson

Name of Father: John Henry Arymon

Class: A

SUPPORTING RECORD 3

Type of Document

By Whom Issued and Signed

Date Issued

Date Orig. Entry

Date of Birth: Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following Statement.

Registrar: W. W. Benson

Evidence Reviewed by

Date Filed

[illegible]

695-119- RECEIVED
010-546 APR 23 1955
Federal Security Agency
United States Public Health Service
Division of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho Falls
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Gst & Idaho Avenue

3. CHILD'S NAME (Type or print)
a. (First): Russell
b. (Middle): Ancil
c. (Last): Freeman, Jr.

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) June (Day) 19 (Year) 1920

FATHER OF CHILD

7. FULL NAME: a. (First) Russell b. (Middle) Ancil c. (Last) Freeman
8. COLOR OR RACE: Cauc.
9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Waynetown, Indiana
11a. USUAL OCCUPATION: insurance Sales
11b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Zell b. (Middle) Frances c. (Last) Edwards
13. COLOR OR RACE: Cauc.
14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Washington, Iowa
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? none
b. How many OTHER children were born alive but are now dead? none
c. How many children were still born (born dead after 20 weeks pregnancy)? none
17. INFORMANT'S SIGNATURE OR NAME (Relationship): Russell A Freeman Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [signature]
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Idaho Falls, Idaho
18d. DATE SIGNED: Apr 21, 1955
19. DATE REC'D BY LOCAL REG.: Apr. 25, 1955
20. REGISTRAR'S SIGNATURE: W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS
22b. WEIGHT AT BIRTH: 8 LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [X] NO [ ]
Approximate date ?

Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 29 1955

APR 25 1955

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

391-206-034-335

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 4 1955

Division of Vital Statistics

State File No. De55-440
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERRY (MARY) ELIZABETH CRAVEN		2. Date of Birth (month) (day) (year): DECEMBER 6 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: MINIDOKA; b. City or Town of Birth: RUPERT
FATHER	6. Full Name of Father: EMMETT WESLEY CRAVEN		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: OLA MABLE CLEVENGER		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merry E. (Craven) Bowcutt	11. Present Address of Registrant: 215 N. DONNA AVE. OGDEN, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 19 55	12. Signature of Notary: [illegible]	13. Notary Commission expires: Nov 4 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Affidavit by attendant	By whom issued and signed: E. H. Elmore, M. D.	Date Issued: May 2, 1955	Date Orig. Entry
	Date of Birth: Dec. 6, 1920	Birth Place: at birth, Rupert, Idaho	Full Name of Mother: Ola Mabel Clevenger	Name of Father: Emmett W. Craven
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Minidoka County Schools	Date Issued: May 2, 1955	Date Orig. Entry
	Date of Birth: Dec. 6, 1920	Birth Place: Rupert, Idaho	Full Name of Mother: Ola Craven	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by parents	By whom issued and signed: Emmett W. Craven, Ola Mabel Craven	Date Issued: May 2, 1955	Date Orig. Entry
	Date of Birth: Dec. 6, 1920	Birth Place: Rupert, Idaho	Full Name of Mother: Ola Mabel Craven	Name of Father: Emmett, Wesley Craven
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: Mabel Feeler	Date Filed	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

FEB 21 1973

MAY 5 1955

DECEASED

762-212 1234-895

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 11 1955
Division of Vital Statistics

State File No. De55-459
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Gossen			2. Date Of Birth (month) June (day) 12 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Minidoka	
FATHER	6. Full Name of Father: Henry C. Gossen			7. State or Country of Father's Birth: Minnisota	
MOTHER	8. Full Maiden Name of Mother: Helen Hiebert			9. State or Country of Mother's Birth: Minnisota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Esther Gossen	11. Present Address of Registrant: 4916 N.E. Prescott Portland Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on 30th April 1955		12. Signature of Notary: J. B. Eakin	13. Notary Commission expires: 22 June 1958	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism	By whom issued and signed: H. E. Widmer, Pastor	Date Issued: Baptized	Date Orig. Entry: May 5, 1935	
	Date of Birth: June 12,	Birth Place: 1920, Minidoka,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: Bible Record	By whom issued and signed: viewed Family Bible by J. B. Eakin notary	Date Issued: June 12,	Date Orig. Entry: 1920	
	Date of Birth: June 12,	Birth Place: 1920, Minidoka,	Full Name of Mother: Idaho Helen Gossen	Name of Father: Henry C. Gossen	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by aunt	By whom issued and signed: Elizabeth Gossen	Date Issued: Apr. 30,	Date Orig. Entry: 1955	
	Date of Birth: June 12,	Birth Place: 1920, Minidoka,	Full Name of Mother: Idaho Helen Gossen	Name of Father: Henry C. Gossen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	May 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH 40067

Certificate of Registry

Date issued: May 5, 1922

Name of Father: [illegible]. Vidmer, Passed

Name of Mother: [illegible]

Date of Birth: June 12, 1920

Place of Birth: [illegible]

Name: [illegible]

Sex: Female

Color: White

Date of Original Registry: [illegible]

Name of Father: Henry C. Gossen

Maiden Name of Mother: [illegible] Olsen

Date of Birth: June 12, 1920

Place of Birth: [illegible]

Name: [illegible]

Sex: Female

Color: White

Date of Original Registry: [illegible]

Name of Father: Henry C. Gossen

Maiden Name of Mother: Elizabeth Gossen

Date of Birth: June 12, 1920

Place of Birth: [illegible]

Name: [illegible]

Sex: Female

Color: White

Date of Original Registry: [illegible]

Name of Father: Henry C. Gossen

Maiden Name of Mother: [illegible] Ols

386-118-027-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1096
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Dee Thompson, Deceased		2. Date Of Birth: (month) Jan. (day) 18th (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Jerome; b. City or Town of Birth: Hazelton
FATHER	6. Full Name of Father: Raymond Everett Thompson		7. State or Country of Father's Birth: U.S.A. Missouri
MOTHER	8. Full Maiden Name of Mother: Cynthia Ann Lovsee		9. State or Country of Mother's Birth: U.S.A. Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Deceased
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary	13. Notary Commission expires _____ 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family	By whom issued and signed: LYLE WICKHAM Hazelton, Idaho	Date Issued: 12-8-55	Date Orig. Entry:
Class* B	Date of Birth: January 18 1920 / Birth Place: Hazelton Idaho	Full Name of Mother: Cynthia Ann Lovsee	Name of Father: Raymond Everett Thompson	
SUPPORTING RECORD 2.	Type of Document: statement re school record	By whom issued and signed: CLASS A SCHOOL DISTRICT NO. 262 EDEN - HAZELTON, IDAHO	Date Issued: 12-15-55	Date Orig. Entry: September, 1926
Class B	Date of Birth: January 18, 1920 / Birth Place: Hazelton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: SOCIAL SECURITY RECORD	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: June 4, 1940
Class B	Date of Birth: January 18, 1920 / Birth Place: Hazelton, Idaho Jerome County	Full Name of Mother: Cyntia Ann Lovesey	Name of Father: Raymond Earl Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	December 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

133-228 021-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-177
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Marie Allen	2. Date Of Birth (month) Feb. (day) 28 (year) 1920
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Weston	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Joseph Merle Allen	7. State or Country of Father's Birth: Cove, Utah
MOTHER	8. Full Maiden Name of Mother: Vera Davis	9. State or Country of Mother's Birth: Spanish Fork, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Donna A. Curtis; 11. Present Address of Registrant: 1706 W. Jeff.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb - 21 1956	12. Signature of Notary: Neil Elsain; 13. Notary Commission expires: 3-25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of the Census State of Utah #1825-D	Date Issued: Nov.12,1942	Date Orig. Entry: Nov.12,1942
	Date of Birth: Age 22; Birth Place: Weston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: Boise, Idaho St. Mary's Church	Date Issued: June 11,1955	Date Orig. Entry: June 11,1955
	Date of Birth: Feb.28,1920; Birth Place: Weston, Idaho	Full Name of Mother: Vera Davis	Name of Father: Joseph Merle Allen	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Galveston, Texas American Nat'l Insurance Co.	Date Issued: Feb.14,1945	Date Orig. Entry: Feb. 14,1945
	Date of Birth: Feb.28,1920; Birth Place: Weston, Ida.	Full Name of Mother: Vera Davis Allen	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	Feb. 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DECLARED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

396-216-001-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56 - 272
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY MARIE TROXEL		2. Date of Birth: (month) Sept. (day) 16 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: JACOB ABIJAH TROXEL		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: IDA MAY THOMPSON		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ruby Marie Job	11. Present Address of Registrant: RT. 2 Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1956	12. Signature of Notary: Velma H. Brown	13. Notary Commission expires: January 20 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Jacob Abijah Troxel	Date Issued: 3-14-1956	Date Orig. Entry: March 14,1956	
Class*	Date of Birth: Sept 16,1920	Birth Place: Kuna, Idaho	Full Name of Mother:	Name of Father: Jacob Abijah Troxel	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: On file-Div. of Vital Statistics Boise, Idaho # 354306	Date Issued: 7-2-1942	Date Orig. Entry: July 2, 1942	
Class	Date of Birth: Age 21	Birth Place: Kuna, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho	Date Issued: 9-4-1942	Date Orig. Entry: Sept 4, 1942	
Class	Date of Birth: Age 21	Birth Place: Kuna, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: March 14, 1956		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40063

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1950 - 272
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] 15 1956	2. Date of Birth (Month) Sept. (Day) 16 (Year) 1950	
Person whose birth is being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Ada (County)
			6. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: [illegible] TROXEL		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	1. Forms declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: R. 2 Boise, Idaho
NOTARY	Subscribed and sworn to before me on: March 14 1956	12. Signature of Notary:	13. Notary Commission expires: January 20 1959

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: Jacob Abijah Troxel	Date Issued: 3-14-1956	Date Orig. Entry: March 14, 1956
	Date of Birth: Sept 15, 1920	Place of Birth: Kuna, Idaho	Name of Father: Jacob Abijah Troxel	
SUPPORTING RECORD 2	Type of Document: Official Birth Certificate	By whom issued and signed: Bd. File-Div. of Vital Statistics, Boise, Idaho # 35306	Date Issued: 7-2-1942	Date Orig. Entry: July 2, 1942
	Date of Birth: Age 21	Place of Birth: Kuna, Idaho	Name of Father:	
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc., Boise, Idaho	Date Issued: 4-1-1942	Date Orig. Entry: Sept 4, 1942
	Date of Birth: Age 21	Place of Birth: Kuna, Idaho	Name of Father:	
SUPPORTING INFORMATION				

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed
W. W. Lancon	Joyce E. Seitz	March 14, 1956

[illegible]

864-224-025-263

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-421
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELINOR FRANCIS YOUNG			2. Date Of Birth (month) NOVEMBER (day) 24 (year) 1920	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: IDAHO Idaho	b. City or Town of Birth: HARRISBURG	
FATHER	6. Full Name of Father: John Starin Young			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Martha K. Koch			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elinor F. Wright		11. Present Address of Registrant: Olympia, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1956	12. Signature of Notary: Mary M. Robertson		13. Notary Commission expires: June 15 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: MARTHA K. YOUNG Kamiah, Idaho	Date Issued: 1-28-56	Date Orig. Entry:	
	Date of Birth: November 24 1920	Birth Place: Harrisburg, Idaho	Full Name of Mother: Martha K. Young	Name of Father: John Starin Young	
SUPPORTING RECORD 2. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: WASHINGTON STATE DEPARTMENT OF HEALTH	Date Issued: 3-1-46	Date Orig. Entry: child born ~~Feb. 7, 1946~~	
	Date of Birth: 25 years old	Birth Place: Harrisburg Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: 538-05-4943 APPLICATION FOR SOCIAL SECURITY NUMBER	By whom issued and signed: Federal Security Agency SOCIAL SECURITY BOARD	Date Issued:	Date Orig. Entry: applied Aug. 29, 1941	
	Date of Birth: November 24, 1920	Birth Place: Harriburg, Idaho Idaho County	Full Name of Mother: Martha K. Koch	Name of Father: John Starin Young	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: April 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH #0067

APR 20

634-225-042-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-434
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JEAN MARY OLMSTEAD
2. Date of Birth (month) 1 (day) 25 (year) 1920
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: TWIN FALLS
b. City or Town of Birth: TWIN FALLS, IDAHO

FATHER

6. Full Name of Father: EDGAR HIRAM OLMSTEAD
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: MARY V. GRIFFITH
9. State or Country of Mother's Birth: OKLAHOMA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean Olmstead Woodbury
11. Present Address of Registrant: 1525 ALABAMA AVE., WEST SACRAMENTO CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1956
12. Signature of Notary: L. Clinton Mangels
13. Notary Commission expires: April 27 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: hospital record daughter's birth certificate
By whom issued and signed: Berkeley Hospital Berkeley, California
Date Issued: 9-12-43
Date Orig. Entry: child born Sept. 12, 1943
Class*: B
Date of Birth: 1920
Birth Place: Twin Falls Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: school record
By whom issued and signed: University of Idaho Moscow, Idaho
Date Issued:
Date Orig. Entry: matriculated Sept. 17, 1937
Class: B
Date of Birth: January 25, 1920
Birth Place: Twin Falls Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: affidavit by parents
By whom issued and signed: Mary Griffith Olmstead Edgar H. Olmstead
Date Issued: 3-28-56
Date Orig. Entry:
Class: B
Date of Birth: January 25, 1920
Birth Place: Twin Falls Idaho
Full Name of Mother: Mary Griffith Olmstead
Name of Father: Edgar H. Olmstead

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd.

Form DPH 49067

APR 30 1956

553-224-014-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-486
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maryanna Nelson			2. Date Of Birth (month) (day) (year): March 24, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Deer Flat Comm., near Caldwell
FATHER	6. Full Name of Father: Elmer Edward Nelson			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Rose Shaw			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maryanna Nelson Jangr		11. Present Address of Registrant: 5580 E. Pontiac Way Fresno 27, California
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1956	12. Signature of Notary: Lyle H. Caster		13. Notary Commission expires: June 30 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #306993	Date Issued:	Date Orig. Entry: child born Jan 27, 1941	
	Date of Birth: 20 years old	Birth Place: Caldwell Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: statement re school record	By whom issued and signed: Huston Grade School Wilder, Idaho	Date Issued: 7-13-55	Date Orig. Entry: September 1929	
	Date of Birth: 9 years old	Birth Place: March 24	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Bible record	By whom issued and signed: viewed by H. H. CARMAN Notary, Caldwell, Idaho	Date Issued: 8-2-55	Date Orig. Entry:	
	Date of Birth: March 24 1920	Birth Place:	Full Name of Mother:	Name of Father: E. Eddie Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: May 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF HEALTH

CERTIFICATE OF IDAHO

MAY 9 1956

1. Place of Birth: a. County: Canyon; b. City or Town: Nampa; c. Length of Stay: White

2. Full Name of Child: James Edward Nelson

3. Sex: Male

4. Date of Birth: March 24, 1953

5. Full Name of Father: James Edward Nelson

6. Color or Race: White

7. Age at Time of Birth: 29 years

8. Birthplace: Caldwell, Idaho

9. Occupation: Salesman

10. Industry or Business: Retail Shoes

11. Birthplace of Father: Idaho

12. Full Maiden Name of Mother: Peggy Jane Shaw

13. Color or Race: White

14. Age at Time of Birth: 20 years

15. Birthplace: Caldwell, Idaho

16. Occupation: Housewife

17. Present Address of Applicant: 5980 Portland Way, Pleasanton 27, California

18. I hereby depose upon oath that the statements are true to the best of my knowledge and belief.

19. Subscribed and sworn to before me on

20. Signature of Notary

21. Notary Commission expires

22. Type of Document: Birth Certificate

23. Date Issued: May 9, 1956

24. Filed by: Betty Walter

25. Date Filed: May 8, 1956

26. Remarks: Child born Jan 27, 1941

27. Signature of Applicant

28. Evidence Received by

29. Date Issued

30. Date Orig. Rec'd

31. Name of Father

32. Maiden Name of Mother

33. Date of Birth

34. Birthplace

35. Type of Document

36. Date Issued

37. Date Orig. Rec'd

38. Name of Father

39. Maiden Name of Mother

40. Date of Birth

41. Birthplace

42. Type of Document

43. Date Issued

44. Date Orig. Rec'd

45. Name of Father

46. Maiden Name of Mother

47. Date of Birth

48. Birthplace

49. Type of Document

50. Date Issued

51. Date Orig. Rec'd

52. Name of Father

53. Maiden Name of Mother

54. Date of Birth

55. Birthplace

56. Type of Document

57. Date Issued

58. Date Orig. Rec'd

59. Name of Father

60. Maiden Name of Mother

61. Date of Birth

62. Birthplace

63. Type of Document

64. Date Issued

65. Date Orig. Rec'd

66. Name of Father

67. Maiden Name of Mother

68. Date of Birth

69. Birthplace

70. Type of Document

71. Date Issued

72. Date Orig. Rec'd

73. Name of Father

74. Maiden Name of Mother

75. Date of Birth

76. Birthplace

77. Type of Document

78. Date Issued

79. Date Orig. Rec'd

80. Name of Father

81. Maiden Name of Mother

82. Date of Birth

83. Birthplace

84. Type of Document

85. Date Issued

86. Date Orig. Rec'd

87. Name of Father

88. Maiden Name of Mother

89. Date of Birth

90. Birthplace

91. Type of Document

92. Date Issued

93. Date Orig. Rec'd

94. Name of Father

95. Maiden Name of Mother

96. Date of Birth

97. Birthplace

98. Type of Document

99. Date Issued

100. Date Orig. Rec'd

101. Name of Father

102. Maiden Name of Mother

103. Date of Birth

104. Birthplace

105. Type of Document

106. Date Issued

107. Date Orig. Rec'd

108. Name of Father

109. Maiden Name of Mother

110. Date of Birth

111. Birthplace

112. Type of Document

113. Date Issued

114. Date Orig. Rec'd

115. Name of Father

116. Maiden Name of Mother

117. Date of Birth

118. Birthplace

119. Type of Document

120. Date Issued

121. Date Orig. Rec'd

122. Name of Father

123. Maiden Name of Mother

124. Date of Birth

125. Birthplace

126. Type of Document

127. Date Issued

128. Date Orig. Rec'd

129. Name of Father

130. Maiden Name of Mother

131. Date of Birth

132. Birthplace

133. Type of Document

134. Date Issued

135. Date Orig. Rec'd

136. Name of Father

137. Maiden Name of Mother

138. Date of Birth

139. Birthplace

140. Type of Document

141. Date Issued

142. Date Orig. Rec'd

143. Name of Father

144. Maiden Name of Mother

145. Date of Birth

146. Birthplace

147. Type of Document

148. Date Issued

149. Date Orig. Rec'd

150. Name of Father

151. Maiden Name of Mother

152. Date of Birth

153. Birthplace

154. Type of Document

155. Date Issued

156. Date Orig. Rec'd

157. Name of Father

158. Maiden Name of Mother

159. Date of Birth

160. Birthplace

161. Type of Document

162. Date Issued

163. Date Orig. Rec'd

164. Name of Father

165. Maiden Name of Mother

166. Date of Birth

167. Birthplace

168. Type of Document

169. Date Issued

170. Date Orig. Rec'd

171. Name of Father

172. Maiden Name of Mother

173. Date of Birth

174. Birthplace

175. Type of Document

176. Date Issued

177. Date Orig. Rec'd

178. Name of Father

179. Maiden Name of Mother

180. Date of Birth

181. Birthplace

182. Type of Document

183. Date Issued

184. Date Orig. Rec'd

185. Name of Father

186. Maiden Name of Mother

187. Date of Birth

188. Birthplace

189. Type of Document

190. Date Issued

191. Date Orig. Rec'd

192. Name of Father

193. Maiden Name of Mother

194. Date of Birth

195. Birthplace

196. Type of Document

197. Date Issued

198. Date Orig. Rec'd

199. Name of Father

200. Maiden Name of Mother

655-210-018-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-623
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Freya Kari Adaline Ove
2. Date Of Birth (month) February (day) 16 (year) 192c
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Dent, Idaho Clearwater
b. City or Town of Birth: Kent, Idaho

FATHER

6. Full Name of Father: Richard Jerman Ove
7. State or Country of Father's Birth: Bergen, Norway

MOTHER

8. Full Maiden Name of Mother: Mabelle Elloise Beverly
9. State or Country of Mother's Birth: Ames, Iowa U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Freya Ove Storholt
11. Present Address of Registrant: Rt. 3 Orofino, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 25 1955

12. Signature of Notary: Samuel J Swayne
13. Notary Commission expires: Nov 17 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	school record Affidavit re	Gayle Hayden, Clerk of District Court	7-27-55	9-19-29
Class* B	Date of Birth: 2-10-20 / Birth Place:	Full Name of Mother:	Name of Father: Richard Ove	
SUPPORTING RECORD 2.	son's birth certificate	State of Idaho #420183	Date Issued:	Date Orig. Entry: child born May 10, 1946
Class B	Date of Birth: 26 years old / Birth Place: Dent, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	affidavit	Frank Storholt Orofino, Idaho	Date Issued: 6-5-56	Date Orig. Entry:
Class B	Date of Birth: February 10, 1920 / Birth Place: Dent Idaho	Full Name of Mother: Mabelle Elloise Beverly	Name of Father: Richard J. Ove	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	June 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM #9067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Vital Stat. No.
Reg. Dist. No.

JUL 30 1958

DEC 29 1972

REGISTRARY (Person whose birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth (County)
6. City or Town of Birth

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Name Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY (Family)

Subscribed and sworn to before me on July 25 1958

12. Signature of Notary
13. Notary Commission expires May 17 1958

SUPPORTING RECORD 1.

Type of Document: School record
Date of Birth: Birth Place
Class: A

By whom issued and signed: [illegible]
Full Name of Mother
Date Issued: 9-27-58
Date Orig. Entry: [illegible]
Name of Father

SUPPORTING RECORD 2.

Type of Document: Son's birth certificate
Date of Birth: [illegible] Birth Place: Dent, Idaho
Class: B

By whom issued and signed: State of Idaho #420183
Full Name of Mother
Date Issued: Date Orig. Entry: Child born May 10, 1958
Name of Father

SUPPORTING RECORD 3.

Type of Document: affidavit
Date of Birth: February 10, 1920 Birth Place: Dent Idaho
Class: B

By whom issued and signed: Frank Storhoff Orofino, Idaho
Full Name of Mother: Isabelle Elloise Beverly
Date Issued: 6-5-58
Date Orig. Entry
Name of Father: Richard L. [illegible]

QUALIFYING INFORMATION

REGISTRARS CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	June 12, 1958

*Class A records are those made and dated before the Registrant's fourth birthday.
Class B records are those made after the fourth birthday but are at least 6 years old.

386-11-004-219

RECEIVED
JUN 26 1956
Division of Vital Statistics

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De56-647
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City
(c) ~~Street~~ Address ~~or R.F.D. No.~~ Soda Springs
(d) Name of Hospital of Maternity Home: Bear Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City
(d) ~~Street~~ Address ~~or R.F.D. No.~~ Soda Springs
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice): Soda Springs Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs, Ida

4. FULL NAME OF CHILD Peter Alfred Thomsen

5. DATE OF BIRTH (Month, day, year) Aug. 16, 1930

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Thomsen

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Thisted (City or Town) Denmark (State or foreign country)

14. Exact Occupation Farm Laborer

15. Industry Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett A. Skinner

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Nauvan (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Love Alive (born alive, stillborn) at 4:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Harriett Thomsen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) W. W. Benson (Registrar's signature)

25. Attendant's OWN signature Russell Tigert M.D. (D. O., Midwife, etc.)
and address Soda Springs Ida Date May 14, 1942

27. Given name added on ..... by ..... (Registrar's signature)

JUN 27 1956

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, ~~householder~~, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities ... certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinance ... regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificates of birth shall be filled out on ... blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within ... required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined ...

MEDICAL HISTORY

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

268-201-042-359

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-723
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Zelma Boyd		2. Date Of Birth (month) June (day) 1st. (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Biederman Boyd		7. State or Country of Father's Birth: Peducah, Kentucky
MOTHER	8. Full Maiden Name of Mother: Clara Terry		9. State or Country of Mother's Birth: Ozark, Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Zelma Boyd	11. Present Address of Registrant: 712 No. 11th. Ave. Buhl
NOTARY (Seal)	Subscribed and sworn to before me on: March 29, 1956 19	12. Signature of Notary: Jan Eastman Earl	13. Notary Commission expires: Feb. 4, 1957 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by grandmother		By whom issued and signed: Dora Crowson Filer, Idaho	Date issued: 3-6-43	Date Orig. Entry:
Class* B	Date of Birth: June 1 1920	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Clara Terry	Name of Father: Biederman Boyd	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of son's birth		By whom issued and signed: Twin Falls County General Hospital	Date issued:	Date Orig. Entry: child born May 27, 1940
Class B	Date of Birth: June 1 1920	Birth Place: Twin Falls Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: statement re school record		By whom issued and signed: Buhl Public Schools Buhl, Idaho	Date issued: 7-9-56	Date Orig. Entry: September 3, 1935
Class B	Date of Birth: June 1 1920	Birth Place: Twin Falls Idaho	Full Name of Mother: Clara Boyd	Name of Father: J. B. B oyd	
QUALIFYING INFORMATION	application for insurance The Northwestern Mutual Life Insurance Co. #3 309 560 applied 8-9-44 birth date: June 1, 1920				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. L. Benson		Evidence reviewed by: Betty Waller	Date Filed: July 13, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

Department of Public Health
Division of Vital Statistics
Salt Lake City

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Office No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUL 1 0 1956

REGISTRAR (Person whose birth is being registered)

1. Name of Person — Ada Selma Boyd
2. Date of Birth — June 1, 1920
3. Color or Race — Female
4. Place of Birth — Twin Falls
5. Birth Place — Twin Falls
6. Full Name of Father — Biederman Boyd
7. State of Country of Farmers Birth — Kenosha, Kentucky
8. Full Maiden Name of Mother — Clara Terry
9. State of Country of Mothers Birth — Czark, Mo.

AFFIDAVIT — I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrar — [illegible]
11. Present Address of Registrar — 712 No. [illegible] Ave. Ind.
12. Signature of Notary — [illegible]
13. Notary Commission Expires — Feb. 4, 19[illegible]

NOTARY (Seal) — Subscribed and sworn to before me on March [illegible], 1956

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1 — Type of Document: Affidavit by [illegible] — By whom Issued and Signed: Dora [illegible] Miles, Idaho — Date Issued: 8-6-43 — Date Orig. Entry: [illegible]

Class A — Date of Birth: [illegible] — Full Name of Mother: [illegible] — Name of Father: [illegible]

SUPPORTING RECORD 2 — Type of Document: Hospital Certificate of Twin Falls County General Hospital — By whom Issued and Signed: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Class B — Date of Birth: June 1, 1920 — Birth Place: Twin Falls, Idaho — Full Name of Mother: [illegible] — Name of Father: [illegible]

SUPPORTING RECORD 3 — Type of Document: Statement re School Record — By whom Issued and Signed: [illegible] Schools, Twin Falls — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Class B — Date of Birth: June 1, 1920 — Birth Place: Twin Falls, Idaho — Full Name of Mother: Clara Boyd — Name of Father: J. [illegible] Boyd

QUALIFYING INFORMATION — Application for insurance — Life Insurance Co. — Applied 8-8-43 — Birth date: June 1, 1920

CERTIFICATE OF BIRTH — I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this Delayed and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar — [illegible]

Evidence Reviewed by — Betty Miller

Date Filed — July 13, 1956

Class A records are those made and dated before the Regis[illegible] birth.
Class B records are those made after the Registrar [illegible] birth.

369-128-006-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-758
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAUL SAENZ CORRAL
2. Date Of Birth (month) (day) (year): April 28 1920
3. Color or Race: Mexican
4. Sex: M
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Hilario Romero Corral
7. State or Country of Father's Birth: Chihuahua, Mexico

MOTHER

8. Full Maiden Name of Mother: Gertrude Saenz
9. State or Country of Mother's Birth: Durango, Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul S. Corral
11. Present Address of Registrant: 8461 East Olympic Blvd. Montebello, California

NOTARY (Seal)

Subscribed and sworn to before me on: July 18 1956

12. Signature of Notary: Pearl G. Barker
13. Notary Commission expires: February 15 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
554-32-7340 application for Social Security number	Treasury Department Internal Revenue Service		applied Sept. 20, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 28, 1920	Bingham County Idaho	Gertrude Saenz	Hilario Romero Corral

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
son's birth certificate	State of California County of Los Angeles	7-13-56	child born Dec. 6, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 years old	Blackfoot Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by older sister	Barbara Gonzalez Anaheim, California	7-18-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 28 1920	Blackfoot, Idaho Bingham County	Gertrude Saenz	Hilario Romero Corral

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H9067

JUL 23 1956

284-204-02RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 24 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-877
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Name of Person at Birth: Lucile Marie Shults		2. Date of Birth (month) (day) (year): May fourth 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Mitchel Dewey Shults		7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Mary Rosey Porritt		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile M. Comstock	11. Present Address of Registrant: 800 Park Pl. No.4 Medford Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 10, 1956	12. Signature of Notary: Selpha C. Forbacher	13. Notary Commission expires: August 25, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Mary R. Shults Mitchel Dewey Shults	Date Issued: Aug. 10,	Date Orig. Entry: 1956
Class* B	Date of Birth: May 4, 1920	Birth Place:	Full Name of Mother: Mary Rosey Porritt	Name of Father: Mitchel Dewey Shults	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: Medford, Oregon Medford Public Schools	Date Issued: Aug.10,56	Date Orig. Entry:
Class B	Date of Birth: May 4,1920	Birth Place:	Full Name of Mother: Mary Shults	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record		By whom issued and signed: Mother-Mary Shults	Date Issued: Obviously	Date Orig. Entry: old.
Class B	Date of Birth: May 4,1920	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Son's birth certificate-State of Oregon, #13675- Mother's age 25,

Mother's birth place, Ashton, Idaho. Child born December 25,1945

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. I. Benson	Vr Verna Reisch	August 24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 24 1956

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Name of Birth: Lucile Marie Shults	2. Date of Birth: [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. County: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Tennessee
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: Idaho
	11. Present Address of Registrant: 800 Park Pl. No. 4, Medford Oregon	
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: August 25, 19 58

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on August 10, 19 56

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Sary [illegible] Shults, Mitchell Lamey Shults	Date Issued: Aug. 10, 1956	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place:	Full Name of Mother: [illegible]	Name of Father:
Class:				
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Medford Oregon, Medford Public Schools	Date Issued: Aug. 10, 1956	Date Orig. Entry:
	Date of Birth: May 4, 1920	Birth Place:	Full Name of Mother: Sary Shults	Name of Father:
Class:				
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: May 4, 1920	Birth Place:	Full Name of Mother:	Name of Father:
Class:				

QUALIFYING INFORMATION: Son's birth certificate-State of Oregon, #13675- Mother's age 26.

Mother's birth place, Ashton, Idaho. Child born December 25, 1945

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	Verna Raisch	August 24, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 4 years old.

Form DPH 4006

154-221-042-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-998
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helene Francis Andrew			2. Date of Birth (month) July (day) 21, (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Herman Francis Andrew			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Helene Knowlton Clark			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helene Francis A. Long		11. Present Address of Registrant: 2251 W. Mistletoe Ave. San Antonio 1, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: August 30, 19 56	12. Signature of Notary: Oliver B. Chamberlin OLIVER B. CHAMBERLIN Notary Public, Bexar County TEXAS		13. Notary Commission expires: June 1, 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by parents		By whom issued and signed: Herman Francis Andrew, Helene Knowlton Clark	Date Issued: September 1, 1956	Date Orig. Entry
	Date of Birth: July 21, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Helene Knowlton Clark	Name of Father: Herman Francis Andrew	
SUPPORTING RECORD 2. Class B	Type of Document: Child's birth certificate		By whom issued and signed: Texas State File #1070	Date Issued: Sept.12,56	Date Orig. Entry: Jan.8,1947
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy		By whom issued and signed: Kansas City, Missouri Business Men's Assurance	Date Issued: March 30, 1937	Date Orig. Entry
	Date of Birth: July 21, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	Sept.26,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 26 1956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Helene Francis Andrew	2. Date of Birth (month) July (day) 21 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Twin Falls; Country:	Bldg. or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Herman Francis Andrew	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Helene Knowlton Clark	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 2251 W. Kisseletoe Ave. San Antonio 1, Texas
	Subscribed and sworn to before me on: June 30, 1956	12. Signature of Notary: [signature]	13. Notary Commission Expires: June 1, 1957

Notary Public, Bexar County

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by parents	By whom issued and signed: Herman Francis Andrew, Helen Knowlton Clark	Date Issued: Sept. 1, 1956	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Child's birth certificate Texas State File #1[illegible]	By whom issued and signed: Texas State File #1[illegible]	Date Issued: Sept. 12, 56 Jan. 8, 1957	Date Orig. Entry
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Kansas City, Missouri Business Men's Assurance	Date Issued: March 30, 1957	Date Orig. Entry
	Date of Birth: July 21, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[signature]	[illegible]	Sept. 28, 1956

Claims - Records are those made and filed before the registrant's fourth birthday.
Claims - Records are those made after the fourth birthday, but are at least 5 years old.

658-12-040-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1290

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Michael John Weyer
2. Date of Birth (month) Feb. (day) 21 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Wallace Hosp. Shoshone
b. City or Town of Birth: Wallace, Idaho

FATHER

6. Full Name of Father: Frederick W. Weyer
7. State or Country of Father's Birth: Sprague, Washington

MOTHER

8. Full Maiden Name of Mother: Dell May Jones
9. State or Country of Mother's Birth: Victor, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Michael John Weyer
11. Present Address of Registrant: 504 Medical Center Bld. Spokane 4, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on December 17, 1956
12. Signature of Notary: D. Sprague
13. Notary Commission expires: March 30, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Dell M. Kinsella	Date Issued: Dec. 17, 1956	Date Orig. Entry:	
	Date of Birth: Feb. 21, 1920	Birth Place: Wallace, Idaho	Full Name of Mother: Dell May Jones	Name of Father: Fred Weyer	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U. S. Treasury Dept. Internal Revenue Service	Date Issued: Aug. 25, 1939	Date Orig. Entry:	
	Date of Birth: Feb. 21, 1920	Birth Place: Wallace, Idaho	Full Name of Mother: Dell M. Jones	Name of Father: Fred W. Weyer	
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: Bankers Life Company	Date Issued: December 4, 1956	Date Orig. Entry: June 30, 1941	
	Date of Birth: Feb. 21, 1920	Birth Place: Wallace, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Straubhar	Dec. 21, 1956

FORM BH 56067

1 c. p.

DECEASED

162-212-002-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De 57-055~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DERECE PAULINE JOSLIN	2. Date Of Birth (month) 1 (day) 12 (year) 1920
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: ADAMS	b. City or Town of Birth: INDIAN VALLEY
FATHER	6. Full Name of Father: ROBERT BRUCE JOSLIN	7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: RILLIA HUTCHISON	9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Derece Cochran; 11. Present Address of Registrant: R#5 BOX 318 BOISE
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1957	12. Signature of Notary: Hazel L. Hurlbert; 13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Robert Bruce Joslin	Date issued: January 21, 1957	Date Orig. Entry:
Class*	Date of Birth: February 12 1920; Birth Place: Indian Valley	Full Name of Mother: Rillia Hutchison	Name of Father: Robert Bruce Joslin	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department Internal Revenue Service	Date issued:	Date Orig. Entry: May 22, 1940
Class	Date of Birth: February 12 1920; Birth Place: Indian Valley	Full Name of Mother: Rillia Hutchison	Name of Father: Robert Bruce Joslin	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Idaho #389082	Date issued: Child's Birthdate April 6, 1944	Date Orig. Entry:
Class	Date of Birth: Age 24; Birth Place: Indian Valley	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

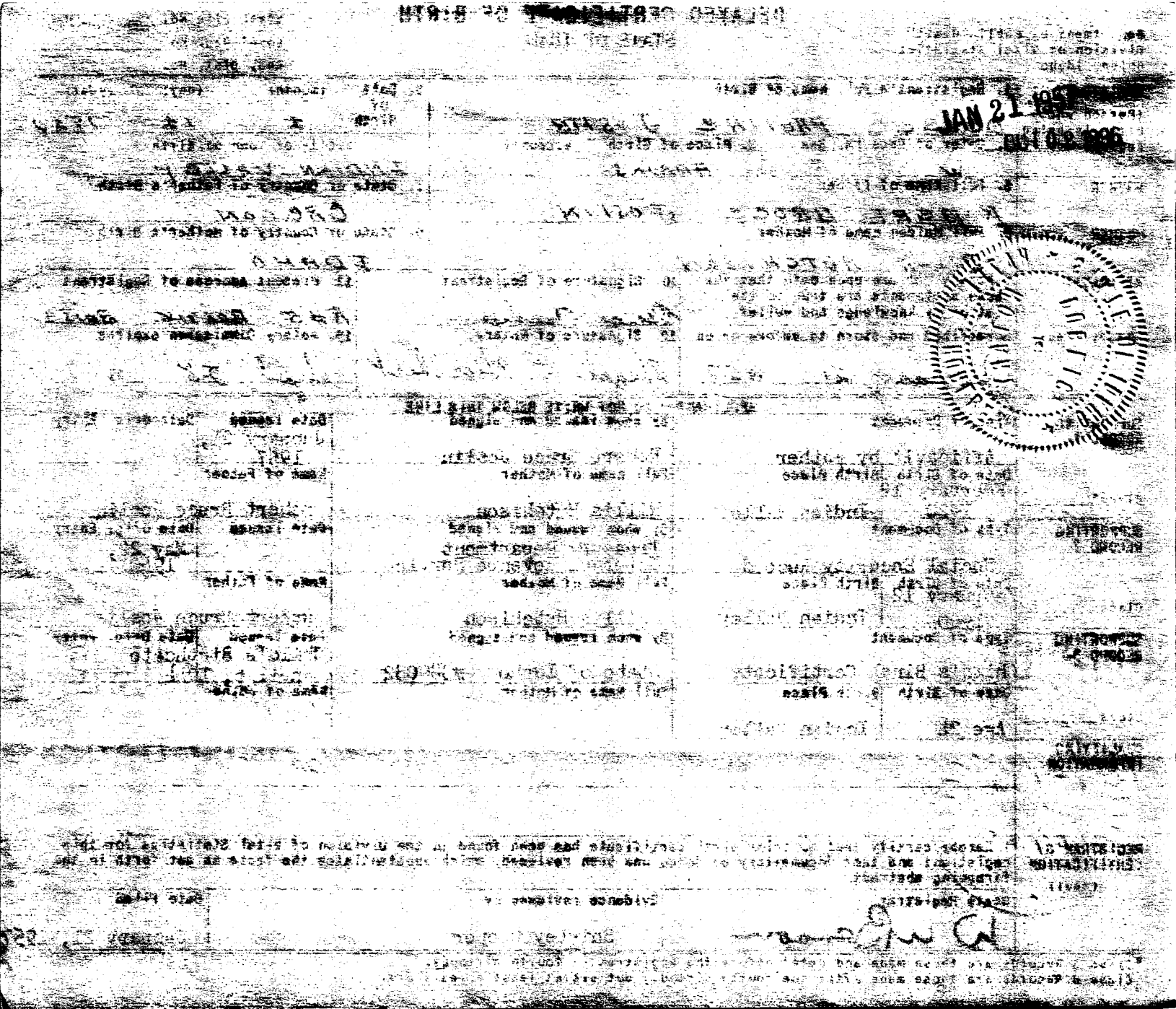
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Cooper	January 21, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



419-10 3-046-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-256
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Martinez		2. Date of Birth: (month) June (day) 3 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Twin Falls,
FATHER	6. Full Name of Father: Jesus Martinez			7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Vera Dening			9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Raymond Martinez	11. Present Address of Registrant: 153 South Main St., Helper, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1957		12. Signature of Notary: Lala Gallegos	13. Notary Commission expires: May 10, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Father	Jesus Martinez	10-11-56	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 3, 1920 / Twin Falls, Idaho	Vera Dening Martinez	Jesus Martinez	
SUPPORTING RECORD 2. Class B	Insurance Policy	Mutual Benefit Health and Accindent Assoc.	1-2-45	
	June 3, 1920 / Idaho			
SUPPORTING RECORD 3. Class B	U.S. Census Record	U.S. Dept. of Commerce	1-17-57	4-1-1950
	age 29 / Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Straubhar	Mar. 12, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED [redacted] OF BIRTH

STATE OF IDAHO

State Bl...

Local Reg. No.

Reg. Dist. No.

MAY 6 [redacted]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)	
	[illegible]	June 6 1920	
	3. Color or Race	4. Sex	5. Place of Birth a. County
	[illegible]	Male	
			6. City or Town of Birth
			Twin Falls
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
	[illegible]	Mexico	
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth	
	[illegible]	United States	
			10. Signature of Registrant
			11. Present Address of Registrant
			103 South Main St., Walker, Utah
			12. Signature of Notary
			13. Notary Commission expires
			May 10, 1960

FEB 1 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]	[illegible]	[illegible]	

I certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Name of Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

Classes A and B are [illegible] Class C are those [illegible] birthday but are at least 5 years old.

419-224-044-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-303
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elouise Marquess	2. Date of Birth (month) 3 (day) 24 (year) 20
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth: Ida[redacted] a. County: Wash	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Kelsie Perry Marquess	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Cora May ~~M~~ Cox	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Elouise Quadnik; 11. Present Address of Registrant: 3655 SE Schiller Portland 2 Ore
NOTARY (Seal)	Subscribed and sworn to before me on: 15th March 1957	12. Signature of Notary: [signature]; 13. Notary Commission expires: My Commission Expires Mar. 25, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Application for Social Security Account No.		By whom issued and signed: U.S. Treasury Dept.	Date issued: 9-1-1938	Date Orig. Entry:
	Date of Birth: Mar. 24, 1920	Birth Place: Weiser, Idaho	Full Name of Mother: Cora May Cox	Name of Father: Kelsie Perry Marquess	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy		By whom issued and signed: Business Men's Assurance Company of America	Date issued: 6-9-1942	Date Orig. Entry: 4-21-1942
	Date of Birth: Mar. 24, 1920	Birth Place: Weiser, Idaho	Full Name of Mother: Cora May Marquess	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Daughter's birth cert.		By whom issued and signed: Oregon	Date issued: 7-19-56	Date Orig. Entry: Child born 1-5-1951
	Date of Birth: age 30	Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Shirley Straubhar	Mar. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's Full Name [illegible] — 2. Date of Birth (month) (day) (year)

APR 9 1957

Person whose birth is being registered — 3. Color or Race [illegible] — 4. Place of Birth [illegible] — 5. Place of Birth [illegible]

FATHER — 6. Full Name of Father — 7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

APPLICANT — 10. Signature of Registrant — 11. Present Address of Registrant

Subscribed and sworn to before me on — 12. Signature of Notary — 13. Notary Commission Expires

My Commission Expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Account No.	U.S. Treasury Dept.	9-1-1938	
Date of Birth, Birth Place	Full Name of Mother	Name of Mother	

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Business Men's Assurance Company of America	6-9-1932	4-21-1932
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Class [illegible] Weiser, Idaho	Coral Bay Marquess		

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptist's birth cert.	Oregon	7-19-38	Chin Lord 1-5-1938
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Class [illegible] Weiser, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that sufficiently evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Strabhar	Mar. 25, 1957

Class 1 Records are those [illegible] Registrant's fourth birthday.
Class 2 Records are those [illegible] fourth birthday but are at least 3 years old.

194-115 006-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Armstrong		2. Date of Birth (month) August (day) 25, (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Ellis Armstrong		7. State or Country of Father's Birth: Wallaberg, Utah	
MOTHER	8. Full Maiden Name of Mother: Winona Maud Kendle		9. State or Country of Mother's Birth: Malad, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Armstrong	11. Present Address of Registrant: Route 2 North, Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1957	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 6 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family History Sheet, Temple Ordinance Record	By whom issued and signed: Logan Temple L.D.S.	Date Issued:	Date Orig. Entry: 6-6-1945
	Date of Birth: Aug. 15, 1920	Birth Place: Bingham Co., Basalt, Idaho	Full Name of Mother: Winona Kendle	Name of Father: Ellis Armstrong
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: State of Idaho	Date Issued:	Date Orig. Entry: Child born 9-26-47
	Date of Birth: age 27	Birth Place: Basalt, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: U. S. Naval Service	Date Issued: Separated 11-22-45	Date Orig. Entry: Entered Service June 30, 1945
	Date of Birth: August 15, 1920	Birth Place: Basalt, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: SS Nancy Richards	Date Filed: April 23, 1957	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 8 4 1957

816230-025-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-648
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Phyllis Hawkes		2. Date of Birth (month) (day) (year): August 30 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Annis, Idaho
			b. City or Town of Birth: Annis Idaho
FATHER	6. Full Name of Father: William R. Hawkes		7. State or Country of Father's Birth: Montana - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sarah Belle Morgan		9. State or Country of Mother's Birth: Utah - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Hawkes Bailey	11. Present Address of Registrant: 1850 Sacramento Street
NOTARY (Seal)	Subscribed and sworn to before me on: May 15th 1957	12. Signature of Notary: N. L. Peterson My Commission Expires January 16, 1959	13. Notary Commission expires: My Commission Expires January 16, 1959 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Annis Ward, Rigby Stake LDS Church		Date Issued:	Date Orig. Entry: Oct. 3, 1920
Class* A	Date of Birth: Aug. 30, 1920	Birth Place: Annis, Idaho	Full Name of Mother: Belle Morgan	Name of Father: William Hawke	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah B. Hawkes		Date Issued: 5-15-57	Date Orig. Entry:
Class B	Date of Birth: Aug. 30, 1920	Birth Place: Annis, Idaho	Full Name of Mother: Sarah B. Hawkes	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: #505153 District of Columbia		Date Issued: 7-29-43	Date Orig. Entry: child born July 23, 1943
Class B	Date of Birth: age 22	Birth Place: Amis, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jameson	mr Nancy Richards	June 24, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth: [illegible] (day) (year)
3. Color or Race: [illegible]
4. Place of Birth: [illegible]
5. Sex: [illegible]
6. Birth Place: [illegible]

FATHER — 7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible] U.S.A.

MOTHER — 9. Full Maiden Name of Mother: [illegible] Belle [illegible]
10. State or Country of Mother's Birth: Utah - U.S.A.

APPLICANT — 11. Present Address of Registrant: [illegible]
12. Signature of Registrant: [illegible]
13. Notary Commission Expires: [illegible]

NOTARY — 14. Sworn to before me on: [illegible] 1957
15. Signature of Notary: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. — Type of Document: Certificate of Blessing — By whom issued and signed: Annis Ward, Jerry Stake, IDS Church — Date Issued: Oct. 3, 1920 — Date Orig. Entry: [illegible]
Date of Birth: Aug. 30 — Birth Place: [illegible] — Full Name of Mother: [illegible] — Name of Father: [illegible]

SUPPORTING RECORD 2. — Type of Document: Affidavit by mother — By whom issued and signed: Sarah B. Hawkes — Date Issued: 5-15-57 — Date Orig. Entry: [illegible]
Date of Birth: Aug. 30, [illegible] — Birth Place: Annis, Idaho — Full Name of Mother: Sarah B. Hawkes — Name of Father: ---
Class B

SUPPORTING RECORD 3. — Type of Document: [illegible] birth certificate — By whom issued and signed: District of Columbia — Date Issued: [illegible]-29-43 — Date Orig. Entry: [illegible] July 23, 1943
Date of Birth: [illegible] 22 — Birth Place: Annis, Idaho — Full Name of Mother: --- — Name of Father: ---
Class B

QUALIFYING INFORMATION: Child's certificate
Town spelled "Amis"

REGISTRANT — 1. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

Evidence reviewed by: [illegible] — Date Filed: June 24, 1957

STATE OF IDAHO — BOARD OF HEALTH — STATE OF IDAHO

296-117-003-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-832

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arronah Brown		2. Date Of Birth (month) (day) (year): April 17, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Poc atello
FATHER	6. Full Name of Father: Jean Jim Bwown		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Nellie Canadace Wood		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arronah Brown	11. Present Address of Registrant: 3982 Hawthorne Road.
NOTARY (Seal)	Subscribed and sworn to before me on: June 3, 1957 19	12. Signature of Notary: F. E. Tydeman	13. Notary Commission expires: Feb. 20, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Oct. 1, 1940
	Date of Birth: April 17, 1920	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Nellie Canadace Wood	Name of Father: Jim Brown	
SUPPORTING RECORD 2.	Type of Document: Service Record		By whom issued and signed: U. S. Army	Date issued: separated 11-11-45	Date Orig. Entry: inducted Oct. 20, 1941
	Date of Birth: April 17, 1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Nellie C. Brown	Name of Father: Jim Brown	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: American Falls Public Schools Amer. Falls, Idaho	Date issued: 8-12-57	Date Orig. Entry: Sept. 3, 1935
	Date of Birth: April 17, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. Brown	
QUALIFYING INFORMATION					

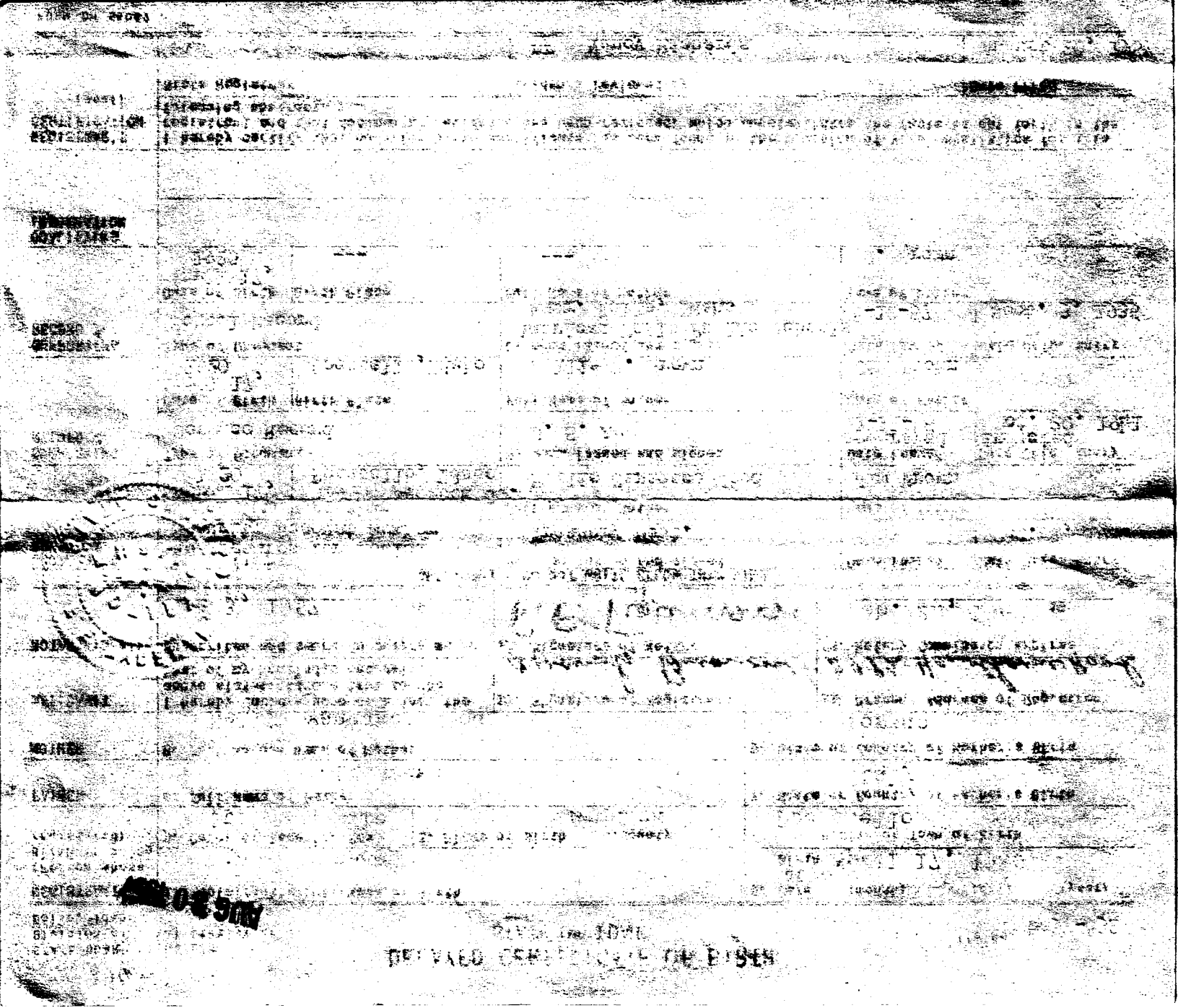
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	August 20, 1957

Copy paid

FORM BH 56067



259-226-016-735

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA KERBS			2. Date Of Birth (month) MARCH (day) 26 (year) 1920	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO CASSIA	b. City or Town of Birth: PAUL	
FATHER	6. Full Name of Father: JOHN GEORGE KERBS			7. State or Country of Father's Birth: RUSSIA	
MOTHER	8. Full Maiden Name of Mother: KATHERINE ELIZABETH GEIER			9. State or Country of Mother's Birth: RUSSIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Kerbs		11. Present Address of Registrant: CONRAD, MONT.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1957	12. Signature of Notary: Ferne M. Baker		13. Notary Commission expires: May 19, 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife	By whom issued and signed: Katherine M. Kerbs		Date Issued: 7-25-56	Date Orig. Entry:
	Date of Birth: March 26, 1920	Birth Place: Paul, Idaho	Full Name of Mother: Katherine Elizabeth (Gieir)	Name of Father: Kerbs John G. Kerbs	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Burley High School, Burley, Ida.		Date Issued:	Date Orig. Entry: 1926
	Date of Birth: March 26, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Georg Eschler, Pastor		Date Issued:	Date Orig. Entry: May 2, 1920
	Date of Birth: March 26, 1920	Birth Place: ---	Full Name of Mother: -- Geier	Name of Father: George Kerbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barsom	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 15, 1957

FORM BH 56067

OCT 10 1967

299-219-034-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1119

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Anna Laura Krivanec
2. Date Of Birth (month) (day) (year): Jan. 19-19 20
3. Color or Race: W.
4. Sex: Fem.
5. Place of Birth a. County: Rupert, Ida Minidoka
b. City or Town of Birth: Rupert, Idaho

FATHER

6. Full Name of Father: Frank Lewis Krivanec
7. State or Country of Father's Birth: Omaha, Nebraska

MOTHER

8. Full Maiden Name of Mother: Laura Pearl Holt
9. State or Country of Mother's Birth: Spanish Fork, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs J. S. Mendiguren
11. Present Address of Registrant: 819 Randall Blvd Cheyenne, Wyoming

NOTARY (Seal)

Subscribed and sworn to before me on 7-30- 1957

12. Signature of Notary: John W. Freeny
13. Notary Commission expires: 11-24- 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 4, 1937	
	Date of Birth: Jan. 19, 1920	Birth Place: Rupert, Idaho	Full Name of Mother: Laura Pearl Holt	Name of Father: Frank Lewis Krivanec	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: De Paul Hospital Cheyenne, Wyoming	Date Issued: 10-21-57	Date Orig. Entry: July 25, 1952	
	Date of Birth: (age 32) 1-19-20	Birth Place: Rupert, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Wyoming #1941 certified copy	Date Issued: 11-12-57	Date Orig. Entry: child born Jan. 8, 1941	
	Date of Birth: age 20	Birth Place: Rupert, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Nov. 27, 1957

FORM BH 56067

1 copy mailed

NOV 27 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth		2. Date of Birth
3. Color or Race	4. Sex	5. Place of Birth
6. Full Name of Father		7. State or Country of Father's Birth
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
10. Signature of Registrant		11. Present Address of Registrant
12. Signature of Mother		13. Notary Commission Expires

Type of Document: Social Security Record	By whom Issued and Signed: Treasury Dept.	Date Issued: Dec. 4, 1957	
Date of Birth: 1920	Full Name of Mother: Laura Pearl Holt	Date Issued: 11-12-57	Date Orig. Entry: Nov. 25, 1952
Type of Document: Registrar's Record	By whom Issued and Signed: Paul Hospital Cheyenne, Wyoming	Date Issued: 11-12-57	Date Orig. Entry: Nov. 8, 1961
Date of Birth: June 20	Full Name of Mother: ---	Date of Birth: ---	

Date Filed: Nov. 27, 1957	Date Reviewed by: [illegible]	State Registrar

791-230-010-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Alice Gray		2. Date of Birth (month) April (day) 30 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lincoln Bonneville; b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Jesse Sylus Gray		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Della Lee		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Alice Gray Williamson	11. Present Address of Registrant: Box 5II Arco, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 2, 1957 19	12. Signature of Notary: C A Bottolfsen	13. Notary Commission expires: Aug. 5, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church, Salt Lake City, U.	Date issued: 10-28-57	Date Orig. Entry: July 8, 1928
	Date of Birth: April 30, 1920	Birth Place: Lincoln, Idaho	Full Name of Mother: Della Lee	Name of Father: Jesse S. Gray	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #333976	Date issued:	Date Orig. Entry: child born Jan. 31, 1942
	Date of Birth: age 21	Birth Place: Lincoln, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Della G. Barnes	Date issued: 12-19-57	Date Orig. Entry:
	Date of Birth: April 30, 1920	Birth Place: Bonneville Co. Lincoln, Idaho	Full Name of Mother: Della Lee	Name of Father: Jesse Sylus Gray	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Dec. 30, 1957

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 30 1957
AUG 25 1961

Full Name of Birth		Date	Year
Gray		Birth	30 1960
Place of Birth		Sex	
Lincoln Bonneville		Male	
Full Name of Father		Place of Birth	
Jesse Sylus Gray		Lincoln	
Maiden Name of Mother		Place of Birth	
Lee			
Signature of Registrar		Signature of Registrar	
		Box 511 Gray, Idaho	
Signature of Notary		Notary Commission Expires	
			81

Type of Document	By whom issued and signed	Date issued	Date Entry
[illegible]	[illegible]	[illegible]	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Lincoln, Idaho	[illegible]	[illegible]
Type of Document	By whom issued and signed	Date issued	Date Entry
Ann [illegible] birth certificate	Idaho [illegible]		[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Lincoln, Idaho	---	---
Type of Document	By whom issued and signed	Date issued	Date Entry
[illegible] by mother	[illegible]	[illegible]	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 30, [illegible]	[illegible] Co. Lincoln, Idaho	[illegible]	Jesse Sylus Gray

Evidence reviewed by

Date Filed

[illegible] Richards

Dec. 30, 1957

318-108-003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-50

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rex LeRoy Cahoon			2. Date Of Birth (month) August (day) 8 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cleveland, Idaho Bannock	b. City or Town of Birth: Cleveland, Idaho	
FATHER	6. Full Name of Father: Joseph LeRoy Cahoon			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lona Bennett			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rex LeRoy Cahoon		11. Present Address of Registrant: 139 Harrison Blvd. Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 24 1957	12. Signature of Notary: George O. Osmond		13. Notary Commission expires: Dec-9- 1959	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 15, 1938
	Date of Birth: Aug. 8, 1920	Birth Place: Cleveland, Idaho	Full Name of Mother: Lona Bennett		Name of Father: Joseph LeRoy Cahoon
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother's sister, present at birth, age 60	By whom issued and signed: Vada B. Heaps		Date Issued: 12-21-57	Date Orig. Entry:
	Date of Birth: Aug. 8, 1920	Birth Place: Cleveland, Idaho	Full Name of Mother: Lona Bennett Cahoon		Name of Father: Joseph LeRoy Cahoon
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Cert. #839-N, Reg. #5874 D City of Ogden, Utah		Date Issued: 8-28-57	Date Orig. Entry: child born March 31, 1952
	Date of Birth: age 31	Birth Place: Cleveland, Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION	Insurance Application, Metropolitan Life Ins. Co., dated 12-14-1943: born Aug. 8,1920 at Cleveland, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards			Date Filed: Jan. 29, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 29 1950

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible]
3. Date of Birth (month) (day) (year): [illegible]
4. Sex: [illegible]
5. Place of Birth (Country): [illegible]
6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]
8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

I, Hereby declare that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

Sworn and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [illegible]
13. Date of Commission Expires: [illegible] 19[illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Sept. 15, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Cleveland, Idaho	Lona Bennett	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother's sister [illegible] of birth, age [illegible]	Lona B. [illegible]	[illegible]-21-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Cleveland, Idaho	Lona Bennett [illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] birth certificate	City of [illegible], Idaho	[illegible]-[illegible]	[illegible] 31, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible] 31	Cleveland, Idaho	---	---

QUALIFIED INFORMATION

[illegible] Application, [illegible] Ins. Co., dated [illegible]: Room Aug. 8, 1920

[illegible], Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been [illegible] which [illegible] the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 29, 1950

FORM NO. [illegible]

791-226-024-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-120

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY ELIZABETH GRAFFE
2. Date of Birth (month) (day) (year): APRIL 26, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gooding County
b. City or Town of Birth: Wendell, Idaho

FATHER

6. Full Name of Father: OTTO Frederick GRAFFE
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Lilly MAY COLEMAN
9. State or Country of Mother's Birth: TENNESSEE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Elizabeth Brewer
11. Present Address of Registrant: RT. 1, BOX 535 SHELTON, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: October 7 1957
12. Signature of Notary: Robert L. Snyder
13. Notary Commission expires: FEB. 18 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Otto Frederick Graffe	10-7-57	
	Date of Birth: April 26, 1920 / Birth Place: Gooding, Co. Wendell, Idaho	Full Name of Mother: Lilly May Coleman	Name of Father: Otto Frederick Graffe	
SUPPORTING RECORD 2.	Marriage Record	Thurston County Olympia, Washington	10-22-57	Sept. 6, 1938
	Date of Birth: age 18 / Birth Place: Wendell, Idaho	Full Name of Mother: Lilly Coleman	Name of Father: Otto Graffe	
SUPPORTING RECORD 3.	Voting Registration Record	Mason County, Shelton, Wash.	10-14-57	Sept. 29, 1952
	Date of Birth: April 26, 1920 / Birth Place: Wendell, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

own child's birth certificate, Washington #104; child born July 19, 1941:
mother age 21; born in Wendel, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Nancy Richards	Feb. 14, 1958

FORM BH 56067

FEB 14

493-23I-040-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma June Miller		2. Date Of Birth (month) May (day) 31 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg Idaho
FATHER	6. Full Name of Father: Joseph Stephen Miller		7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Maud Angus Mills		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma June Wharton	11. Present Address of Registrant: Newhalem - Rockport, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1957	12. Signature of Notary: Carroll C. Tobiedeau	13. Notary Commission expires: April 2, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Maud A. Miller - Mother	Date Issued: 2-3-58	Date Orig. Entry:
	Date of Birth: May 31, 1920 / Birth Place: Kellogg, Idaho	Full Name of Mother: Maud A. Miller	Name of Father: Joseph S. Miller	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Sedro-Woolley Public Schools Sedro-Woolley, Washington	Date Issued: 1-31-58	Date Orig. Entry: Sept. 7, 1926
	Date of Birth: Age 6 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own Child's Hospital Birth certificate	By whom issued and signed: Memorial Hospital Sedro-Woolley, Washington	Date Issued: Child's birthdate April 6, 1937	Date Orig. Entry:
	Date of Birth: Idaho / Birth Place: May 31, 1920	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Shirley Cooper	Feb. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D[illegible]

Registrar's Full Name of Birth	1. Registrar's Full Name of Birth	2. Date (month) (day) (year)
Person Whose Birth is Being Registered	[illegible]	Birth [illegible]
	3. Date of Birth	4. Place of Birth
	[illegible]	[illegible]
Father	5. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	[illegible]
Mother	6. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]
Affidavit	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
Date	Subscribed and sworn to before me on	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document: Affidavit by Father	By whom issued and signed: Maud A. Miller - Mother	Date Issued: 2-3-58	Date Orig. Entry
	Date of Birth: May 31, 1920	Full Name of Father: Maud A. Miller	Name of Father: [illegible]	
	Birth Place: Kellogg, Idaho			
Supporting Record 2	Type of Document: School Record	By whom issued and signed: Pedro-Moolley Public Schools, Pedro-Moolley, Washington	Date Issued: 1-31-58	Date Orig. Entry: Sept. 7, 1926
	Date of Birth: Age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
Supporting Record 3	Type of Document: Own Child's Hospital Birth Certificate	By whom issued and signed: Memorial Hospital, Pedro-Moolley, Washington	Date Issued: Child's Birthdate [illegible]	Date Orig. Entry
	Date of Birth: May 31, 1920	Birth Place:	Full Name of Mother: ---	Name of Father: ---

Qualifying Information

Registered Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in this [illegible] to be true.

Signature	Evidence reviewed by	Date Filed
[illegible]	Shirley Cooper	Feb. 19, [illegible]

169-112-015-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-211

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Henry Jorgensen		2. Date Of Birth (month) 9 (day) 12 (year) 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Nels Henry Jorgensen		7. State or Country of Father's Birth: Utah - U.S.
MOTHER	8. Full Maiden Name of Mother: Bessie May Saulls		9. State or Country of Mother's Birth: Nebraska - U.S.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G H Jorgensen	11. Present Address of Registrant: Box 23 Soda Springs, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 1ST 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Nels Henry Jorgensen	Date issued: 3-1-58	Date Orig. Entry:
	Date of Birth: Sept. 12, 1920	Birth Place: so. of Soda Springs, Idaho, Caribou County	Full Name of Mother: Bessie May Jorgensen	Name of Father: Nels Henry Jorgensen	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge (notarized copy, 3-1-58)		By whom issued and signed: U. S. Army	Date issued: discharged 12-30-45	Date Orig. Entry: inducted Dec. 15, 1942
	Date of Birth: Sept. 12, 1920	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #51-12929	Date issued:	Date Orig. Entry: child born Oct. 11, 1951
	Date of Birth: age 31	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Insurance Application, National Service Life Ins.; Veterans Administration; applied Dec. 24, 1942: born Sept. 12, 1920 in Soda Springs, Ida.; father Nels Henry Jorgensen.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	March 13, 1958

FORM BH 56067

433-231-010-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-521

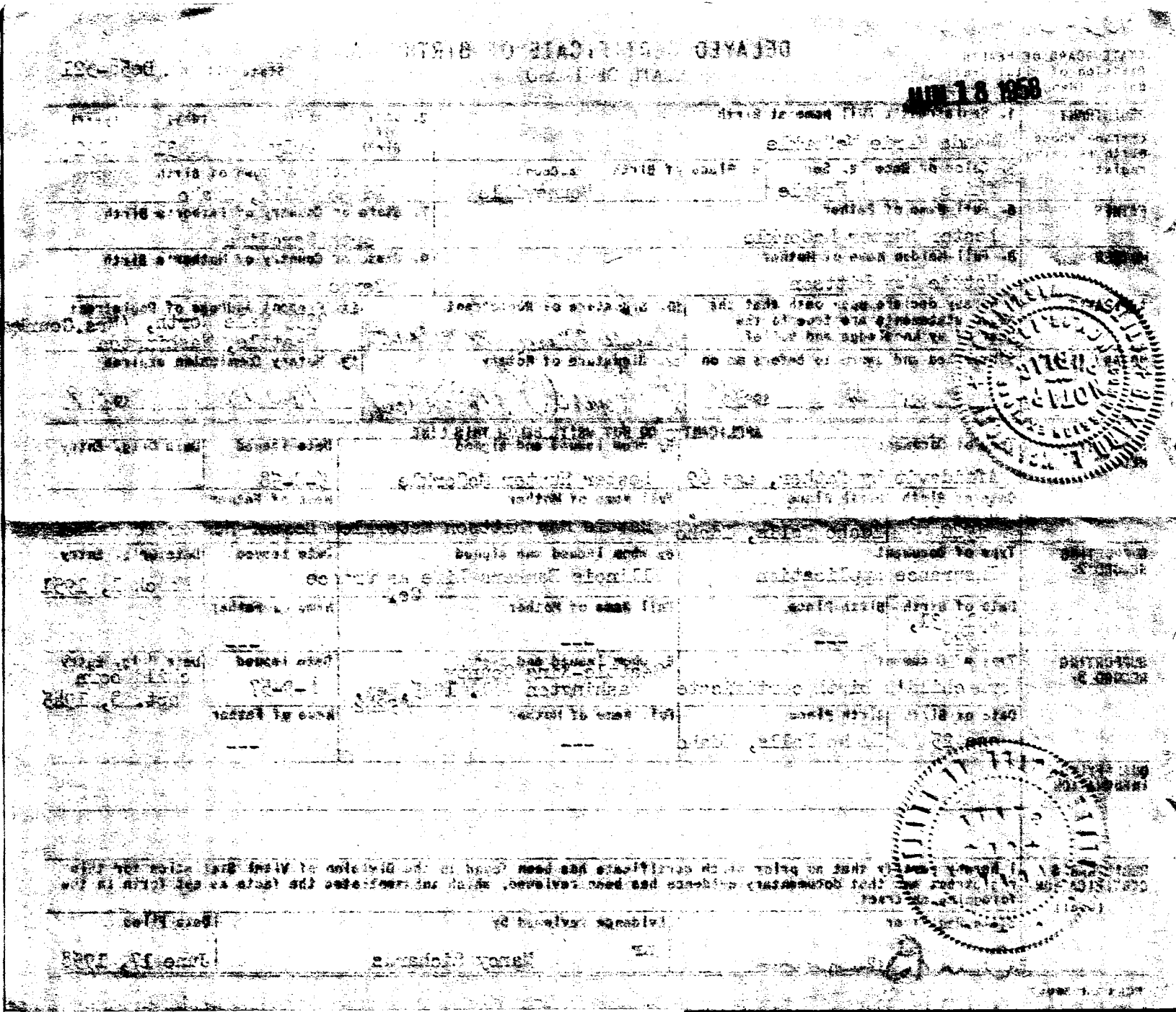
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Marie McCorkle			2. Date Of Birth (month) July (day) 31 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Lester Hunter McCorkle			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Hattie May Hittson			9. State or Country of Mother's Birth: Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wanda Marie McCorkle	11. Present Address of Registrant: 2355 Yale North, (Mrs. Gourley) Seattle, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1958		12. Signature of Notary: Bayard L McIntosh	13. Notary Commission expires: Nov 19 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 69		By whom issued and signed: Lester Hunter McCorkle	Date Issued: 5-8-58	Date Orig. Entry:
	Date of Birth: July 31, 1920	Birth Place: Bonneville Co. Idaho Falls, Idaho	Full Name of Mother: Hattie May Hittson McCorkle	Name of Father: Lester Hunter McCorkle	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Illinois Bankers Life Assurance Co.	Date Issued:	Date Orig. Entry: March 1, 1951
	Date of Birth: July 31, 1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Seattle-King County Washington Vol.#1945, Reg. #9242	Date Issued: 4-9-57	Date Orig. Entry: child born Sept. 8, 1945
	Date of Birth: age 25	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D M Bacon	Evidence reviewed by: nr Nancy Richards	Date Filed: June 17, 1958

FORM BH 56067



643-219-035-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

12 1958

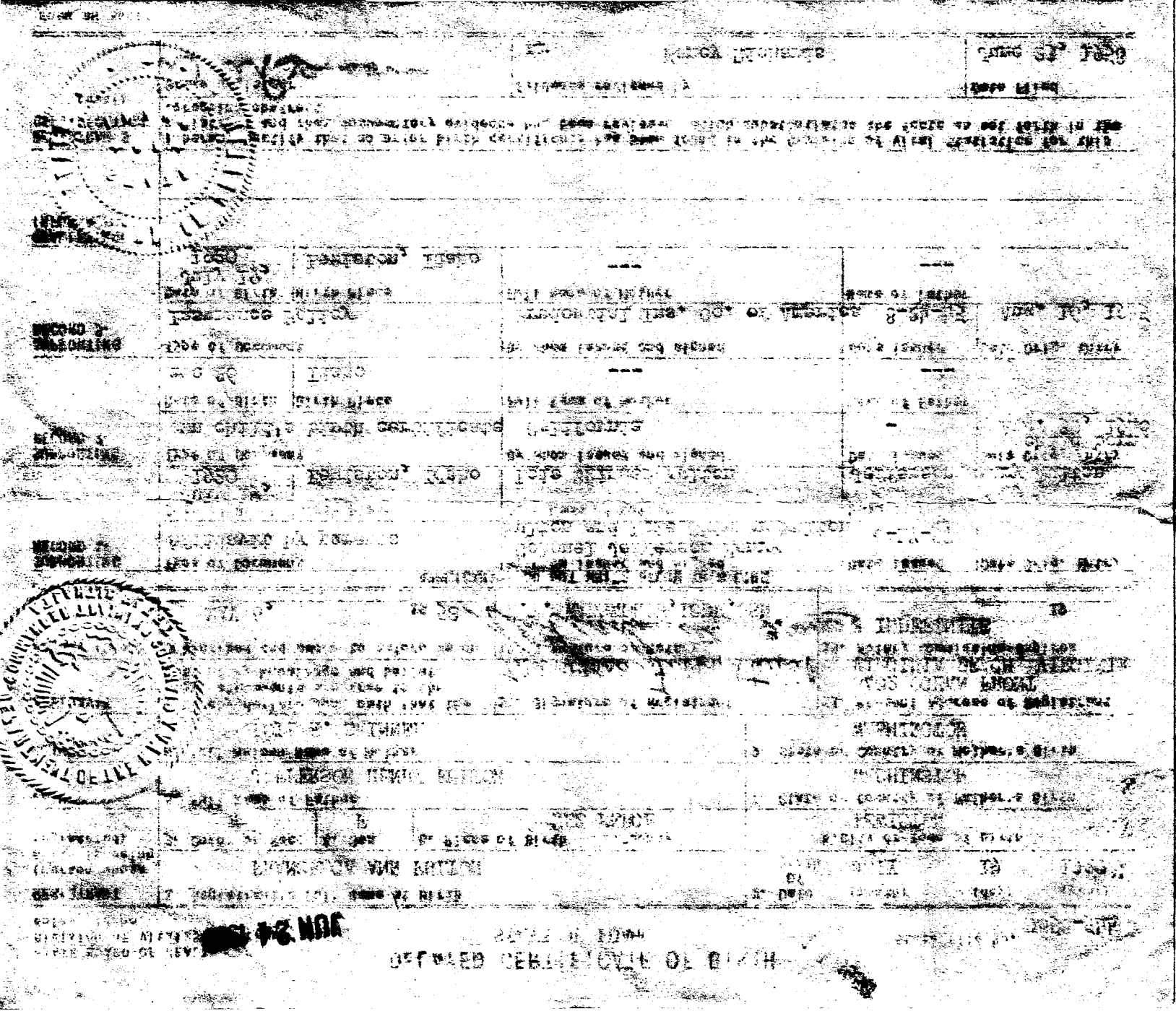
State File No. De58-544

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCESCA ANN FULTON			2. Date Of Birth: (month) JULY (day) 19 (year) 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: LEWISTON	
FATHER	6. Full Name of Father: JEFFERSON HENRY FULTON			7. State or Country of Father's Birth: WASHINGTON	
MOTHER	8. Full Maiden Name of Mother: LOIE E. SKINNER			9. State or Country of Mother's Birth: WASHINGTON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Francesca Fulton Steval	11. Present Address of Registrant: 8402 OCEAN FRONT VIRGINIA BEACH, VIRGINIA	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 6, 1958		12. Signature of Notary: W.E. WADSWORTH, LCDR, USN 31403	13. Notary Commission Expires: INDEFINITE 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Colonel Jefferson Henry Fulton and Loie Skinner Fulton	Date Issued: 6-17-57	Date Orig. Entry:
	Date of Birth: July 19, 1920	Birth Place: Lewiston, Idaho	Full Name of Mother: Loie Skinner Fulton	Name of Father: Jefferson Henry Fulton	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: California	Date Issued: -	Date Orig. Entry: child born Aug. 30, 1946
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Prudential Ins. Co. of America	Date Issued: 8-24-45	Date Orig. Entry: Aug. 16, 1945
	Date of Birth: July 19, 1920	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: nr Nancy Richards	Date Filed: June 23, 1958	

FORM BH 56067



619-20 7-610-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-633

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Warnock
2. Date of Birth (month) (day) (year): May 7 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Home; a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Alexander Warnock
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ora Shaw
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Warnock
11. Present Address of Registrant: Route 5 Idaho Falls, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: June 26th, 1958
12. Signature of Notary: D E Dalton
13. Notary Commission expires: May 1st. 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Blessing	Monroe So. Ward, Sevier Stake LDS Church		Dec. 24, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7, 1920	Idaho Falls, Idaho	Ora Shaw	Alexander Warnock

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record #192481	Bonneville Co., Ida. Falls, Ida.		June 4, 1949 (license)

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Idaho Falls, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #50-03988		child born March 13, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Idaho Falls, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brown	Nancy Richards	July 22, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D650-533

JUL 22 1958

REGISTRANT	1. Registrant's Full Name at Birth: Ruth Warnock	2. Date of Birth (Month) May (Day) 1920	
(Person whose birth is being registered)	3. Sex: Male / Female	4. Place of Birth: Home / Hospital	5. City or Town of Birth: Idaho Falls, Idaho
	6. Name of Father: Alexander Warnock	7. State or Country of Father's Birth: Utah	
	8. Maiden Name of Mother: Ora Shaw	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. Date of Declaration upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me on June 26th, 1958	14. Signature of Notary	15. Notary Commission Expires May 1st, 1962

SUPPORTING RECORD 1	Type of Document: Church Record--Blessing	16. Name of Issuer: Kennedy Co., Ward, Sevier Stake	Date Issued: Dec. 24, 1920	Date Orig. Entry
	Date of Birth: 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Ora Shaw	Name of Father: Alexander Warnock
SUPPORTING RECORD 2	Type of Document: Marriage Record #192481	17. Name of Issuer: Bonneville Co., Ida. Falls, Ida.	Date Issued: June 4, 1958	Date Orig. Entry: June 4, 1958
	Date of Birth: 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	18. Name of Issuer: Idaho #[illegible]	Date Issued:	Date Orig. Entry: child born Mayes 13, 1950
	Date of Birth: [illegible] 29	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---

CERTIFICATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that from entry of Place has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	Nancy Richards	July 22, 1958

Form 61 [illegible]

865-225-022-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-679

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Phyllis K. Hovermale
2. Date of Birth (month) (day) (year): MAY 25 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: St. Anthony, Idaho
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: James Elmer Hovermale
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Katherine Godfrey
9. State or Country of Mother's Birth: St. Anthony, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kay Phyllis Robertson
11. Present Address of Registrant: 1429 Debby, Altus, Okla.

NOTARY (Seal)

Subscribed and sworn to before me on: April 18 19 57

12. Signature of Notary: [signature]

13. Notary Commission expires: January 3 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Katherine Homermale Charlesworth	7-31-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 25, 1920 / St. Anthony, Idaho	Katherine Godfrey Hovermale	James Elmer Hovermale	
SUPPORTING RECORD 2.	Church Record-baptism	Trinity Lutheran Church Coeur d'Alene, Idaho	7-29-57	April 10, 1949
	May 25, 1920 / ---	---	---	
SUPPORTING RECORD 3.	Employment Record (notarized)	Brunswick Cafe	7-22-58	Sept. 1951
	May 25, 1920 (age 31) / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Aug. 18, 1958

FORM BH 56067 1 copy paid

8-57

AUG 18 1958

(Otherwise, would not have.)

355-215-026-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-797

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zina Irene Levin		2. Date Of Birth (month) August (day) 15 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Grant, Idaho a. County: Jefferson b. City or Town of Birth: Jefferson Co, Idaho
FATHER	6. Full Name of Father: Joseph Arthur Levin		7. State or Country of Father's Birth: Weber County, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Wilson		9. State or Country of Mother's Birth: Grant, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zina Irene Levin Cook	11. Present Address of Registrant: 245 W. 4800 South Ogden
NOTARY (Seal)	Subscribed and sworn to before me on: September 8, 1958	12. Signature of Notary: Lawrence M Malam	13. Notary Commission expires: June 30, 1961 Utah.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: April 29, 1944
	Date of Birth: Aug. 15, 1920 / Birth Place: Grant, Idaho	Full Name of Mother: Mary Willson	Name of Father: Joseph Arthur Levin	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #255713	Date issued:	Date Orig. Entry: child born June 14, 1937
	Date of Birth: age 16 / Birth Place: Grant, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Ogden Air Materiel Area, U.S. Air Force, Hill Air Force Base, Utah	Date issued: 9-8-58	Date Orig. Entry: April 17, 1952
	Date of Birth: Aug. 15, 1920 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Insurance Application, Oct. 9, 1944, United Benefit Life Ins. Co.: born 8-15-20.
Hospital Record, St. Benedict's Hospital, Ogden, Utah, 9-8-58: record of 2-16-48: born Aug. 15, 1920.
Marriage Record, Weber Co., Utah; 9-11-58: age 26 as of Dec. 3, 1946.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Oct. 1, 1958

FORM BH 56067

2 pies Rd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 1 1950

1. Name of person [illegible] Irene Levin

2. Date of birth (month) August (day) 12 (year) 1920

3. Place of birth [illegible] Preston, Idaho

4. Name of father [illegible]

5. Birthplace of father [illegible]

6. Maiden name of mother Irene Jefferson

7. Birthplace of mother Weber County, Utah

8. Name and address of informant Joseph Arthur Levin

9. Relationship of informant to person named above [illegible]

10. Date informant has knowledge of birth [illegible]

11. Name and address of person who can prove birth [illegible]

12. Name and address of physician, midwife or other person in attendance at birth [illegible]

13. Name and address of person who can prove birth [illegible]

14. Name and address of person who can prove birth [illegible]

15. Name and address of person who can prove birth [illegible]

16. Name and address of person who can prove birth [illegible]

17. Name and address of person who can prove birth [illegible]

18. Name and address of person who can prove birth [illegible]

19. Name and address of person who can prove birth [illegible]

20. Name and address of person who can prove birth [illegible]

21. Name and address of person who can prove birth [illegible]

22. Name and address of person who can prove birth [illegible]

23. Name and address of person who can prove birth [illegible]

24. Name and address of person who can prove birth [illegible]

25. Name and address of person who can prove birth [illegible]

26. Name and address of person who can prove birth [illegible]

27. Name and address of person who can prove birth [illegible]

28. Name and address of person who can prove birth [illegible]

29. Name and address of person who can prove birth [illegible]

30. Name and address of person who can prove birth [illegible]

31. Name and address of person who can prove birth [illegible]

32. Name and address of person who can prove birth [illegible]

33. Name and address of person who can prove birth [illegible]

34. Name and address of person who can prove birth [illegible]

35. Name and address of person who can prove birth [illegible]

36. Name and address of person who can prove birth [illegible]

37. Name and address of person who can prove birth [illegible]

38. Name and address of person who can prove birth [illegible]

39. Name and address of person who can prove birth [illegible]

40. Name and address of person who can prove birth [illegible]

41. Name and address of person who can prove birth [illegible]

42. Name and address of person who can prove birth [illegible]

43. Name and address of person who can prove birth [illegible]

44. Name and address of person who can prove birth [illegible]

45. Name and address of person who can prove birth [illegible]

46. Name and address of person who can prove birth [illegible]

47. Name and address of person who can prove birth [illegible]

48. Name and address of person who can prove birth [illegible]

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295-204.201-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-825

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BETTY MAY BREEDLOVE		2. Date Of Birth (month) August (day) 4 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada Co.	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Charles Franklin Breedlove		7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: MAMIE SMITH		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty May Easton	11. Present Address of Registrant: 4075-30th St	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 19 58	12. Signature of Notary: Adrolya A. Jones NOTARY PUBLIC in and for the County of San Diego, State of California	13. Notary Commission expires: August 19 19 61	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: San Diego City Schools San Diego, Calif.	Date Issued: 9-25-58	Date Orig. Entry: Sept. 6, 1927
	Date of Birth: Aug. 4, 1920 / Birth Place: ---	Full Name of Mother: Mamie Breedlove	Name of Father: Charles F. Breedlove	
SUPPORTING RECORD 2.	Type of Document: Court Order of Adoption	By whom issued and signed: Sacramento County, Calif.	Date Issued: 3-3-58 (copy)	Date Orig. Entry: Oct. 4, 1921
	Date of Birth: Aug. 4, 1920 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: Charles Breedlove	
SUPPORTING RECORD 3.	Type of Document: Physician's Record	By whom issued and signed: Raymond C. Hall, M.D. San Diego, Calif.	Date Issued: 9-27-58	Date Orig. Entry: Feb. 15, 1940
	Date of Birth: Aug. 4, 1920 / Birth Place: ---	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

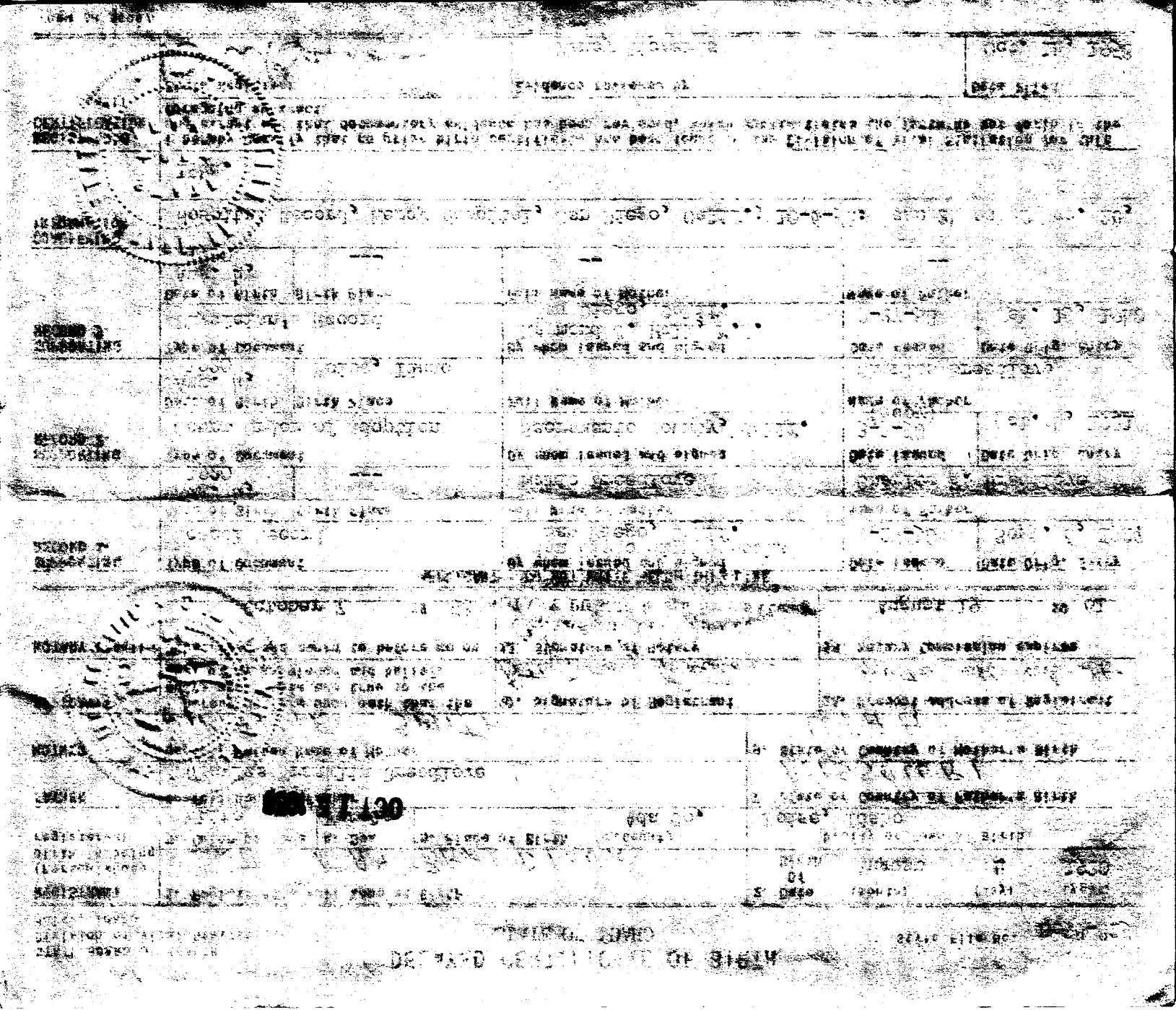
Hospital Record, Mercy Hospital, San Diego, Calif.; 10-6-58: age 24 as of Dec. 28, 1944.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Oct. 14, 1958

FORM BH 56067



743-229.006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-919

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Leone Guthrie			2. Date Of Birth: (month) December (day) 29 (year) 1920	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Arro Dean Guthrie			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Edna Mary Betty			9. State or Country of Mother's Birth: Oklahoma	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Leone Guthrie Gabriel		11. Present Address of Registrant: Shoshone, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24 1958	12. Signature of Notary: R W Grone		13. Notary Commission expires: 6/5 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Edna Mary Betty Guthrie and Arro Dean Guthrie		Date Issued: 8-22-58	Date Orig. Entry:
	Date of Birth: Dec. 29, 1920	Birth Place: Shelley, Idaho	Full Name of Mother: Edna Mary Betty Guthrie	Name of Father: Arro Dean Guthrie	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #52-7346		Date Issued:	Date Orig. Entry: child born May 17, 1952
	Date of Birth: age 31	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Gooding Methodist Church (Wm. J. Lambertson, Pastor)		Date Issued:	Date Orig. Entry: April 3, 1949
	Date of Birth: Dec. 29, 1920	Birth Place: Shelley, Idaho	Full Name of Mother: Edna Mary Guthrie	Name of Father: Arro Dean Guthrie	

QUALIFYING INFORMATION

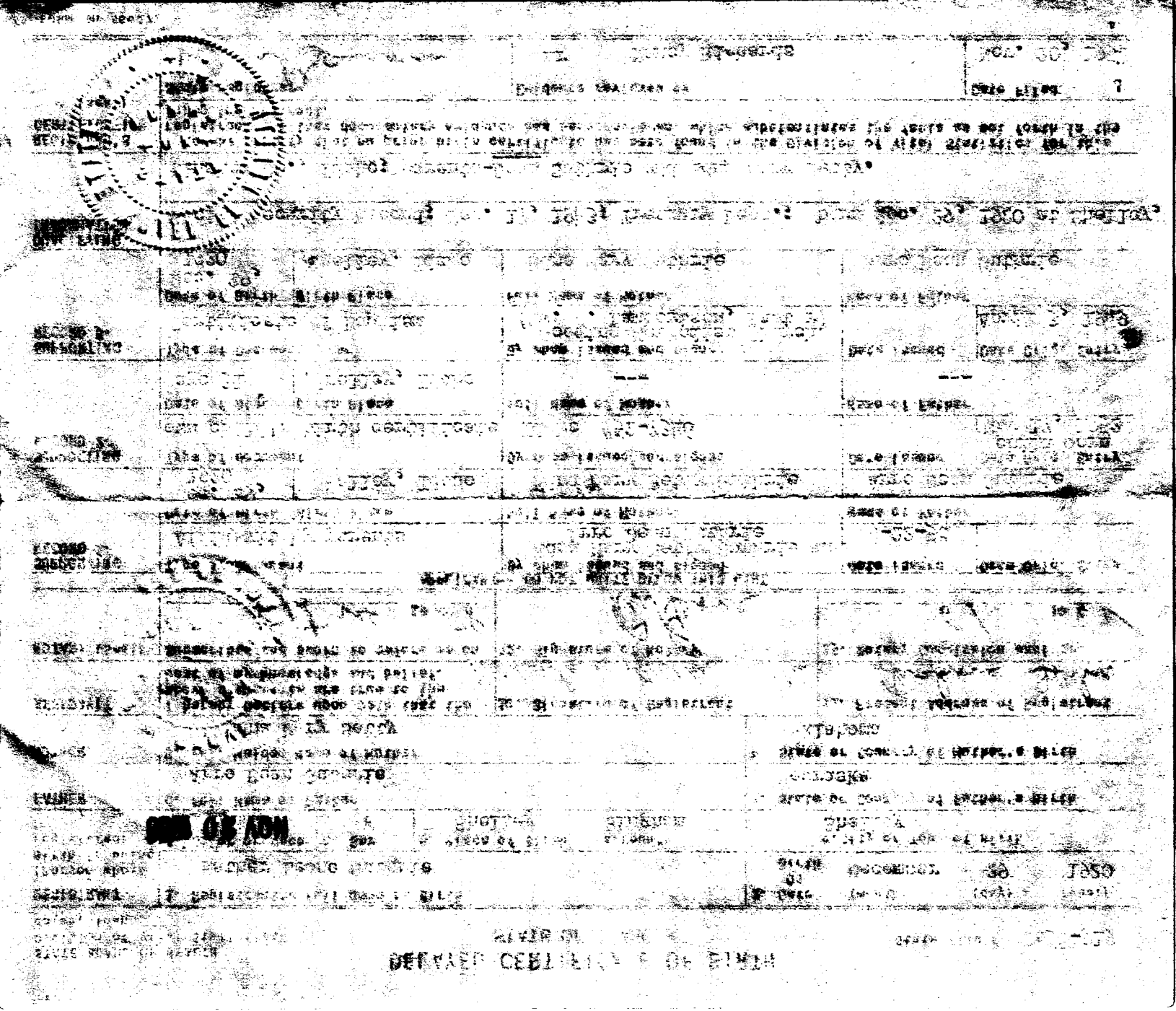
Social Security Record; Feb. 17, 1943; Treasury Dept.; born Dec. 29, 1920 at Shelley, Bingham Co., Idaho; parents-Dean Guthrie and Edna Mary Betty.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Nov. 20, 1958

FORM BH 56067



219-227039-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Bailey			2. Date Of Birth (month) (day) (year): December 27, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Arbour~~ Power	b. City or Town of Birth: Arbon, Idaho
FATHER	6. Full Name of Father: Lorenzo Hawkins Bailey			7. State or Country of Father's Birth: ~~Box Elder~~ Cache County, Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Chloa Facer			9. State or Country of Mother's Birth: Box Elder County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Bailey Clark		11. Present Address of Registrant: 170 Valley View Drive, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 18, 1958	12. Signature of Notary: F Heber Jenison		13. Notary Commission expires: May 1, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Arbon Ward, LDS Church	Date Issued: 5-1-30	Date Orig. Entry: Sept. 1, 1929
	Date of Birth: Dec. 27, 1920 / Birth Place: Power Co. Arbon, Idaho	Full Name of Mother: Chloa Facer	Name of Father: Lorenzo H. Bailey	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Social Security Administration	Date Issued: 11-10-58	Date Orig. Entry: July 6, 1937
	Date of Birth: Dec. 27, 1920 / Birth Place: Arbon, Idaho	Full Name of Mother: Agnes Chloa Facer	Name of Father: Lorenzo H. Bailey	
SUPPORTING RECORD 3.	Type of Document: Statement re: insurance policy	By whom issued and signed: Equitable Life Assurance Society of U.S.	Date Issued: (Statement) 12-15-58	Date Orig. Entry: policy July 12, 1949
	Date of Birth: Dec. 27, 1920 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Jenison	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 31, 1958

FORM BH 56067

JAN 5

295-112.001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyman Lewis King	2. Date Of Birth (month) February (day) 12 (year) 1920	
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Idaho; a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Lewis Craig King	7. State or Country of Father's Birth: OREGON	
MOTHER	8. Full Maiden Name of Mother: PEARL JENNIE MCCOLM	9. State or Country of Mother's Birth: JOPLIN MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyman Lewis King	11. Present Address of Registrant: 810 Keeler Ave, Berkeley, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: December 18 1958	12. Signature of Notary: Arlene Edstrom	13. Notary Commission expires: My Commission Expires April 6, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Application Record	By whom issued and signed: State Farm Ins. Co. Berkeley, Calif.	Date issued:	Date Orig. Entry: March 27, 1947
	Date of Birth: Feb. 12, 1920; Birth Place: Boise, Idaho	Full Name of Mother: Pearl Parker (at that time)	Name of Father: Lewis C. King	
SUPPORTING RECORD 2.	Type of Document: (Hon. Discharge) Service Record	By whom issued and signed: U. S. Navy	Date issued: discharged 10-26-45	Date Orig. Entry: inducted June 29, 1944
	Date of Birth: Feb. 12, 1920; Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued:	Date Orig. Entry: March 18, 1941
	Date of Birth: Feb. 12, 1920; Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 22, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 22 1959

OCT 2 1970

262-215.010-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Althea Bosworth		2. Date Of Birth (month) Feb, (day) 15 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Alma Bosworth		7. State or Country of Father's Birth: Wyoming Or ? Idaho
MOTHER	8. Full Maiden Name of Mother: Marion Gladys Montague		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Althea Barth	11. Present Address of Registrant: Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 26th 1958	12. Signature of Notary: Bette Murphy	13. Notary Commission expires: September 15th 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Clark County, Washington	Date Issued: 12-15-58	Date Orig. Entry: April 21, 1942
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: Marion Gladys Montague	Name of Father: Alma Bosworth	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Salem General Hospital Salem, Oregon	Date Issued: 12-17-58	Date Orig. Entry: Oct. 19, 1942
	Date of Birth: age 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Gladys Brown	Date Issued: 12-16-55	Date Orig. Entry:
	Date of Birth: Feb. 15, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Gladys Montague	Name of Father: Alma Bosworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Feb. 16, 1959

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FEB 17 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. City or Town	4. Place of Birth (Hospital)
FATHER	5. Full Name of Father	6. State or Country of Father's Birth
MOTHER	7. Full Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	9. Deponent deals upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	12. Subscribed and sworn to before me	13. Signature of Notary
		14. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Birth Place	Full Name of Mother	Name of Father	
	22 Idaho	Marion Gladys Montague	Alma Bosworth	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Birth Place	Full Name of Mother	Name of Father	
	22 ---	---	---	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
		Mrs. Gladys Brown		
	Birth Place	Full Name of Mother	Name of Mother	
	Idaho Falls, Idaho	Gladys Montague	Alma Bosworth	
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above certificate.

Signature	Evidence Reviewed by	Date Filed
	Nancy [illegible]	Feb. 16, 1959

154-105-042-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-223

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Wilfred Ira Anderson			2. Date of Birth (month) Jan. (day) 5th (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kimberly Twin Falls Co.	b. City or Town of Birth: Kimberly, Idaho	
FATHER	6. Full Name of Father: Fred Paul Anderson			7. State or Country of Father's Birth: Salina, Kansas	
MOTHER	8. Full Maiden Name of Mother: Josephine Helen Pirott			9. State or Country of Mother's Birth: Cawker City, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilfred Ira Anderson		11. Present Address of Registrant: 3610 Warwick Blvd., Kansas City, Missouri.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8, 19 58	12. Signature of Notary: Milton D Smith		13. Notary Commission expires: Jackson County, Mo. May 15, 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age 62, Mary P. Gennette	By whom issued and signed		Date Issued: 12-13-58	Date Orig. Entry
	Date of Birth: Jan. 5, 1920	Birth Place: Kimberly, Idaho	Full Name of Mother: Josephine Helen Pirott	Name of Father: Fred Anderson	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism	By whom issued and signed: St. Edward's R. C. Church, Twin Falls, Idaho		Date Issued: 11-26-58	Date Orig. Entry: Jan. 18, 1920
	Date of Birth: Jan. 5, 1920	Birth Place: ---	Full Name of Mother: Josephine Pirott	Name of Father: Frederic P. Anderson	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Kansas State College of Agriculture and Applied Science,		Date Issued: 3-6-59	Date Orig. Entry: Sept. 10, 1937
	Date of Birth: Jan. 5, 1920	Birth Place: Kimberly, Idaho	Full Name of Mother: Manhattan, Ks. ---	Name of Father: Fred P. Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	nr Nancy Richards	March 13, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 13 1959

263-217-006-1149

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVIRA SOLIS		2. Date of Birth (month) MAY (day) 17th (year) 1920	
	3. Color or Race: BROWN	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM CO.	b. City or Town of Birth: BLACKFOOT - IDAHO
FATHER	6. Full Name of Father: ANGEL SOLIS		7. State or Country of Father's Birth: PANUCO ZACATECAS	
MOTHER	8. Full Maiden Name of Mother: MARIA CRUS MURUATO		9. State or Country of Mother's Birth: PINOS- ZACATECAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvira Solis	11. Present Address of Registrant: 6a #4603 Chih., México.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 31th. 1959	12. Signature of Notary: Carlos Guevara	13. Notary Commission expires: indefinida 19—	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: St. Bernard's R. C. Church Blackfoot, Idaho		Date Issued:	Date Orig. Entry: July 5, 1920
	Date of Birth: May 17, 1920	Birth Place: Bingham Co. near Blackfoot, Ida.	Full Name of Mother: Crux Muruatio	Name of Father: Angel Solis	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Chihuahua, Chig., Mexico		Date Issued:	Date Orig. Entry: April, 1939
	Date of Birth: next birthday age 19	Birth Place: United States of America	Full Name of Mother: Maria Cruz Muruato	Name of Father: Angel Solis	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 64	By whom issued and signed: Maria Cruz Muruato		Date Issued: 3-12-59	Date Orig. Entry:
	Date of Birth: May 17, 1920	Birth Place: Binghman Co., near Blackfoot, Idaho	Full Name of Mother: Maria Cruz Muruato	Name of Father: Angel Solis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Jensen	Evidence reviewed by: nr Nancy Richards	Date Filed: March 19, 1959

FORM BH 56067

MAR 19 1959

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316-22701A-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Eunice Lawrence			2. Date Of Birth: (month) Feb. (day) 27 (year) 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Custer	b. City or Town of Birth: Mackay	Idaho
FATHER	6. Full Name of Father: Frank C. Lawrence			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Effie M. Ford			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maxine E. Gothard	11. Present Address of Registrant: 787 N. E. 12th St., Grants Pass, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: August 25, 1959		12. Signature of Notary: Harold E. Benson	13. Notary Commission expires: January 5, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 19, 1942
	Date of Birth: Feb. 27, 1920	Birth Place: Custer Co, Mackay, Idaho	Full Name of Mother: Effie M. Ford	Name of Father: Frank C. Lawrence	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Effie M. Lawrence	Date Issued: 8-25-59	Date Orig. Entry:
	Date of Birth: Feb. 27, 1920	Birth Place: Mackay, Idaho	Full Name of Mother: Effie M. Ford Lawrence	Name of Father: Frank C. Lawrence	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Josephine County, Oregon	Date Issued: 6-10-59	Date Orig. Entry: Nov. 18, 1936
	Date of Birth: age 16 yrs. 8 mos. 21 days	Birth Place: Mackay, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 1, 1959

FORM BH 56067

SEP 2 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Office of Vital Statistics
Boise, Idaho

Form No. 1-1-72

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Marilyn Louise Lawrence	2. Date of Birth: Feb. 27 1920	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: Mackay, Idaho
		6. City or Town of Birth: Mackay, Idaho	
FATHER	6. Full Name of Father: Frank [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: Effie [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Date of Birth: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Seal: [illegible]

WITHOUT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Mon. 27, 1920	Full Name of Mother: Effie [illegible] Ford	Name of Father: [illegible]	
	Birth Place: Mackay, Idaho			
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom Issued and Signed: Effie [illegible] Lawrence	Date Issued: 8-25-50	Date Orig. Entry:
	Date of Birth: Mon. 27, 1920	Full Name of Mother: Effie [illegible] Ford Lawrence	Name of Father: Frank C. Lawrence	
	Birth Place: Mackay, Idaho			
SUPPORTING RECORD 3	Type of Document: Marriage Record	By whom Issued and Signed: Jeannette County, Oregon	Date Issued: 8-10-50	Date Orig. Entry: Nov. 28, 1950
	Date of Birth: Mon. 21 Days	Full Name of Mother: —	Name of Father: —	
	Birth Place: Mackay, Idaho			
SUPPORTING RECORD 4				

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	Nancy Richards	Sept. 1, 1950

FORM NO. [illegible]

719221 026-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Park			2. Date of Birth: (month) 6 (day) 21 (year) 20	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Perry, Idaho Jefferson	b. City or Town of Birth: Perry, Idaho	
FATHER	6. Full Name of Father: Alfred Henry Park			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Cora Probart			9. State or Country of Mother's Birth: Springville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Park Foote		11. Present Address of Registrant: 390 West 15 Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24 1958	12. Signature of Notary: William R. McFarlane		13. Notary Commission expires: May 1 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Perry Ward, Rigby Stake LDS Church	Date Issued:	Date Orig. Entry: Aug. 1, 1920
	Date of Birth: June 21, 1920 / Birth Place: Jefferson Co. Perry, Idaho	Full Name of Mother: Cora Probart	Name of Father: Alfred Park	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and confirmation	By whom issued and signed: LDS Church, Osgood Ward Alfred P. Young, Clerk	Date Issued: Sept. 30, 1928	Date Orig. Entry: baptized Sept. 9, 1928
	Date of Birth: June 21, 1920 / Birth Place: Perry, Jefferson County, Idaho	Full Name of Mother: Cora Probart	Name of Father: Alfred H. Park	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: A. H. Park	Date Issued: Sept. 10, 1959	Date Orig. Entry: --
	Date of Birth: June 21, 1920 / Birth Place: Perry, Idaho	Full Name of Mother: Cora Probart	Name of Father: Alfred Henry Park	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Lois Ayers	Sept. 10, 1959

FORM BH 56067

SEP 11 1950

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

962-216-042-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-777

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Bernice Robison		2. Date Of Birth (month) aug (day) 16 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: William Earl Robison		7. State or Country of Father's Birth: Kansas Linn County
MOTHER	8. Full Maiden Name of Mother: Ella L. Combs		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Bernice Kilbourn	11. Present Address of Registrant: 8810 E. Burnside Portland 16, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1959	12. Signature of Notary: Isabel Macomber	13. Notary Commission expires: MY COMMISSION EXPIRES MAY 14, 1963 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: original viewed by Notary Public Isabel Macomber; Gresham, Ore.	Date Issued: 7-27-59	Date Orig. Entry: old record
	Date of Birth: Aug. 16, 1920 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Ella D. Robison	Name of Father: William E. Robison	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Clark County, Washington	Date Issued: 9-8-59	Date Orig. Entry: June 22, 1938
	Date of Birth: age 17 / Birth Place: Idaho	Full Name of Mother (born-Okla.): Ella Combs	Name of Father (born-Kansas): Bill Carl Robison	
SUPPORTING RECORD 3.	Type of Document: Doctor's record	By whom issued and signed: Corinne Chamberlin, M.D. Multnomah Co., Oregon	Date Issued: 9-11-59	Date Orig. Entry: April 23, 1941
	Date of Birth: age 20 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 21, 1959

FORM BH 56067

1 copy paid receipt 12138

SEP 21 1959

DECEASED

813-125-006-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-791

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mathol Dye Hale			2. Date of Birth (month) November (day) 25 (year) 1920
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Arden Delos Hale			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Dye			9. State or Country of Mother's Birth: Idaho
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mathol Dye Hale		11. Present Address of Registrant: Route #2 North Pocatello,
NOTARY (Seal)	Subscribed and sworn to before me on 9/17 1959	12. Signature of Notary: W. L. Belnap		13. Notary Commission expires 4/17 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: No. Pocatello Ward IDS Church	Date Issued: 2-3-29	Date Orig. Entry: Jan. 13, 1929
	Date of Birth: Nov. 25, 1920	Birth Place: Firth, Idaho	Full Name of Mother: Rachel Dye	Name of Father: Arden D. Hale
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County, Utah	Date Issued: 9-15-59	Date Orig. Entry: Oct. 1, 1945
	Date of Birth: Nov. 25, 1920	Birth Place: Firth, Idaho	Full Name of Mother: Rachel Dye	Name of Father: Arden Delas Hale
SUPPORTING RECORD 3.	Type of Document: Service Record	By whom issued and signed: U. S. Navy	Date Issued: discharged 5-17-46	Date Orig. Entry: inducted June 24, 1944
	Date of Birth: Nov. 25, 1920	Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

own child's birth certificate, Idaho #420922: age 25 as of June 21, 1946; born-
Firth, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Sept. 22, 1959

FORM BH 56067

SEP 23
JUL 13
OCT 2

415 - 121-020-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE59-792

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STANLEY JESSE DANIELS			2. Date Of Birth (month) (day) (year): November 21st 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Pine
FATHER	6. Full Name of Father: Thomas Philip Daniels			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Myrtle Johnson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stanley J. Daniels		11. Present Address of Registrant: P. O. Box 277, Portola, California
NOTARY (Seal)	Subscribed and sworn to before me on: September 16th, 1959	12. Signature of Notary: Geo. H. Keesling		13. Notary Commission expires: February 16th, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U. S. Army Honorable Discharge	By whom issued and signed: U. S. Army, H1 S. Orvis, 2D Lt AC	Date Issued: Jan. 11, 1946	Date Orig. Entry: Jan. 11, 1946
	Date of Birth: Nov. 21, 1920	Birth Place: Pine, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Washoe Medical Center Certificate of birth, Reno, Nevada	By whom issued and signed: E. N. Hillstrom, M.D.	Date Issued: May 6, 1951	Date Orig. Entry: May 6, 1951
	Date of Birth: Nov. 21, 1920	Birth Place: Pine, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Myrtle Daniels	Date Issued: Sept. 28, 1960	Date Orig. Entry: --
	Date of Birth: Nov. 21, 1920	Birth Place: Pine, Elmore Co., Idaho	Full Name of Mother: Father Thomas Philip Daniels	Name of Father: Mother Myrtle Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: Sept. 22, 1959

FORM BH 56067

SEP 23 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DB29-172

1. Name at Birth		2. Date of Birth (month, day, year)	
3. Place of Birth (county)		4. Sex	5. Number of Children of This Mother
6. Full Name of Father		7. Birthplace of Father	
8. Full Maiden Name of Mother		9. Birthplace of Mother	
10. Name and Address of Informant		11. Relationship	
12. Signature of Notary		13. Notary Commission Expires	
14. Type of Document Used as Evidence		15. Date Filed	
16. Name of Person Making Statement		17. Relationship	
18. Name of Person Making Statement		19. Relationship	
20. Name of Person Making Statement		21. Relationship	

958-230-001-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #de59-805

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Beryl Reynolds			2. Date Of Birth (month) July (day) 30 (year) 1920
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Arthur Francis Reynolds			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Shadie Cordela Brigman			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois McRoberts		11. Present Address of Registrant: Box 202 Orleans Calif.
NOTARY (Seal)	Subscribed and sworn to before me on October 1 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #341390		Date Issued:	Date Orig. Entry: Child born August 24, 1941
	Date of Birth: age 21	Birth Place: Kuna, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: --		Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: July 30, 1920	Birth Place: --	Full Name of Mother: Shadie Cordela Brigman	Name of Father: Arthur F. Reynolds	
SUPPORTING RECORD 3.	Type of Document: Affadavit by mother	By whom issued and signed: Sadie Reynolds		Date Issued: October 1, 1959	Date Orig. Entry: --
	Date of Birth: July 30, 1920	Birth Place: Kuna, Idaho	Full Name of Mother: Shadie Cordela Brigman	Name of Father: Arthur Francis Reynolds	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Oct. 1, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

447-27-010-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-842

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Marcus Mugleston			2. Date Of Birth (month) (day) (year): October 27, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville Co.	b. City or Town of Birth: Dehlin, Idaho
FATHER	6. Full Name of Father: Charles Mugleston			7. State or Country of Father's Birth: Nottingham, England
MOTHER	8. Full Maiden Name of Mother: Cora Jane Snow			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvin Marcus Mugleston	11. Present Address of Registrant: 2516 Knox Drive, Del City, Oklahoma
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 19 59		12. Signature of Notary: Dorothy B. McElroy	13. Notary Commission expires: August 14, 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Blessing	By whom issued and signed: Dehlin Ward, Bingham Stake LDS Church	Date Issued:	Date Orig. Entry: April 3, 1921
	Date of Birth: Oct. 27, 1920	Birth Place: Dehlin, Idaho	Full Name of Mother: Cora J. Snow	Name of Father: Chas. Muggelston
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Jane Mugleston	Date Issued: 6-12-59	Date Orig. Entry:
	Date of Birth: Oct. 27, 1920	Birth Place: Dehlin, Idaho	Full Name of Mother: Cora Jane Mugleston	Name of Father: Charles Mugleston
SUPPORTING RECORD 3.	Type of Document: Service Record (Honorable Discharge)	By whom issued and signed: U. S. Army	Date Issued: discharged 1-7-46	Date Orig. Entry: inducted Nov. 4, 1942
	Date of Birth: Oct. 27, 1920	Birth Place: Dehlin, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 19, 1959

FORM BH 56067

1 copy paid

OCT 19 1950

STATE BOARD OF HEALTH

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD (Type or print)
Gene Dupe Boulanger

2. SEX
Male

3. DATE OF BIRTH (Month, day, year)
October 27, 1950

4. PLACE OF BIRTH
a. County: Bingham
b. City or village: Blackfoot
c. Name of hospital or institution (If not in hospital or institution, give street address or location)
Home

5. MAIDEN NAME OF MOTHER
Geneva Boulanger

6. RESIDENCE OF MOTHER
a. State: Idaho
b. County: Bingham
c. City or village: Blackfoot
d. Street address or location: 274 Bingham

7. FULL NAME OF FATHER
Gene Dupe Boulanger

8. COLOR OR RACE
a. Father: White
b. Mother: White

9. AGE AT LAST BIRTHDAY
a. Father: 27
b. Mother: 27

10. BIRTHPLACE
a. Father: Idaho
b. Mother: Idaho

11. OCCUPATION
a. Father: Farmer
b. Mother: Housework

12. NUMBER OF CHILDREN
a. Born alive to this mother, including present birth: 2
b. Now living: 2

13. DATE OF MARRIAGE
a. Month: September
b. Day: 27
c. Year: 1950

14. ATTENDANT
a. Type of attendant: Physician
b. Address: Blackfoot, Idaho

15. INFORMANT
a. Name: Geneva Boulanger
b. Address: Blackfoot, Idaho

16. I hereby certify that I attended the birth of the child named above, who was born alive at the time, date and place stated above.
Signature: Geneva Boulanger
Address: Blackfoot, Idaho
Date signed: Oct. 27, 1950

17. I hereby certify that the above information is true and correct to the best of my knowledge and belief.
Signature: Gene Dupe Boulanger
Address: Blackfoot, Idaho
Date signed: Oct. 27, 1950

18. I hereby certify that I have supervised the delivery of the child named above, who was born alive at the time, date and place stated above.
Signature: Geneva Boulanger
Address: Blackfoot, Idaho
Date signed: Oct. 27, 1950

19. I hereby certify that the above information is true and correct to the best of my knowledge and belief.
Signature: Geneva Boulanger
Address: Blackfoot, Idaho
Date signed: Oct. 27, 1950

20. Date received by local registrar: Oct. 27, 1950

21. Registered number: 1-12-57

22. Date issued: April 3, 1957

23. Signature of registrar: Mary Hendricks

24. Name of father: Gene Dupe Boulanger

25. Maiden name of mother: Geneva Boulanger

26. Date of birth: Oct. 27, 1950

27. Sex: Male

28. Name of child: Gene Dupe Boulanger

29. Name of attendant: Geneva Boulanger

30. Date received by local registrar: Oct. 27, 1950

31. Registered number: 1-12-57

32. Date issued: April 3, 1957

33. Signature of registrar: Mary Hendricks

299-218-022-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-932

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Stella B. Kirby			2. Date of Birth (month) August (day) 18, (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: John Thurston Kirby			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Lilly Dea Wiser			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Kirby Harris		11. Present Address of Registrant: 603 N. Ball, Owosso, Michigan.
NOTARY (Seal)	Subscribed and sworn to before me on: October 29, 1959	12. Signature of Notary: G. A. Van Epps		13. Notary Commission expires: Notary Public, Shiawassee Co., Mich. My Commission Expires Aug. 11, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lilly Dea Wiser Kirby	Date Issued: 11-3-59	Date Orig. Entry:
	Date of Birth: Aug. 18, 1920	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lilly Dea Wiser Kirby	Name of Father: John Thurston Kirby
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Shiawassee County, Michigan	Date Issued: 11-3-59	Date Orig. Entry: Feb. 3, 1951
	Date of Birth: age 30	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lillian Dea Wiser	Name of Father: John T. Kirby
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: City Clerk's Office, Owosso, Michigan #329	Date Issued: 10-29-59	Date Orig. Entry: child born April 8, 1952
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 16, 1959

FORM BH 56067

one copy paid #16421 10-26-59

NOV 13 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Shelle E. Kirby	2. Date of Birth (month) August (day) 15, (year) 1920	
	3. Date of Birth: [illegible]	4. Sex: Female	5. Place of Birth: Bonneville Co.
	6. Full Name of Father: John Thurston Kirby	7. State or Country of Father's Birth: Tennessee	
	8. Full Maiden Name of Mother: Lilly Dea Wiser	9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	10. Subscribed and sworn to before me on October 29, 1959	11. Signature of Registrant	11. Present Address of Registrant: 603 N. Emil, Owosso, Michigan.
		12. Signature of Notary	13. Notary Public Commission: Notary Public, Shiawassee Co., Mich. My Commission Expires Aug. 11, [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible] 1920	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lilly Dea Wiser Kirby	Name of Father: John Thurston Kirby
SUPPORTING RECORD 2	Type of Document: [illegible] Record	By whom issued and signed: Shiawassee County, Michigan	Date Issued: 11-3-59	Date Orig. Entry: Feb. 5, 1951
	Date of Birth: Aug 30	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lillian Dea Wiser	Name of Father: John T. Kirby
SUPPORTING RECORD 3	Type of Document: [illegible] birth certificate	By whom issued and signed: [illegible] Office, Wosso, Michigan #329	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Aug 31	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

COMMENTS INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the form of abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
	[illegible]	Nov. 16, 1959

One copy paid $16.00 10-26-59

613-112-019-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Dayle Walker			2. Date Of Birth (month) (day) (year): November 12, 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Custer	b. City or Town of Birth: Mackay	
FATHER	6. Full Name of Father: John Thomas Walker			7. State or Country of Father's Birth: Idaho, Lemhi County, Gilmore	
MOTHER	8. Full Maiden Name of Mother: Clara Parsons Walker			9. State or Country of Mother's Birth: Idaho, Custer County, Houston	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clara Walker	11. Present Address of Registrant: Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 19 58		12. Signature of Notary: Lorenia L. Campbell	13. Notary Commission expires: Apgust 29, 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge paper		By whom issued and signed: U. S. Naval Service	Date Issued: separated 9-25-45	Date Orig. Entry: enlisted Sept. 8, 1939
	Date of Birth: Nov. 12, 1920	Birth Place: Mackay, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by nurse who attended birth, age 78		By whom issued and signed: Edith Murray	Date Issued: 4-2-58	Date Orig. Entry:
	Date of Birth: Nov. 12, 1920	Birth Place: Custer Co. Mackay, Idaho	Full Name of Mother: Clara Parsons Walker	Name of Father: John Thomas Walker	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate #51-7182		By whom issued and signed: on file Idaho Vital Statistics	Date Issued:	Date Orig. Entry: child born June 23, 1951
	Date of Birth: age 30	Birth Place: Mackay, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: Jan 12, 1960

FORM BH 56067 2 copies paid

JAN 13 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Fil. No. 5650-027

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name At Birth: Kenneth Doyle Walker	2. Date of Birth (month) (day) (year): November 12, 1920
	3. Color or Race: White	4. Sex: Male; 5. Place of Birth: Idaho; 6. County: Custer; 7. City or Town of Birth: Mackay
FATHER	8. Full Name of Father: John Thomas Walker	9. State or Country of Father's Birth: Idaho, Lemhi County, Gilmore
MOTHER	10. Full Maiden Name of Mother: Clara Parsons Walker	11. State or Country of Mother's Birth: Idaho, Custer County, Houston
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
	Subscribed and sworn to before me on: March 26, 19 58	13. Signature of Notary: [illegible]
		14. Present Address of Registrant: Hailey, Idaho
		15. Notary Commission expires: August 29, 19 58

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document: Honorable Discharge paper	By whom issued and signed: U. S. Naval Service	Date Issued: 9-2-19	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: Mackay, Idaho	Name of Father: ---	
Supporting Record 2	Type of Document: Affidavit by [illegible] attended birth	By whom issued and signed: [illegible]	Date Issued: [illegible]-2-58	Date Orig. Entry:
	Date of Birth: [illegible] 12, 1920	Birth Place: Custer Co., Mackay, Idaho	Full Name of Mother: Clara Parsons Walker	Name of Father: John Thomas Walker
Supporting Record 3	Type of Document: Own child's birth certificate #51-7182	By whom issued and signed: on file Idaho Vital Statistics	Date Issued:	Date Orig. Entry: child born June 23, 1951
	Date of Birth: [illegible] 30	Birth Place: Mackay, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFICATIONS

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Joyce P. Foltz	Jan 12, 1960

FORM 84 [illegible]

366-214-001-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allene Amelia Coffin			2. Date Of Birth (month) August (day) 14 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edwin H. Coffin			7. State or Country of Father's Birth: Ketchum, Idaho
MOTHER	8. Full Maiden Name of Mother: Flossie Lunstrum			9. State or Country of Mother's Birth: Marshalltown, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allene A. Sekluester		11. Present Address of Registrant: Boise, Idaho 1804 Arbala St
NOTARY (Seal)	Subscribed and sworn to before me on February 24 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by Mother	By whom issued and signed: Flossie A. Coffin	Date Issued: --	Date Orig. Entry: Feb. 23, 1960
	Date of Birth: Aug. 14, 1920	Birth Place: Boise, Idaho	Full Name of Mother: Flossie Lunstrum	Name of Father: Edwin H. Coffin
SUPPORTING RECORD 2.	Type of Document: Metropolitan Life Ins. Co. policy #10 352 816	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: July 1, 1942	Date Orig. Entry: July 1, 1942
	Date of Birth: Aug. 14, 1920	Birth Place: Boise, Idaho	Full Name of Mother: Flossie A. Coffin	Name of Father: Edward E. Coffin
SUPPORTING RECORD 3.	Type of Document: certified photostatic copy of Own child's birth certificate	By whom issued and signed: On file California Vital Statistics #49-233952	Date Issued: May 18, 1956	Date Orig. Entry: child born Dec. 27, 1949
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Feb. 24, 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 24 1960

MAR 3 1960

815-125-010-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-191

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DEVERE, EARL, HANSEN		2. Date Of Birth (month) 2 (day) 25 (year) 1920
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: BONNEVILLE; P.O. address b. City or Town of Birth: IDAHO FALLS IDAHO TAYLOR
FATHER	6. Full Name of Father: SIDNEY L. HANSEN		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: MAUDIE MILLER		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Devere Earl Hansen	11. Present Address of Registrant: 407 SOVEJOY IDAHO FALLS IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 24, 1960	12. Signature of Notary: Sterling B Cannon	13. Notary Commission expires: Dec. 27, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Taylor Ward LDS Church	Date issued: 5-2-20	Date Orig. Entry: May 2, 1920
	Date of Birth: Feb. 25, 1920	Birth Place: Bonneville Co. Taylor, Idaho	Full Name of Mother: Maud G. Miller	Name of Father: Sydney L. Hansen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Taylor Ward LDS Church	Date issued:	Date Orig. Entry: Sept. 1, 1928
	Date of Birth: Feb. 25, 1920	Birth Place: Bonneville Co. Taylor, Idaho	Full Name of Mother: Maud Miller	Name of Father: Sidney L. Hansen	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Record		By whom issued and signed: U. S. Army	Date issued: discharged 10-16-45	Date Orig. Entry: inducted Jan. 22, 1942
	Date of Birth: Feb. 25, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 7, 1960

FORM BH 56067

2-17-60 one copy paid #19312

MAR 7 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex	5. Place of Birth / 6. County
	7. Full Name of Father	8. State or Country of Father's Birth
	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
	11. Any declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant / 13. Present Address of Registrant
	Subscribed and sworn to before me on Feb. 24, 1960	14. Signature of Notary / 15. Notary Commission expires Dec. 27, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: Taylor Ward, LDS Church	Date Issued: 5-2-20	Date Orig. Entry: May 2, 1920
	Date of Birth: Feb. 25, 1920	Birth Place: Pennsylvania Co., Taylor, Idaho	Full Name of Mother: Maud G. Miller	Name of Father: Sydney L. Hansen
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: Taylor Ward, LDS Church	Date Issued:	Date Orig. Entry: Sept. 1, 1960
	Date of Birth: Feb. 25, 1920	Birth Place: Pennsylvania Co., Taylor, Idaho	Full Name of Mother: Maud Miller	Name of Father: Sidney L. Hansen
SUPPORTING RECORD 3	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date Issued: [illegible]	Date Orig. Entry: Adopted Mar. 29, 1942
	Date of Birth: Feb. 25, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFICATION INFORMATION

REGISTRAR'S CERTIFICATE (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	March 7, 1960

FORM NO. [illegible]

2-17-60 one copy paid [illegible]

281-224-010-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET FAITH SHATTUCK		2. Date Of Birth (month) April (day) 24 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville County; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Earle Locke Shattuck		7. State or Country of Father's Birth: Missouri, United States
MOTHER	8. Full Maiden Name of Mother: Cora Margaret Martin		9. State or Country of Mother's Birth: Kansas, United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Faith Rogers	11. Present Address of Registrant: 142 E. 21st Street, Ida. Falls
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1960	12. Signature of Notary: Sterling W. Jensen	13. Notary Commission expires: 10-1 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cora M. Martin Shattuck	Date issued: 3-9-60	Date Orig. Entry:
	Date of Birth: April 24, 1920; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Cora M. Martin Shattuck	Name of Father: Earle Locke Shattuck	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: AEtna Life Ins. Co.	Date issued:	Date Orig. Entry: Jan. 11, 1939
	Date of Birth: April 24, 1920; Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: E. L. Shattuck	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #439945	Date issued:	Date Orig. Entry: child born July 27, 1947
	Date of Birth: age 27; Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: March 22, 1960

FORM BH 56067 12-17-59 ~~[illegible]~~ copy ~~[illegible]~~ paid #18150

MAR 22 1960

DELAYED CERTIFICATE OF BIRTH

235-110-003-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Rolland Klein			2. Date of Birth (month) July (day) 10 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Ludwig Klein			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Marie Luella Robinson			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert R Klein	11. Present Address of Registrant: 1104 E. Bannock Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1960		12. Signature of Notary: Erma N. Hunt	13. Notary Commission expires: January 16 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Baptism and Confirmation		By whom issued and signed: Church of Jesus Christ of Latter-day Saints, L.L. Sudweeks, Clerk	Date Issued: May 4, 1947	Date Orig. Entry: baptized May 3, 1947
	Date of Birth: 7-10-20	Birth Place: Pocatello, Idaho	Full Name of Mother: Marie Luella Robinson	Name of Father: Charles Ludwig Klein	
SUPPORTING RECORD 2.	Type of Document: Copy of #161 Certificate of Birth of Daughter, Bette Jo		By whom issued and signed: State of Georgia Dept. of Public Health	Date Issued: 1-28-44	Date Orig. Entry: child born Jan 28, 1944
	Date of Birth: Age 23	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit signed by Mother		By whom issued and signed: Luella M. Geerhart	Date Issued: 4-14-60	Date Orig. Entry: April 14, 1960
	Date of Birth: July 10, 1920	Birth Place: Pocatello, Idaho Bannock co.	Full Name of Mother: Marie Luella Robinson	Name of Father: Charles Ludwig Klein	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 14, 1960

FORM BH 56067

3-4-60

DELAYED CERTIFICATE OF BIRTH

STATE OF MAINE

APR 15 1960

JUN 27 1974

DECEASED

616-217-006-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Billie Louise Fowers		2. Date Of Birth (month) (day) (year): Nov. 17 1920	
	3. Color or Race: W	4. Sex: Femal	5. Place of Birth a. County: Shelley Bingham	b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Wm Fowers, Jr.		7. State or Country of Father's Birth: Shelley Idaho	
MOTHER	8. Full Maiden Name of Mother: Virginia Emma Just		9. State or Country of Mother's Birth: Grute, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Billie Louise Smith	11. Present Address of Registrant: 2780 E W 123rd Granada Dri.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1960	12. Signature of Notary: [illegible]	13. Notary Commission expires: Dec. 2 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church, Shelley Ward S.A.Lawrence Clerk	Date Issued: ---	Date Orig. Entry: Blessed May 1, 1921	
	Date of Birth: Nov. 17, 1920	Birth Place: Shelley, Idaho Bingham county	Full Name of Mother: Virginia Emma Just	Name of Father: William Fowers Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church, Shelley 1st ward Stanley Lawrence Clerk	Date Issued: --	Date Orig. Entry: Baptized Dec 1, 1928	
	Date of Birth: Nov 17, 1920	Birth Place: Shelley, Idaho Bingham county	Full Name of Mother: Virginia Emma Just	Name of Father: William F. Fowers	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #278848	Date Issued: ---	Date Orig. Entry: child born April 2, 1939	
	Date of Birth: age 18	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 18, 1960

FORM BH 56067

12-22-59 one copy paid #18223

MAY 18 1960

DECEASED

255-226-023-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60- 479

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edda Mae Beers
2. Date Of Birth (month) (day) (year): May 26 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Gem
b. City or Town of Birth: Emmett, Idaho

FATHER

6. Full Name of Father: Virgil Wilbur Beers
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Iva Nellie Sorenson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edda Mae Schiller
11. Present Address of Registrant: Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 10 1960

12. Signature of Notary: R. O'McMahan
13. Notary Commission expires: Oct. 13, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for social security account number	Treasury Department	----	Aug. 9, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1920	Emmett, Idaho Gem County	Eva Nellie Sorenson	Virgil Wilbur Beers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Iva Nellie Beers	May 10, 1960	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1920	Emmett, Idaho Gem County	Iva Nellie Beers	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	on file in Idaho #366734	----	child born Jan. 27, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Emmett, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

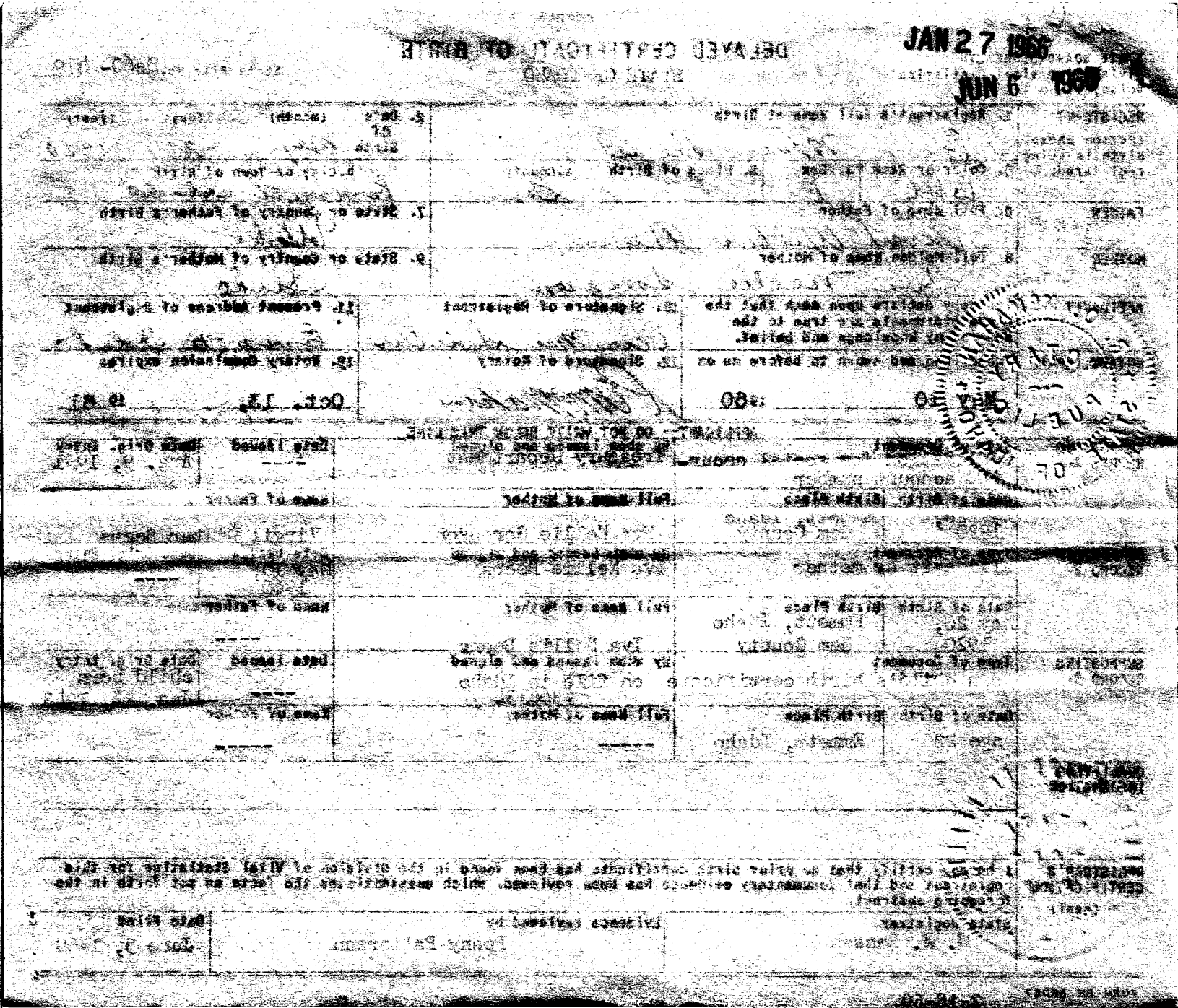
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 3, 1960

FORM BH 56067 2-18-60

JAN 27 1966

JUN 6 1960

DELAYED CERTIFICATE OF BIRTH



234-220-031-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA MAE KLUDT			2. Date Of Birth (month) MAY (day) 20 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: KAMIAH, IDAHO LEWIS	b. City or Town of Birth: KAMIAH
FATHER	6. Full Name of Father: HENRY KLUDT			7. State or Country of Father's Birth: MINN.
MOTHER	8. Full Maiden Name of Mother: ALMA NELSON			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Mae Lage		11. Present Address of Registrant: KAMIAH, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1960	12. Signature of Notary: Ida R. Kemper		13. Notary Commission expires: 2/25 1961

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: Idaho #234	Date Issued: ---	Date Orig. Entry: child born Sept. 4, 1944
	Date of Birth: age 24	Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records		By whom issued and signed: St. Mary's Hospital, Sister M. Mildred, OSB, MRL.	Date Issued: April 18, 1960	Date Orig. Entry: admitted 1945, 1948, 1954
	Date of Birth: May 20, 1920	Birth Place: Kamiah, Idaho	Full Name of Mother: Alma Nelson	Name of Father: Henry Kludt	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for marriage license		By whom issued and signed: Galye Hayden, Clearwater County recorder	Date Issued: March, 23, 1960	Date Orig. Entry: Sept. 29, 1942
	Date of Birth: age 22	Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 20, 1960

FORM BH 56067

3-8-60 one copy paid #29714

JUN 20 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

254-26-0048-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-552
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Louise Kemp
2. Date of Birth (month) (day) (year): December 26, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: [illegible] Idaho
b. City or Town of Birth: Kellogg, Idaho

FATHER

6. Full Name of Father: Thomas Robert Kemp
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Irene Mae Wormouth
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Kemp Davis
11. Present Address of Registrant: 1143 K Street, Eureka, California

NOTARY (Seal)

Subscribed and sworn to before me on: June 16, 1960
12. Signature of Notary: Orval E. Lavender
13. Notary Commission expires: Jan 29, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital record of birth	Wardner Hospital, Kellogg, Ida., A.G.Camm, Bus. Mgr.	March 4, 1953	Dec. 26,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 26, 1920	Kellogg, Idaho	Mrs. T. R. Kemp	T. R. Kemp

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding life insurance policy #13248467	National Life and Accident Insurance Co,Nashville,Tenn.	Jan. 23, 1953	Jan. 15, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 26, 1920	---	----	----

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 22, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 23 1980

893-221-022-318

RECEIVED MAY 17 1960 Bureau of Vital Statistics

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho ville
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle):
c. (Last): Hillam

4. SEX: female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): January 21, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Abraham
b. (Middle): Baron
c. (Last): Hillam

8. COLOR OR RACE: white

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mamie
b. (Middle):
c. (Last): Taylor

13. COLOR OR RACE: white

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead? 3
c. How many children were still born (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs A. B. Hillam Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Ashton, Idaho

18d. DATE SIGNED: May 13, 1960

19. DATE REC'D BY LOCAL REG.: May 17, 1960

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [x]

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

DELAYED

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

JUL 6 1960

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

465-219-010-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-601

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Margaret Doney		2. Date Of Birth (month) (day) (year): Jan. 19 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Benjamin Preston Doney		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Gertrude Elizabeth Marie Rowe		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn M. Doney Meyer	11. Present Address of Registrant: 252 E. 1st N. Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 5 1960	12. Signature of Notary: Elmer Stump	13. Notary Commission expires: 9-19 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Jan. 12, 1940
	Date of Birth: Jan. 19, 1920	Birth Place: Bonneville County Idaho Falls, Ida.	Full Name of Mother: Gertrude Elizabeth M. Rowe	Name of Father: Benjamin Preston Doney
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Eileen Madsen, Jefferson Co. recorder	Date Issued: June 7, 1960	Date Orig. Entry: Jan. 2, 1941
	Date of Birth: age 20	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Gertrude E. M. Rowe Doney	Date Issued: July 5, 1960	Date Orig. Entry: ----
	Date of Birth: Jan. 19, 1920	Birth Place: Idaho Falls, Ida. Bonneville County	Full Name of Mother: Gertrude Elizabeth M. Rowe	Name of Father: Benjamin Preston Doney
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: July 6, 1960

FORM BH 56067

5-4-60 one copy paid #21164

JUL 7 1960

STATE OF IDAHO

514-218-019-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-872

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Vaughn		2. Date Of Birth (month) May (day) 18 (year) 1920
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Idaho Custer; b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Thomas Vaughn		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Flora Beverland		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Betty V. Poole	11. Present Address of Registrant: 1032 Hillview Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1960	12. Signature of Notary: Dale Hunt	13. Notary Commission expires: February 14 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of transcript of credits		By whom issued and signed: Idaho Falls High School	Date issued: ----	Date Orig. Entry: entered July 30, 1934
	Date of Birth: May 18,1920	Birth Place: ----	Full Name of Mother: Mrs. Thomas Vaughn	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Flora Beverland Vaughn	Date issued: Oct.5,1960	Date Orig. Entry: -----
	Date of Birth: May 18,1920	Birth Place: Custer County Mackay, Idaho	Full Name of Mother: Flora Beverland	Name of Father: Thomas Vaughn	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #354255	Date issued: ----	Date Orig. Entry: child born July 16, 1942
	Date of Birth: age 22	Birth Place: Mackay, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Penny L. Wing	Oct. 10, 1960

Corr. Corr. on file in Corr. files. (P) 10-3-60. FORM BH 56067

1 Copy paid Cert. #05627 Search made in Custer Co.

OCT 10 1960

DUPLICATE CERTIFICATE OF BIRTH

STATE OF IDAHO

331-22-2001-219

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-909
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ethel Arlene Clark		2. Date of Birth (month) (day) (year): August 27 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: b. City or Town of Birth: Lewis Ville
FATHER	6. Full Name of Father: William M Clark		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Caroline Barney		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Arlene Clark	11. Present Address of Registrant: 206 M Street
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1956	12. Signature of Notary: E Stanley Schenck	13. Notary Commission expires: Oct 4, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: MOTOR VEHICLE OPERATOR'S LICENSE	By whom issued and signed: STATE OF WYOMING #123876	Date Issued: ---	Date Orig. Entry: issued 8-4-50
Class* B	Date of Birth: August 27 1920 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: State of Wyoming #1939	Date Issued: June 12 1945	Date Orig. Entry: child born Nov. 14, 1939
Class	Date of Birth: age 19 / Birth Place: Louisvill, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle age 69	By whom issued and signed: L. D. Barney	Date Issued: Sept. 29, 1960	Date Orig. Entry: -----
Class	Date of Birth: Aug. 27, 1920 / Birth Place: Lewis Ville, Idaho	Full Name of Mother: Lydia Caroline Barney	Name of Father: William M. Clark	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Penny L. Wing	Date Filed: Oct. 18, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 18 1960

419-212-010-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vita Martinez			2. Date of Birth (month) June (day) 12 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Agustin Martinez			7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Luz Gomez			9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vita Martinez		11. Present Address of Registrant: 2056 Sanchez Sur Cd. Juarez, Chih., Mex
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1960	12. Signature of Notary: Elva Morales		13. Notary Commission expires: ELVA MORALES, Notary Public In and for El Paso County, Texas My commission expires June 1, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom Issued and Signed: Treasury Department	Date Issued: ----	Date Orig. Entry: March 22, 1943
	Date of Birth: June 12, 1920 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lus Gomes	Name of Father: Agustin Martinez	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom Issued and Signed: Holy Rosary church, Idaho Falls Idaho, Rev. F.L. Lobell	Date Issued: Oct. 6, 1942	Date Orig. Entry: baptized Sept. 11, 1920
	Date of Birth: June 12, 1920 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lux Gomez	Name of Father: Augustin Martinez	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom Issued and Signed: Escuela Urbana, Francisco I. Madero #290, Cuidad Juarez, Chih.	Date Issued: -----	Date Orig. Entry: school year 1933-1934
	Date of Birth: age 13 / Birth Place: Idaho Falls	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes 10-3-60	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 25, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 25 1968

SEP 6 1967

AUG 2 1971

395-113-034-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1075

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willie Harding Linzy
2. Date Of Birth: (month) Aug. (day) 13 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: John William Linzy
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Millie Biles
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willie H Linzy
11. Present Address of Registrant: 2408 Robert Ln Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 8th December 1960
12. Signature of Notary: Dean M. Nelson
13. Notary Commission expires: Dec 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Age 55 birth Affidavit by nurse at	Mrs. Carl Studer	December 8, 1960	December 8, 1960
	Date of Birth: August 13, 1920 / Birth Place: Rupert, Idaho	Full Name of Mother: Millie Biles Linzy	Name of Father: John William Linzy	
SUPPORTING RECORD 2.	Type of Document: Enlistment Record and rept. of Separation Honorable Discharge	By whom issued and signed: N F Frinsino personnel officer	Date Issued: May 12, 1945	Date Orig. Entry: September 16, 1940
	Date of Birth: August 13, 1920 / Birth Place: Rupert, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: October 20, 1947	Date Orig. Entry: October 20, 1947
	Date of Birth: August 13, 1920 / Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: -------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	December 9, 1960

FORM BH 56067

DEC 12 1968

APR 17 1970

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

239-124-006-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-0013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WAYNE TAYLOR STRINGHAM			2. Date of Birth (month) (day) (year): NOVEMBER 24 1920	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: GOSHEN	
FATHER	6. Full Name of Father: WILLIAM HENRY STRINGHAM			7. State or Country of Father's Birth: WAYNE COUNTY, UTAH	
MOTHER	8. Full Maiden Name of Mother: LEONORA MAY BOYES TAYLOR			9. State or Country of Mother's Birth: SALT LAKE COUNTY, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Taylor Stringham		11. Present Address of Registrant: Box 10 NHSY 537 FPO N.Y. N.Y.	
NOTARY (Seal)	Subscribed and sworn to before me on: 27 December 1960	12. Signature of Notary: R. W. Garrison, Lieutenant Commander, U.S. NAVY		13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church, Goshen Ward Shelley Stake		Date Issued: Mar.5,1933	Date Orig. Entry: Mar. 5, 1933
	Date of Birth: Nov.24,1920	Birth Place: Bingham County Goshen, Idaho	Full Name of Mother: Leonora Taylor	Name of Father: William H. Stringham	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Goshen Ward Shelley Stake		Date Issued: Jan.5.1936	Date Orig. Entry: Jan.5,1936
	Date of Birth: Nov.24,1920	Birth Place: Goshen, Idaho	Full Name of Mother: Leonora Taylor	Name of Father: William H. Stringham	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: California,Dis.#4955,Reg.#671		Date Issued: Dec.6,1944	Date Orig. Entry: Child born Nov.28,1944
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing pw	Jan. 3, 1961

FORM BH 56067

JAN 4 1961

263-205-007-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gwendolyn Bolliger			2. Date of Birth (month) (day) (year): Jan. 5 1920	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Hailey Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: John Bolliger			7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Marie Jones			9. State or Country of Mother's Birth: Hailey, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gwendolyn Bolliger Kyper		11. Present Address of Registrant: 10609 N. E. 13th St., Bellevue, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 25, 1960	12. Signature of Notary: Joseph M Ould		13. Notary Commission expires: Feb. 24, 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Washington Vol.#1952,Reg.4657	Date Issued: Oct.20,1953	Date Orig. Entry: child born Apr.9,1952
	Date of Birth: age 32	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: Blaine County, Idaho, George F. McCoy, recorder	Date Issued: Dec.15,1950	Date Orig. Entry: Dec.15,1950
	Date of Birth: age 30	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by father		By whom issued and signed: John Bolliger	Date Issued: Nov.10,1960	Date Orig. Entry: ----
	Date of Birth: Jan.5,1920	Birth Place: Hailey, Idaho	Full Name of Mother: Marie Jones Bolliger	Name of Father: John Bolliger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnes	Penny L. Wing	Jan. 31, 1961

FORM BH 56067 2-5-60

JAN 31 1961

386-225-038-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-113
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norene Thornton		2. Date Of Birth (month) July (day) 25 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: American Falls Power
			b. City or Town of Birth: Neeley, mail American Falls
FATHER	6. Full Name of Father: Crandall Dunn Thornton		7. State or Country of Father's Birth: Idaho Power
MOTHER	8. Full Maiden Name of Mother: Enid Rosalee Walker		9. State or Country of Mother's Birth: Idaho Power
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norene Jussing	11. Present Address of Registrant: John Day, Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: MAR -6 1958 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: statement regarding church records	By whom issued and signed: LDS Church, D.Arlen Jensen, Branch clerk	Date Issued: Dec. 6, 1960	Date Orig. Entry: baptized in July 25, 1928
	Date of Birth: July 25, 1920	Birth Place: Neeley, Idaho	Full Name of Mother: Enid Walker	Name of Father: Crandall Thornton
SUPPORTING RECORD 2. Class	Type of Document: Certificate of Hospitalization	By whom issued and signed: Blue Mountain General Hosp. Barbara A. Reynolds, Bkkp.	Date Issued: Jan. 31, 1961	Date Orig. Entry: admitted May 1, 1951
	Date of Birth: July 25, 1920	Birth Place: Idaho American Falls,	Full Name of Mother: Enid Walker	Name of Father: Crandall D. Thornton
SUPPORTING RECORD 3. Class	Type of Document: own childs hospital birth certificate	By whom issued and signed: Blue Mountain General Hosp. Glenn Howell, Administrator	Date Issued: ----	Date Orig. Entry: child born April 26, 1948
	Date of Birth: 1920	Birth Place: Idaho American Falls,	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Feb. 7, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #2061

FEB 8 1961

NOV 1 6 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth
Check on above Birth is being registered	3. Color or Race 4. Sex 5. Place of Birth 6. Country	6. Place of Birth
FATHER	Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
		12. Signature of Notary
		13. Notary Commission expires
		14.

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the fact as set forth in the foregoing abstract.	
	Signature of Registrar	Evidence reviewed by	Date Filed
	[illegible]	[illegible]	[illegible]

[illegible]

319-231-014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-232

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice May Carter
2. Date Of Birth (month) (day) (year): aug. 31 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Nampa Canyon
b. City or Town of Birth: Kansas

FATHER

6. Full Name of Father: Simeon Dee Carter
7. State or Country of Father's Birth: Ark.

MOTHER

8. Full Maiden Name of Mother: Ora J. Carter (Williams)
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice May Keller
11. Present Address of Registrant: 924 N. 21 St.

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 1961
12. Signature of Notary: Hazel T. Hurlbert
13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Simion D. Carter	March 2, 1961	-------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	August 31, 1920 / Nampa, Idaho	Ora Elizabeth Carter	Simeon Dee Carter	
SUPPORTING RECORD 2.	Own childs birth cert.	On file in Idaho #415106	January 14, 1946	December 16, 1945
	Age 25 / Nampa, Idaho	------	------	
SUPPORTING RECORD 3.	Marriage license	State of Arizona	May 27, 1938	May 27, 1938
	Age 17 / -------	--------	-------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	March 13, 1961

FORM BH 56067

MAR 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 61-232

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race 4. Sex: [illegible]	5. Place of Birth (Town): [illegible] — 6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	9. Hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] — 11. Present Address of Registrant: [illegible]
NOTARY	12. Subscribed and sworn to before me on 19	12. Signature of Notary: [illegible] — 13. Notary Commission expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by father	By whom issued and signed: Simion D. Carter	Date Issued: March 2, 1961	Date Orig. Entry: ------
	Date of Birth: August 31, 1920 — Birth Place: Nampa, Idaho	Full Name of Mother: Ora Elizabeth Carter	Name of Father: Simeon Lee Carter	
SUPPORTING RECORD 2	Type of Document: Own childs birth cert.	By whom issued and signed: On file in Idaho #415106	Date Issued: January 14, 1945	Date Orig. Entry: December 16, 19[illegible]
	Date of Birth: Age 23 — Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3	Type of Document: Marriage license	By whom issued and signed: State of Arizona	Date Issued: May 21, 1938	Date Orig. Entry: May 22, 1938
	Date of Birth: Age 17 — Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Please)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	March 13, 1961

719-22Y-036-952

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-351

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Audrey Ellen Parker
2. Date of Birth (month) (day) (year): April 24 1920
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Idaho Oneida
b. City or Town of Birth: Holbrook

FATHER

6. Full Name of Father: Ralph Parker
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Tressa Reser
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Audrey Ellen Parker, Gustaveem
11. Present Address of Registrant: Grantsville, Utah

NOTARY (Seal)

Subscribed and sworn to before me on April 11, 1961

12. Signature of Notary: [illegible]
13. Notary Commission expires: July 9 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Utah #3112	Apr.11,1961	child born June 1, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 23 / Holbrook, Idaho	----	----	
SUPPORTING RECORD 2.	Marriage License Application	Tooele County Utah, J.Rex Kirk, Sr. Clerk	Apr.11,1961	June 10, 1938
	Apr.24,1920 / Holbrook, Idaho	Tressa Reser	Ralph Parker	
SUPPORTING RECORD 3.	affidavit by friend of family since 1912	A. B. Caldwell	Apr.13,1961	-----
	Apr.24,1920 / Holbrook, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Penny L. Wing
Date Filed: April 20, 1961

FORM BH 56067

3-8-61

APR 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at birth: [illegible]	2. Date of Birth: [illegible]
	3. Color or Race: [illegible]	4. Place of Birth: [illegible] County: [illegible]
		5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	1. Any Declare upon oath that the Vital Statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

INFORMATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Holbrook, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2	Type of Document: Marriage License Application	By whom issued and signed: [illegible]	Date Issued: Apr. 11, 1961	Date Orig. Entry: June 10, 1961
	Date of Birth: Apr. 24, 1920	Birth Place: Holbrook, Idaho	Full Name of Mother: Irenna Hanna	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Affidavit by Friend of Family [illegible]	By whom issued and signed: A. B. Caldwell	Date Issued: Apr. [illegible], 1961	Date Orig. Entry: —
	Date of Birth: Apr. 24, 1920	Birth Place: Holbrook, Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

Date Registered: [illegible]	Evidence reviewed by: [illegible]	Date Filed: April 24, 1961

FORM NO. [illegible]

286-203-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-352

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERA VENICE SHOSTED or SJOSTEDT			2. Date Of Birth (month) (day) (year): August 3 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CHESTER, IDAHO, FREMONT	b. City or Town of Birth: CHESTER, IDAHO
FATHER	6. Full Name of Father: FRANK RUDOLPH SHOSTED or SJOSTEDT			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: LEATHA MATILDA DAVIS			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: married - Vera Venice Hyorton; maiden - Vera Venice Sjostedt		11. Present Address of Registrant: 1273 West North Temple - Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th 1961	12. Signature of Notary: Ora A. Hicken		13. Notary Commission expires: Oct 2nd 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: social Security Record		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: 9-8-1952
	Date of Birth: Aug. 3,1920	Birth Place: Fremont County Chester, Idaho	Full Name of Mother: Leatha Matilda Davis	Name of Father: Frank Rudolph Sjostedt	
SUPPORTING RECORD 2.	Type of Document: Marriage License affidavit		By whom issued and signed: Fremont County, Idaho, LaMonte Bauer, clerk of Dist. Court	Date Issued: Nov. 21, 1960	Date Orig. Entry: ----
	Date of Birth: Aug. 3, 1920	Birth Place: Fremont County Chester, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Protective Assn.	Date Issued: Aug. 14, 1938	Date Orig. Entry: Aug. 14, 1948
	Date of Birth: Aug. 3, 1920	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	April 20, 1961

FORM BH 56067

11-17-60

APR 20 1961

DELAYED

Dep. of 1920-369377

11-17-60

243-219-039-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlotte D. Butters		2. Date Of Birth (month) (day) (year): March 19 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: James Knight Butters		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Minnie Josephine Mickelson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charlotte D. Butters	11. Present Address of Registrant: 134 East Lennox, Yreka, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 19 61	12. Signature of Notary: Betty A. Scott	13. Notary Commission expires: BETTY A. SCOTT, My Commission Expires [illegible] 1961, 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Petition for Initiation	By whom issued and signed: Eastern Star, Mar Vista Chapt. #511, Jean W. Cook, W. Matron	Date Issued: Mar. 16, 1948	Date Orig. Entry: Mar. 16, 1948
	Date of Birth: Mar. 19, 1920 / Birth Place: American Falls, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Registration of Minors	By whom issued and signed: McCloud Union Elementary School, H.C. Ray, Registrar	Date Issued: -----	Date Orig. Entry: Oct. 7, 1930
	Date of Birth: Mar. 19, 1920 / Birth Place: U.S.	Full Name of ~~Mother~~ father: James R. Butters	Name of ~~Father~~ mother: Josephine Butters	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, American Falls W. Joseph F. Smith, Historian	Date Issued: May 25, 1961	Date Orig. Entry: recorded Aug. 1, 1920
	Date of Birth: Mar. 19, 1920 / Birth Place: American Falls, Ida.	Full Name of Mother: Minnie Mickelson	Name of Father: James K. Butters	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	June 1, 1961

FORM BH 56067

1 copy paid 4-27-61

Charlotte Crawford wrote in about this

JUN 2 1966

SEP 11 1966

155-124-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-554

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JEROLD D. JENSEN
2. Date Of Birth: (month) Sept. (day) 24 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Toponce

FATHER

6. Full Name of Father: BENJAMIN DENMARK JENSEN
7. State or Country of Father's Birth: BRIGHAM CITY, UTAH

MOTHER

8. Full Maiden Name of Mother: CLARA ELIZABETH TOLMAN
9. State or Country of Mother's Birth: Tooele County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jerold D. Jensen
11. Present Address of Registrant: 5260 Binyon Lane, Napa, California

NOTARY (Seal)

Subscribed and sworn to before me on: June 20 1961
12. Signature of Notary: Harriett S. Gilles
13. Notary Commission expires: July 28 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	California Dist #2801	Sept.5,1947	child born Aug.22,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 26 / Toponce, Idaho	----	----	
SUPPORTING RECORD 2.	Employment Record	Mare Islane Naval Shipyard.	----	Apr.13,1951
	Sept.24, 1920 / ----	----	----	
SUPPORTING RECORD 3.	affidavit by brother	Elven B. Jensen	June 27, 1961	----
	Sept.24, 1920 / Toponce, Idaho	Clara Elizabeth Tolman	Benjamin Denmark Jensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: pw Penny L. Wing
Date Filed: June 30, 1961

FORM BH 56067

2 copies paid 6-12-61

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

JUL 15 1961

1. NAME OF CHILD	HAROLD D. JENSEN		
2. SEX	White Male	3. PLACE OF BIRTH	Tucope, Sanpete
4. DATE OF BIRTH	Sept. 24 1929		
PARENTS	5. NAME OF FATHER	BENJAMIN DELMARA JENSEN	
	6. NAME OF MOTHER	ELSIE ELIZABETH TOLMAN	
	7. RESIDENCE	Tucope, Utah	
	8. BIRTHPLACE OF FATHER	Tucope	
	9. BIRTHPLACE OF MOTHER	Provo, Utah	
	10. OCCUPATION OF FATHER	Farmer	
	11. AGE OF FATHER	55 yrs.	
	12. AGE OF MOTHER	49 yrs.	
	13. NUMBER OF CHILDREN BORN TO MOTHER	9	
	14. NUMBER OF CHILDREN LIVING	9	
	15. NUMBER OF CHILDREN DEAD	0	
	16. NUMBER OF CHILDREN BORN DEAD	0	
	17. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	18. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	19. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	20. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	21. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	22. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	23. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	24. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	25. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	26. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	27. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	28. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	29. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	30. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	31. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	32. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	33. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	34. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	35. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	36. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	37. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	38. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	39. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	40. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	41. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	42. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	43. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	44. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	45. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	46. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	47. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	48. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	49. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	50. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	51. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	52. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	53. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	54. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	55. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	56. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	57. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	58. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	59. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	60. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	61. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	62. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	63. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	64. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	65. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	66. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	67. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	68. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	69. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	70. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	71. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	72. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	73. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	74. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	75. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	76. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	77. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	78. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	79. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	80. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	81. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	82. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	83. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	84. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	85. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	86. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	87. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	88. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	89. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	90. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	91. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	92. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	93. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	94. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	95. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	96. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	
	97. NUMBER OF CHILDREN BORN DEAD (OTHER THAN THIS BIRTH)	0	
	98. NUMBER OF CHILDREN BORN ALIVE (OTHER THAN THIS BIRTH)	8	
	99. NUMBER OF CHILDREN LIVING (OTHER THAN THIS BIRTH)	8	
	100. NUMBER OF CHILDREN DEAD (OTHER THAN THIS BIRTH)	0	

2 copies paid 6-12-61

155-218 1010-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 677
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vonda Jenkins	2. Date Of Birth (month) 12 (day) 18 (year) 1920
	3. Color or Race: WHITE; 4. Sex: FE.; 5. Place of Birth: Idaho; a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: George Calvin Jenkins	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eva Emma Stephens	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vonda (Jenkins) Eddesfield; 11. Present Address of Registrant: 890 L Reservoir, Comma, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: May 31st 1961.	12. Signature of Notary: Jean E. Thornton; 13. Notary Commission expires: My Commission Expires February 11, 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Department	-----	Oct. 8,1937
Class*	Date of Birth: Dec.18,1920; Birth Place: Idaho Falls,Idaho	Full Name of Mother: Eva Emma Stephens	Name of Father: George Calvin Jenkins	
SUPPORTING RECORD 2.	statement regarding school records	Long Beach Public Schools Raymond C.Peterson,Supv.Att.	June 5,1956	1932- 1937
Class	Date of Birth: Dec.18,1920; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Cal Jenkins	
SUPPORTING RECORD 3.	affidavit by sister	Edna Jenkins Nash born 1908	Aug.3,1961	-----
Class	Date of Birth: Dec.18,1920; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Eva Emma Stephens	Name of Father: George Calvin Jenkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Aug. 16, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 16 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

Local Reg. No.

Reg. Dist. No.

ADMINISTRATIVE (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth 6. County	7. Locality or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Maiden Name of Mother	11. State or Country of Mother's Birth
ATTESTATION	1. Affirmed Declare upon oath that the above statements are true to the best of knowledge and belief.	12. Signature of Registrant 13. Present Address of Registrant
NOTARY	1. Sworn and sworn to before me on	12. Signature of Notary 13. Notary Commission expires
		14. Commission Expires February 11, 1962

OFFICIAL DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ---- Date Orig. Entry: Dec. 8, 1927
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Long Lake Public Schools, Raymond Wise, Secy. Att.	Date Issued: June 5, 1932-1937 Date Orig. Entry:
	Date of Birth: Dec. 18, 1929 Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Sal Jenkins
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Nora Jenkins Bush Box 1208	Date Issued: Aug. 7, 1961 Date Orig. Entry: ----
	Date of Birth: Dec. 18, 1929 Birth Place: Idaho Falls, Idaho	Full Name of Mother: Nora Jenkins Stephens	Name of Father: George Salvin Jenkins
QUALITY OF INFORMATION			

PROCEDURE 3. CERTIFICATION: Whereas certify that the [illegible] certificate has been found in the Division of Vital Statistics for this registrant and that [illegible] evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] Date Filed: Aug. 16, 1961

Name reviewed by: Jenny L. Wing

Class A Notarial Date made and [illegible]
Class B Notarial Date made after the [illegible] 15 years old.

625-201-003-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EUFROCINA OSEGUEDA		2. Date Of Birth (month) (day) (year): January 1, 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Anastacio Osegueda		7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Guadalupe Gonzales		9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eufrocina Osegueda Villegas	11. Present Address of Registrant: 24643 Ellis Av. Perris, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: 22 August 1961	12. Signature of Notary: Notary Public, State of California - Principal Office - Riverside County	13. Notary Commission expires: My Commission Expires Aug. 17, 1963 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: California, Dist. #5150, Reg. #421	Date Issued: Apr. 18, 1945	Date Orig. Entry: child born Oct. 17, 1944
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Joseph Church, Pocatello Edward R. Cody, Pastor	Date Issued: May 28, 1943	Date Orig. Entry: baptized Jan. 18, 1920
	Date of Birth: Jan. 1, 1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Guadelupe Gonzales	Name of Father: Anastasio Osequeda	
SUPPORTING RECORD 3.	Type of Document: own childs hospital birth certificate		By whom issued and signed: The Monterey Hospital, Ltd. Calif. F. E. Williams, M.D.	Date Issued: ----	Date Orig. Entry: child born June 23, 1947
	Date of Birth: Jan. 1, 1920	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Aug. 25, 1961

FORM BH 56067

12-8-60 1 copy paid 12-8-60

AUG 25 1961

263-108-034-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Levene Koch		2. Date Of Birth (month) May (day) 8 (year) 1920	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Paul
FATHER	6. Full Name of Father: Alex P. Koch			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Anna Fahrenbruch			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Levene Koch	11. Present Address of Registrant: Wenatchee, Washington 1112 Fuller St.
NOTARY (Seal)	Subscribed and sworn to before me on: September 8, 1961		12. Signature of Notary: Stephen Fox	13. Notary Commission expires: July 29, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records	By whom issued and signed: Central Washington Deaconess Hosp. Maurice Click, Asst. Adm.	Date Issued: Sept. 8, 1961	Date Orig. Entry: June 15, 1956
	Date of Birth: age 36 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Confirmation certificate	By whom issued and signed: Congregational Pilgrim Church Wapato, Wash. G. Keppler, Pastor	Date Issued: ----	Date Orig. Entry: confirmed Apr. 5, 1936
	Date of Birth: May 8, 1920 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Evangelic Congregational Ch. Henry Hoerschs, Pastor	Date Issued: ----	Date Orig. Entry: July 18, 1920
	Date of Birth: May 8, 1920 / Birth Place: Paul, Idaho	Full Name of Mother: Anna Fahrenbruch	Name of Father: Alex P. Koch	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 12, 1961

FORM BH 56067

9-6-61

SEP 13 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Month (Day) (Year) May 8 1920
	3. Color of Race: Cau Caucasian	4. Place of Birth: County [illegible]
FATHER	5. Full Name of Father: Alex [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Anna [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1	Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Apr. 8, 1961	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: July 16, [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Alex [illegible]	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: Jerry L. [illegible]	Date Filed: Sept. 12, [illegible]	

9-6-61

381205-026-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-765

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adele Chapman			2. Date Of Birth (month) (day) (year): October 5 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Royal Lorenzo Chapman			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Agnes Eldin Purser			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adele C. Madison		11. Present Address of Registrant: Route 4 Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 14 1961	12. Signature of Notary: Jean M Remington		13. Notary Commission expires: 7-10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Salt Lake City # 334003	Type of Document: Baptism certificate	By whom issued and signed: L. D. S. Church, Rigby Ward	Date Issued: October 6, 1928	Date Orig. Entry: October 7, 1928	
	Date of Birth: October 5, 1920	Birth Place: Rigby, Idaho	Full Name of Mother: Agnes Purser	Name of Father: Royal L. Chapman	
SUPPORTING RECORD 2.	Type of Document: Baptism and Blessing on Membership Record	By whom issued and signed: Nampa 5th Ward	Date Issued: --------	Date Orig. Entry: February 6, 1921	
	Date of Birth: October 5, 1920	Birth Place: Rigby, Idaho	Full Name of Mother: Agnes Purser	Name of Father: Royal Chapman	
SUPPORTING RECORD 3.	Type of Document: Own Childs birth certificate	By whom issued and signed: On file in Idaho # 334003	Date Issued: --------	Date Orig. Entry: January 18, 1942	
	Date of Birth: Age 21	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	September 14, 1961

FORM BH 56067

SEP 15 1961

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of child (as at birth)	2. Date of birth	3. Sex
4. Place of birth	5. Name of hospital or institution	6. If not in hospital or institution, give street address or location
7. Name of father	8. Birthplace of father	9. Age of father at last birthday
10. Maiden name of mother	11. Birthplace of mother	12. Age of mother at last birthday
13. Number of previous children born to this mother	14. Number of previous children now living	15. Number of previous children dead
16. Name and address of informant	17. Relationship of informant to child	

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature of informant

Subscribed and sworn to before me this _____ day of _____, 19__.

Signature of official administering oath

Title of official

18. Name and address of person or institution where child was born

19. Name and address of person who attended birth

20. Date attended birth

21. Date child last seen alive

22. Name and address of person who last saw child alive

23. Date of death

24. Cause of death

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824-121-001-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-857

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ramon Tomas Ysursa
2. Date of Birth (month) (day) (year): January 21, 1920
3. Color or Race: white
4. Sex: male
5. Place of Birth — a. County: Ada
   b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Benito Ysursa
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Maria Asuncion Camporredondo
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Ramon Ysursa
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary:
13. Notary Commission expires _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Baptism record
By whom issued and signed: Rt. Rev Msgr. K. F. Rowe
Date Issued: October 6, 1961
Date Orig. Entry: February 24, 1920
Date of Birth: January 21, 1920
Birth Place: Boise, Idaho
Full Name of Mother: Maria Asuncion Camporredondo
Name of Father: Benito Ysursa

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate File # 37556
By whom issued and signed:
Date Issued: May 12, 1943
Date Orig. Entry: May 12, 1943
Date of Birth: Age 23
Birth Place: Boise, Idaho
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: Affidavit by Father
By whom issued and signed: Benito Ysursa
Date Issued: 10-6-61
Date Orig. Entry: ----
Date of Birth: January 21, 1920
Birth Place: Boise, Idaho
Full Name of Mother: Maria Asuncion Camporredondo
Name of Father: Benito Ysursa

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Bensen
Evidence reviewed by: ec Elaine Coy
Date Filed: October 16, 1961

FORM BH 56067

second form picked up 10-6-61

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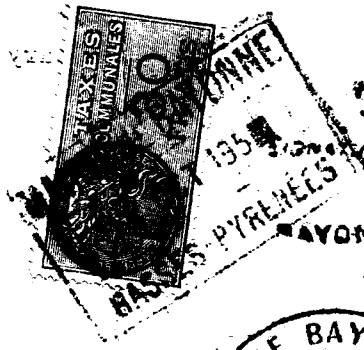
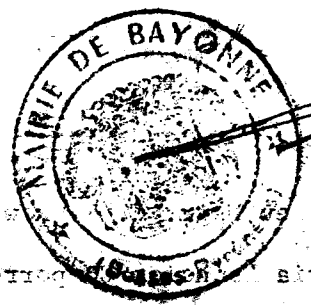


POUR LA LÉGALISATION DE LA SIGNATURE DE M. Ysursa Ramon

APPOSÉE DE L'AUTRE PART

BAYONNE le 12 Octobre 1961

LE MAIRE



245-225002-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JEANNE LAURA SMITH			2. Date Of Birth (month) (day) (year): February 25, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Adams	b. City or Town of Birth: Bear, Idaho
FATHER	6. Full Name of Father: JESSE F. SMITH			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: MARY ANN CORNETT			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeanne Bowman		11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 19 61	12. Signature of Notary: Loretta M. Strickling		13. Notary Commission expires: 8/25/63 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #416186	Date Issued: ------	Date Orig. Entry: child born Jan.5,1946
	Date of Birth: age 25	Birth Place: Bear, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records	By whom issued and signed: Adams County, Idaho, Anna F. Schwartz, recorder	Date Issued: Oct.2,1961	Date Orig. Entry: Oct. 24,1938
	Date of Birth: age 18	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Mary Ann Smith	Date Issued: Sept.16, 1961	Date Orig. Entry: -----
	Date of Birth: Feb.25,1920	Birth Place: Adams Bear, Idaho	Full Name of Mother: Mary Ann Cornett	Name of Father: Jesse F. Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bowman	Evidence reviewed by: Penny L. Wing	Date Filed: Oct.18,1961

FORM BH 56067

1 copy paid 5-23-61

OCT 18 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRATE (Person or Agent)	1. Registrant's Full Name of Birth: JEANNE LAURA SMITH	2. Date of Birth (month, day, year): February 25, 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth (Account): Adams	6. Place of Birth (Town of Birth): Bear, Idaho
FATHER	7. Full Name of Father: JESSE F. SMITH	8. State or Country of Father's Birth: Idaho	
MOTHER	9. Full Maiden Name of Mother: MARY ANN [illegible]	10. State or Country of Mother's Birth: Idaho	
APPLICANT	11. Hereby declare under each that the [illegible] to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Wendell, Idaho
SUBSCRIBED (Seal)	14. Subscribed and sworn to before me on [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission expires: [illegible]

APPLICANT TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

1 copy paid 6-23-61

662-206-010-257

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Louise Foster			2. Date Of Birth (month) (day) (year): Jan. 6 1920
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: Roberts, Bonneville	b. City or Town of Birth: Roberts, Idaho
FATHER	6. Full Name of Father: Abraham Foster			7. State or Country of Father's Birth: Lago, Idaho
MOTHER	8. Full Maiden Name of Mother: Louisa Ellen Beam			9. State or Country of Mother's Birth: Bassett, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha L. Arnell		11. Present Address of Registrant: 77 Woods Rd. Central Pt. Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 16 1961	12. Signature of Notary: Margaret Naples		13. Notary Commission expires: MY COMMISSION EXPIRES JULY 29, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: Mary Ann Rennaker age 57		Date Issued: Dec. 5, 1961	Date Orig. Entry: ------
	Date of Birth: Jan.6,1920	Birth Place: Roberts, Idaho	Full Name of Mother: Louisa Foster	Name of Father: Abraham Foster, Jr.	
SUPPORTING RECORD 2.	Type of Document: Church Membership Record	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian		Date Issued: Sept.25, 1961	Date Orig. Entry: baptized June 19, 1932
	Date of Birth: Jan.6,1920	Birth Place: Roberts, Idaho	Full Name of Mother: Luoisa Ellen Beam	Name of Father: Abraham Foster	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record	By whom issued and signed: Mast Hospital, Myrtle Point, Oregon		Date Issued: Jan. 24, 1962	Date Orig. Entry: Nov. 1956
	Date of Birth: Age: 36	Birth Place: -----	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Jan. 29, 1962

FORM BH 56067 7-24-61

JAN 30 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR

1. Registrant's Full Name at Birth: Bertha Louise Foster

2. Date of Birth: [illegible]

3. Date of Birth: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] Roberts, Nezperville

6. City or Town of Birth: [illegible]

7. Full Name of Father: Abraham Foster

8. State or Country of Birth: [illegible]

9. Full Name of Mother: Louisa Ellen [illegible]

10. Mother's Maiden Name: [illegible]

AFFIDAVIT

I hereby declare and state that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Present Address of Registrant: [illegible]

NOTARY (Seal)

13. Certified and sworn to before me on [illegible]

14. Signature of Notary: [illegible]

15. Notary Commission expires: [illegible]

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: [illegible]

By whom issued and signed: Mary Ann [illegible]

Date Issued: [illegible]

Date of Birth: [illegible]

Full Name of Mother: Louisa [illegible]

Name of Father: Abraham Foster

SUPPORTING RECORD 2

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: Sept. 5, 1961

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 3

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

QUALIFYING CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Staff Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: [illegible]

FORM 80 [illegible]

7-24-61

349-104-042-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-103

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WAYNE LEONARD TURNER			2. Date of Birth (month) January (day) 4 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: Walter William Turner			7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Minnie Mae Crosno			9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Leonard Turner		11. Present Address of Registrant: 1100 Madison, Wenatchee, Washington
NOTARY (Seal)	Subscribed and sworn to before me on January 19th 19 62	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 27 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 48-6453, Idaho	Date Issued: May 26, 1961	Date Orig. Entry: born June 14, 1948	
	Date of Birth: Age: 28	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of Honorable Discharge U.S. Army	By whom issued and signed: Irene Sinema, Deputy Recorder	Date Issued: Jan. 30, 1946	Date Orig. Entry: Inducted Dec. 21, 1943	
	Date of Birth: Jan. 4, 1920	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt, age: 56	By whom issued and signed: Mary Turner Hoffman	Date Issued: Jan. 23, 1962	Date Orig. Entry: --	
	Date of Birth: Jan. 4, 1920	Birth Place: Filer, Idaho	Full Name of Mother: Minnie Mae Crosno	Name of Father: Walter William Turner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 5, 1962

FORM BH 56067

12-14-61

FEB 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. Birth Length: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Before me, [illegible] upon oath that the [illegible] are true to the best of my knowledge and belief.	11. Present address of Registrant: [illegible]
NOTARY (Seal)	12. Subscribed and sworn to before me on [illegible]	13. Notary Commission expires [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: May 26, 1961	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	Feb. [illegible]

FORM DH 66067

12-14-61

367-22-014-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-183

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Louise Cox Casper
2. Date Of Birth (month) (day) (year): February 21 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Melba Ida. Canyon
b. City or Town of Birth: Melba

FATHER

6. Full Name of Father: Jewell Cox
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Maude May Gardner
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Louise Cox Casper
11. Present Address of Registrant: 17366 Owen St. Fontana California

NOTARY (Seal)

Subscribed and sworn to before me on: January 17, 1962

12. Signature of Notary: Vera M. Wyatt
Vera M. Wyatt

13. Notary Commission expires: My Commission Expires Feb. 5, 1962

State of California
County of San Bernardino

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photo copy of own child's hospital birth certificate	Our Lady of Courdes Hospital Pasco, Washington	-----	born Oct. 19, 1952
	Date of Birth Feb. 2, 1920	**Birth Place** Melba, Idaho	**Full Name of Mother** -----	**Name of Father** -----
SUPPORTING RECORD 2.	affidavit by mother	Maude Cox	Jan. 17, 1962	-----
	Date of Birth Feb. 2, 1920	**Birth Place** Melba, Idaho	**Full Name of Mother** Maude Cox	**Name of Father** Jewell Cox
SUPPORTING RECORD 3.	Church Record---Cradle Roll Certificate	Mr. E. F. Hall, Superintendent	Dec. 20, 1920	Dec. 20, 1920
	Date of Birth Feb. 1920	**Birth Place** -----	**Full Name of Mother** Maud Cox	**Name of Father** Jewell Cox

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 1, 1962

FORM BH 56067

12-7-61 1 copy paid

MAR 1 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

615-216-042-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Louise Fjeldsted			2. Date Of Birth (month) (day) (year): December 16, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Ezra James Fjeldsted			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Pauline Field			9. State or Country of Mother's Birth: Chicago, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Peggy J. Nordhorn X Margaret Louise Fjeldsted		11. Present Address of Registrant: X 13524 Seminole Apple Valley Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1962	12. Signature of Notary: Kenneth R. Setterberg		13. Notary Commission expires: My commission expires January 24, 1966 KENNETH R. SETTERBERG 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's Birth Certificate #938		By whom issued and signed: George H.Chapman,Co. Recorder Stockton,California	Date issued: July 20, 1959	Date Orig. Entry: child born May 30, 1949
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt, Age 61		By whom issued and signed: Frances Field Hill	Date issued: March 16 1962	Date Orig. Entry: ---
	Date of Birth: Dec. 16, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Pauline Field Fjeldsted	Name of Father: Ezra James Fjeldsted	
SUPPORTING RECORD 3.	Type of Document: Certified Copy of Marriage License #4710		By whom issued and signed: L.M.Malan,County Clerk,Weber County, State of Utah	Date issued: March 13, 1962	Date Orig. Entry: June 27, 1942
	Date of Birth: Age 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: March 29, 1962

FORM BH 56067

L. 2-9-62

MAR 30 1982

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1982-261

Northern

REGISTRANT	1. Registrant's Full Name at Birth: Margaret Louise Fjeldsted	2. Date of Birth (month) (day) (year): December 16, 1920	
Person whose birth is being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County: Twin Falls; City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Hans James Fjeldsted	7. State or Country of Father's Birth: Logan, Utah	
MOTHER	8. Full Maiden Name of Mother: Pauline Field	9. State or Country of Mother's Birth: Chicago, Illinois	
AFFIDAVIT	10. Signature of Registrant:	11. Present Address of Registrant:	
	12. Signature of Notary:	13. Notary Commission Expires:	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Bar ch 1d's Birth Certificate #9836	Deborah J. Newman, Co. Recorder, Stockton, California	July 20, 1952	child born May 30, 1940

Date of Birth	Birth Place	Full Name of Father	Name of Father
Age 21	Idaho	—	—

Supporting Record 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by Aunt, Age 21	Frances Field Vill	March 16 1982	—

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 16, 1920	Twin Falls, Idaho	Pauline Field Fjeldsted	Hans James Fjeldsted

Supporting Record 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certified Copy of Marriage License #4210	L.M.Malan, County Clerk, Weber County, State of Utah	March 16, 1982	June 27, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	—	—	—

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Joyce P. Foltz	March 29, 1982

FORM [illegible]

815-109-010-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-318

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NATHAN JACK HANSEN			2. Date of Birth (month) FEB. (day) 9 (year) 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County	b. City or Town of Birth: IDAHO FALLS, IDAHO
FATHER	6. Full Name of Father: NATHAN HANS HANSEN			7. State or Country of Father's Birth: FREMONT, UTAH
MOTHER	8. Full Maiden Name of Mother: EDNA MAY KJERGARD			9. State or Country of Mother's Birth: SALT LAKE CITY, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nathan Jack Hansen		11. Present Address of Registrant: 2438 KANSAS AVE HOMESTEAD AFB, FLORIDA
NOTARY (Seal)	Subscribed and sworn to before me on: this 13th day of Mar 1962	12. Signature of Notary: June V. Fickinger		13. Notary Commission expires: December 26 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photo copy of family book, page 484	By whom issued and signed: June V. Fickinger, Notary Public	Date Issued: Mar. 19, 1962	Date Orig. Entry: 1942 published
	Date of Birth: Feb. 9, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Edna May Kjergard	Name of Father: Nathan Hans Hansen
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of own child's hospital Birth cert.	By whom issued and signed: June V. Fickinger, Notary Public	Date Issued: Mar. 19, 1962	Date Orig. Entry: born May 28, 1951
	Date of Birth: Feb. 9, 1920	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: application for appointment in the regular Air Force	By whom issued and signed: Elmer H. Kintner, Lt. Colonel, USAF	Date Issued: -----	Date Orig. Entry: Sept. 28, 1956
	Date of Birth: Deb. 9, 1920	Birth Place: ------	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 13, 1962

FORM BH 56067

APR 16 1962

Hansen

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: NATHAN JACK HANSEN	2. Date of Birth (month) FEB (day) 9 (year) 1960	
	3. Date of Birth: [illegible]	4. Sex: MALE	5. Place of Birth: [illegible]
		6. Birth Place: IDAHO FALLS, IDAHO	
	7. Full Name of Father: NATHAN HANS HANSEN	8. State or Country of Father's Birth: [illegible], UTAH	
	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible] CITY, UTAH	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	2. Signature of Registrant: [illegible]	3. Present Address of Registrant: [illegible]
	Subscribed and sworn to before me on: Ents 10th day of Mar 1962	4. Signature of Notary: [illegible]	5. Notary Commission expires: December 26 1962

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. [illegible]	[illegible]	April 13, 1962

141-209-025-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-361

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mickelle Murriel Adair
2. Date Of Birth (month) (day) (year): Nov. 9, 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Winona, Idaho

FATHER

6. Full Name of Father: Ernest James Adair
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Sarah Margaret Greer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Mickelle Murriel Adair Duckworth
11. Present Address of Registrant: 56 Brighton Street, Massena, New York

NOTARY (Seal)

Subscribed and sworn to before me on: April 23rd 1962

12. Signature of Notary: x A. Clark Cook

13. Notary Commission expires: A. CLARK COOK, Notary Public in the State of New York, Appointed in St. Lawrence County, My Commission Expires March 30, 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Sarah Margaret Lancaster	Date Issued: April 23, 1962	Date Orig. Entry: ----
	Date of Birth: Nov. 9, 1920 / Birth Place: Winona, Idaho Idaho County	Full Name of Mother: Sarah Margaret Greer	Name of Father: Ernest James Adair	
SUPPORTING RECORD 2.	Type of Document: statment pertaining to hospital record	By whom issued and signed: Christian Welfare Hospital St. Louis, Illinois	Date Issued: Mar. 30, 1962	Date Orig. Entry: April 15, 1949
	Date of Birth: Age: 28 / Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for employment	By whom issued and signed: L.P. Rose, Manager, Federal Reserve Bank, St. Louis, Mo.	Date Issued: Mar. 30, 1962	Date Orig. Entry: Mar. 27, 1946
	Date of Birth: Nov. 9, 1920 / Birth Place: Winona, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 30, 1962

FORM BH 56067

APR 30 1962

Swayne & McNichol atty.

1. Registrant's Full Name at Birth: Michael Murphy Clair	2. Date of Birth (month) (day) (year): Nov. 9, 1960	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho, County: Wilson, Idaho
6. Full Name of Father: Thomas James Clair	7. State or Country of Father's Birth: Washington	
8. Full Maiden Name of Mother: Mary Margaret Orr	9. State or Country of Mother's Birth: Idaho	
10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Bessemer, New York	
12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] abstract.

Name of Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	[illegible]

FORM NO. [illegible]

457-21-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-368

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary ~~DeGuilo~~ DeGiulio
2. Date Of Birth (month) (day) (year): May 11, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
   b. City or Town of Birth: Pingree

FATHER

6. Full Name of Father: ~~Gustino DeGuilio~~ Giustino DeGiulio
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Anna Rossi
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary DeGiulio
11. Present Address of Registrant: Sterling Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 22 1962
12. Signature of Notary: V. F. Wootton
13. Notary Commission expires: June 1 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Record	V.F. Wootton, Clerk,	Mar. 13, 1962	1930, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 11	------	--------	Gus DeGiulio

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Guistino DeGiulio	Mar. 16, 1962	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 11, 1920	Pingree, Idaho	Anna Rossi	Giustino DeGiulio

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File No. 324209, Idaho	-----	child born Oct. 11, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Pingree, Idaho	--------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	May 2, 1962

FORM BH 56067

1-11-62

MAY 2 1962

133-106-001-566

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-410

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orville Elgia Allen			2. Date of Birth (month) (day) (year): September 6, 1920
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edward Bruce Allen			7. State or Country of Father's Birth: Industry, Kansas
MOTHER	8. Full Maiden Name of Mother: Ethel May Howry			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville Elgia Allen		11. Present Address of Registrant: Boise Idaho RT 3,
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1962	12. Signature of Notary: Emma A. Hunt		13. Notary Commission expires: Jan. 16 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Marine Discharge	By whom issued and signed: W. E. Hicks		Date Issued: October 8, 1945	Date Orig. Entry: December 14, 1941
	Date of Birth: September 6, 1920	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Own Childs birth certificate	By whom issued and signed: File#11553. Idaho		Date Issued: ------	Date Orig. Entry: October 5, 1948
	Date of Birth: Age 28	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Age 59 Affidavit by Aunt	By whom issued and signed: Ora Neta Danzer		Date Issued: May 21, 1962	Date Orig. Entry: -----
	Date of Birth: September 6, 1920	Birth Place: Boise, Idaho	Full Name of Mother: Ethel May Allen (Howry)	Name of Father: Edward Bruce Allen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy ec	Date Filed: May 21, 1962

FORM BH 56067

MAY 22 1962

255-227-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-602

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Elaine Bench
2. Date Of Birth (month) (day) (year): January 27, 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Lincoln, Bonneville, Idaho
b. City or Town of Birth: Lincoln, Idaho

FATHER

6. Full Name of Father: Francis Ray Bench
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ethel Anderson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances E. Austin
11. Present Address of Registrant: 165 So. Lakeview Drive, Clearfield, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 27 July 1962
12. Signature of Notary: Morgan Evans
13. Notary Commission expires: 8 January 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Lincoln Ward. L.D.S. Church, Fred A. Caine, Bishop	Date Issued: ---	Date Orig. Entry: February 29, 1920
	Date of Birth: January 27, 1920	Birth Place: Lincoln, Bonneville County, Idaho	Full Name of Mother: Ethel Anderson	Name of Father: Francis Ray Bench
SUPPORTING RECORD 2.	Type of Document: Own childs birth certif.	By whom issued and signed: State of Utah #58703	Date Issued: ----	Date Orig. Entry: November 21, 1945
	Date of Birth: Age 25	Birth Place: Lincoln, Idaho	Full Name of Mother: ------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ethel Bartlett	Date Issued: -----	Date Orig. Entry: June 23, 1943
	Date of Birth: January 27, 1920	Birth Place: Lincoln, Idaho	Full Name of Mother: Ethel Anderson	Name of Father: Francis Ray Bench

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	August 6, 1962

FORM BH 56067

5 24 12

AUG 7 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State of Idaho, Bureau of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Francis Ray Lench	2. Date of Birth: January 27, 1920
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Lincoln, Kennedy, Idaho	6. County: Lincoln, Idaho
FATHER	7. Full Name of Father: Francis Ray Lench	8. State or Country of Father's Birth: Idaho
MOTHER	9. Full Maiden Name of Mother: Ethel Anderson	10. State or Country of Mother's Birth: Idaho

APPROVAL	1. Pursuant to Declare upon oath that the above statements are true to the best of my knowledge and belief.	2. Signature of Registrant: [illegible]
	3. Signature of Notary: [illegible]	4. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Lincoln Ward, [illegible] Church, Fred A. Caine, Bishop	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: January 27, 1920	Birth Place: Lincoln, Kennedy, County, Idaho	Full Name of Father: Ethel Anderson	Name of Father: Francis Ray Lench
SUPPORTING RECORD 2.	Type of Document: Our child's birth certif.	By whom issued and signed: State of Utah [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Age 25	Birth Place: Lincoln, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ethel Bartlett	Date Issued: [illegible]	Date Orig. Entry: June 25, 1943
	Date of Birth: January 27, 1920	Birth Place: Lincoln, Idah	Full Name of Mother: Ethel Anderson	Name of Father: Francis Ray Lench

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Fenson	Elaine Coy	August 6, 1962

FORM PH 20067

293-121-026-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Garland George Killian			2. Date Of Birth (month) (day) (year): Nov. 21 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Rigby Idaho Jefferson	b. City or Town of Birth: Rigby Idaho	
FATHER	6. Full Name of Father: George Lavern Killian			7. State or Country of Father's Birth: Salem Utah	
MOTHER	8. Full Maiden Name of Mother: ~~Lyla Lowder~~ Letitia Lowder			9. State or Country of Mother's Birth: Rigby Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Garland George Killian		11. Present Address of Registrant: 4886 Poplar St Murray Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1962	12. Signature of Notary: Wendell Day		13. Notary Commission expires: September 13 1964	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Employee's History Card	By whom issued and signed: Utah Concentrators, F. L. Petersen, Represenative		Date Issued: Oct. 17, 1961	Date Orig. Entry: Jan. 23, 1941
	Date of Birth: Nov. 22, 1920	Birth Place: Rigby, Idaho	Full Name of Mother: Lyla Latisha Lowder	Name of Father: George Lavern Killian	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #0948m Utah		Date Issued: Aug. 21, 1957	Date Orig. Entry: child born Feb. 5, 1952
	Date of Birth: Age: 31	Birth Place: Rigby, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: George L. Killian		Date Issued: Aug. 7, 1962	Date Orig. Entry: -----
	Date of Birth: Nov. 21, 1920	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Lila L. Killian	Name of Father: George L. Killian	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	August 9, 1962

FORM BH 56067

10-11-61

AUG 9 1962

349-214-003-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Turner			2. Date of Birth (month) July (day) 14 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grace	Bannock	b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: William John Turner			7. State or Country of Father's Birth: Idaho, United States	
MOTHER	8. Full Maiden Name of Mother: Susan Maria Stephenson			9. State or Country of Mother's Birth: Idaho, United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Gregory		11. Present Address of Registrant: 10839-14th So.	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary		13. Notary Commission expires _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother, born; Feb. 21, 1910	By whom issued and signed: Bryce Turner		Date Issued: Oct. 6, 1961	Date Orig. Entry: ------
	Date of Birth: July 14, 1920	Birth Place: Grace, Idaho	Full Name of Mother: ----------		Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.		Date Issued: Aug. 27, 1942	Date Orig. Entry: April 1, 1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Suzan Turner		Name of Father: William Turner
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Eldred G. Smith, Patriarch L.D.S. Church		Date Issued: May ------	Date Orig. Entry: May 2, 1947
	Date of Birth: July 14, 1920	Birth Place: Grace, Idaho	Full Name of Mother: Susan Maria Stephenson		Name of Father: William John Turner
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller		Date Filed: August 10, 1962	

FORM BH 56067 9-21-61

AUG 10 1962

168-12-4-015-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-615

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil ACE Johnson
2. Date of Birth: (month) July (day) 24 (year) 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County ~~GRACE~~ Caribou; b. City or Town of Birth: GRACE

FATHER

6. Full Name of Father: Ace FRANCIS Johnson
7. State or Country of Father's Birth: PRESTON Idaho

MOTHER

8. Full Maiden Name of Mother: Pearl Van Walker
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil A. Johnson
11. Present Address of Registrant: 3909 Hillcrest Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 7 1962
12. Signature of Notary: Fred A Drake
13. Notary Commission expires: June 2 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Eligibility	U.S. Veterans Administration M. Powell	------	April 27, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 24, 1920	----------	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File No. 05473, Idaho	-----	child born May 9, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	Grace, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptism Record	L.D.S. Church, Ella Jack Custodian of Records	June 29, 1962	December 14, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 24, 1920	Grace, Idaho	Pearl Walker	Ace Johnson

QUALIFYING INFORMATION

photo copy of application for life insurance from Beneficial Life Insurance Company, on August 5, 1951. born July 24, 1920 in Grace, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sm Elaine Coy	August 10, 1962

FORM BH 56067

5-25-62

AUG 13 1982

813-20-2035-754

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty May Hatfield			2. Date Of Birth (month) Oct. (day) 2 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho — Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Roy H. Hatfield			7. State or Country of Father's Birth: Calif.	
MOTHER	8. Full Maiden Name of Mother: Deborah Pemberton (Ruth)			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty H. Michael		11. Present Address of Registrant: 1320 Cedar Ave. Richland, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 9 1962	12. Signature of Notary: Ruth Ann McCleary		13. Notary Commission expires: RUTH ANN McCLEARY NOTARY PUBLIC RICHLAND, BENTON CO., WASHINGTON COMMISSION EXPIRES SEPTEMBER 19, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ruth Pemberton Hatfield		Date Issued: Oct.1,1962	Date Orig. Entry: --
	Date of Birth: Oct.2,1920	Birth Place: Lewiston,Idaho	Full Name of Mother: Ruthe Pemberton Hatfield	Name of Father: Roy H. Hatfield	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File # 46-430129, Idaho		Date Issued: --	Date Orig. Entry: child born Dec. 10, 1946
	Date of Birth: Age: 26	Birth Place: Lewiston, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Ruth Ann McCleary, Notary Public		Date Issued: Oct.9,1962	Date Orig. Entry: obviously old
	Date of Birth: Oct.2,1920	Birth Place: Lewiston, Idaho	Full Name of Mother: Ruth Pemberton Hatfield	Name of Father: Roy H. Hatfield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 15, 1962

FORM BH 56067 7-13-62

OCT 15 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

513-207-010-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah May Nation			2. Date Of Birth (month) (day) (year): JJuly 7, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Jeff Davis Nation			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Phoebe Cook			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah N. Hackert Beulah May Nation		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1962	12. Signature of Notary: J. Cole Proebert for Oregon		13. Notary Commission expires: June 24 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Phoebe Cook Nation	Date Issued: Aug. 15, 1944	Date Orig. Entry: —
	Date of Birth: July 7, 1920	Birth Place: Bonneville County Idaho Falls, Idaho	Full Name of Mother: Phoebe Cook	Name of Father: Jeff Davis Nation	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File #25065, Oregon	Date Issued: Aug.6,1959	Date Orig. Entry: child born Sept. 12, 1949
	Date of Birth: Age: 29	Birth Place: Idaho Falls, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Hospital birth certificate Washoe General Hospital Reno,		By whom issued and signed: John J. Kenney, Superintendent Nevada	Date Issued: —	Date Orig. Entry: child born Jan. 1, 1939
	Date of Birth: July 7,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	October 16, 1962

FORM BH 56067

OCT 17 1962

REVISED CERTIFICATE OF BIRTH

STATE OF IDAHO

671-211-029-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-919

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Lea Ogan			2. Date Of Birth (month) (day) (year): January 11, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: Charles H. Ogan			7. State or Country of Father's Birth: Meadville Mo.
MOTHER	8. Full Maiden Name of Mother: Hazel Mary Gross			9. State or Country of Mother's Birth: Palouse Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Lea Ogan		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 1962	12. Signature of Notary: Philip E. Daniels		13. Notary Commission expires: 10-31 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school record	By whom issued and signed: J. Lowell Scott, Superintendent; Potlatch Public Schools	Date Issued: Dec. 10, 1962	Date Orig. Entry: 1926-1927	
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Charles. H. Ogan	Date Issued: Dec. 12, 1962	Date Orig. Entry: ---	
	Date of Birth: Jan. 11, 1920	Birth Place: Latah County Potlatch, Idaho	Full Name of Mother: Hazel Gross	Name of Father: Charles Ogan	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record; Gritman Memorial Hospital	By whom issued and signed: Clay Boyd, Bus. Mgr., Moscow, Idaho	Date Issued: Dec. 11, 1962	Date Orig. Entry: Feb. 1947	
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: Mrs. Charles Ogan	Name of Father: Charles Ogan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Shirley Miller	Date Filed: December 17, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Logan

State File No.

1. Registrant's Full Name at Birth: Helen Ina Logan
2. Date of Birth: January 11, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Latah County
6. Birthplace of Mother: Potlatch
7. Full Name of Father: Charles H. Logan
8. State or Country of Father's Birth
9. Full Maiden Name of Mother: Hazel Mary Grose
10. State or Country of Mother's Birth

I, the undersigned, do hereby certify that the statements made herein are true to the best of my knowledge and belief.

11. Present Address of Registrant
12. Signature of Registrant
13. Signature of Notary
14. Notary Commission Expires

Subscribed and sworn to before me on

VERIFICATION

Date of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD

Date of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Charles H. Logan	[illegible]	[illegible]

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
[illegible]	[illegible]	Hazel Grose	[illegible]

SUPPORTING RECORD

Date of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which establishes the facts as set forth in the foregoing abstract.

State Registrar

Evidence Reviewed by

Date Filed

December 17, 1962

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

316-229-006-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-937

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Lawrence			2. Date of Birth (month) (day) (year): September 29, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Stanley Allan Lawrence			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Kathryn Elliot			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi Lawrence Christensen		11. Present Address of Registrant: Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 26, 1962	12. Signature of Notary: Ethel Gudinger		13. Notary Commission expires: March 20, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File #329472, Idaho	Date Issued: ----	Date Orig. Entry: child born Dec. 12, 1941	
	Date of Birth: Age: 21	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certificate of Baptism and Confirmation	By whom issued and signed: Stanley A. Lawrence, Clerk	Date Issued: ---	Date Orig. Entry: baptized Oct. 6, 1928	
	Date of Birth: Sept. 29, 1920	Birth Place: Bingham County Shelley, Idaho	Full Name of Mother: Kathryn Elliott	Name of Father: Stanley A. Lawrence	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ---	Date Orig. Entry: July 2?, 1943	
	Date of Birth: Sept. 29, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	December 21, 1962

FORM BH 56067 (c) 2-8-62. NM

Search made in Bingham Co.

DEC 24 1980

Christensen

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth: [illegible] Lawrence	2. Date of Birth (Day) (Year): September 29, 1920
	3. Sex of Race: White	4. Sex of Race: [illegible]
	5. Place of Birth: Bingham	6. Place of Birth: Shelley
	7. Full Name of Father: Clay Allen Lawrence	7. State or Country of Father's Birth: Utah
	8. Maiden Name of Mother: [illegible] Miller	9. State or Country of Mother's Birth: Utah
	10. Signature of Registrant	11. Present Address of Registrant: Shelley, Idaho
	12. Signature of Notary	13. Notary Commission Expires: March 20

STATE OF IDAHO
E. K. GUIDING
NOTARY
PUBLIC

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
			---	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
			---	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
			---	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
			---	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
			---	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
			---	

REGISTRATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which has satisfied the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
		December 23

653-26-017-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D3-63-416
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lovenia Alzada Wells
2. Date of Birth (month) June (day) 26 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Custer; b. City or Town of Birth: Ellis

FATHER

6. Full Name of Father: Uriah R. Wells
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Lucy May Kirkpatrick
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lovenia A. Petersen
11. Present Address of Registrant: Genoa, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 16th 1953
12. Signature of Notary: Grover L Krick
13. Notary Commission expires: April 2nd 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	census record	9 years old	Idaho	Department of Commerce Bureau of the Census	Lucy M. Wells	8-12-53	Uriah R. Wells	Census of 1930 April 1
SUPPORTING RECORD 2. Class B	affidavit by father	June 26 1920	Ellis, Idaho	Uriah R. Wells Douglas Co. Nevada	Lucy M. Wells	9-16-53	Uriah R. Wells	
SUPPORTING RECORD 3. Class	Certified copy of marriage license affidavit	Age: 18	------	V. Bohall, Deputy Clerk Washoe County, Nevada	-----	April 4, 1963	------	June 3, 1939

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Shirley Miller	June 4, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 29 1963

145-223-004-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Kunz			2. Date Of Birth (month) May (day) 23 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bern
FATHER	6. Full Name of Father: Parley Peter Kunz			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hilda Irene Stoor			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Kunz Galloway		11. Present Address of Registrant: Bern, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1963	12. Signature of Notary: Gabriella McCall		13. Notary Commission expires: 9-16 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate copy Certificate of Blessing	By whom issued and signed: Myrlen E. Kelly, Bishop	Date Issued: -----	Date Orig. Entry: blessed June 6, 1920
	Date of Birth: May 23,1920 / Birth Place: Bear Lake County Bern, Idaho	Full Name of Mother: Hilda Irene Stoor	Name of Father: Parley P. Kunz	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Whole Life Industrial Policy	Date Issued: ----	Date Orig. Entry: May 1, 1941
	Date of Birth: age next birthday 21 / Birth Place: ----	Full Name of Mother: ---	Name of Father: - - -	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Hilda S. Kunz	Date Issued: June	Date Orig. Entry: 3, 1963
	Date of Birth: May 23,1920 / Birth Place: Bear Lake County Bern, Idaho	Full Name of Mother: Hilda Irene Stoor	Name of Father: Parley Peter Kunz	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	June 6, 1963

FORM BH 56067 (G) 4-18-63. one copy pd. rec. #01405. search made in Bear Lake County.

JUN 6 1963

DECLARED CERTIFICATE OF BIRTH

STATE FILE NO.

PERSON (Name)	2. Sex	3. Color or race	4. Date of birth (Month, day, year)
PLACE	5. Place of birth (City, town, or location)	6. Name of hospital (If not in hospital, give street address)	7. County of birth
MOTHER	8. Full maiden name	9. Age at time of birth	10. Color or race
AFFIDAVIT	I hereby certify that the above-named child was born alive at the place and time stated above.		
	11. Signature	12. Address	
	13. Name of attendant at birth	14. Address	
	15. Date certificate filed		

16. Date of birth (Month, day, year)

17. Sex

18. Color or race

19. Name of child

20. Name of father

21. Maiden name of mother

22. Name and address of informant

23. Date filed by registrar

24. Number

25. Signature of registrar

26. Amended

27. Supplemental

28. Delayed

29. Evidence received

30. Remarks

31. Registrar's signature

32. Date accepted by registrar

33. Local registrar's signature

34. Date certificate filed by local registrar

35. Date copy issued

36. Signature of issuing official

37. Title of issuing official

38. Fee charged

39. Date issued

40. Signature of custodian of file

41. Date of custody

42. Signature of person receiving copy

43. Relationship to child

44. Address

45. Date

46. Signature of registrar

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499. Relationship to child

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385-215-038-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Ethel Lynn			2. Date Of Birth (month) (day) (year): November 15, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Fruitland, Idaho
FATHER	6. Full Name of Father: James Lynn			7. State or Country of Father's Birth: Bloomington, Illinois
MOTHER	8. Full Maiden Name of Mother: Gertrude Ethel Melcher			9. State or Country of Mother's Birth: Platte, So. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois E. Lusk		11. Present Address of Registrant: 27 Champion Pl. Alhambra Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1963	12. Signature of Notary: Hazel L. Hulbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by doctor in attendance at birth	By whom issued and signed: W. T. Drysdale, M.D.	Date Issued: 6-2-42	Date Orig. Entry:
	Date of Birth: Nov. 15, 1920 / Birth Place: Payette Co. Fruitland, Idaho	Full Name of Mother: Gertrude Ethel Melcher	Name of Father: James Lynn	
SUPPORTING RECORD 2.	Type of Document: Insuarance Photo copy of App. of Policy	By whom issued and signed: Idaho Mutual Benefit Ass. of Boise, Idaho	Date Issued: October 22, 1945	Date Orig. Entry: October 21, 1945
	Date of Birth: November 15, 1920 / Birth Place: Fruitland, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school record	By whom issued and signed: Class B School District 373 George H. Hunt, Superintendent	Date Issued: July 11, 1962	Date Orig. Entry: Sept. 3, 1934 to Nov. 15, 1938
	Date of Birth: November 15, 1920 / Birth Place: -----	Full Name of Mother: -----	Name of Father: James Lynn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Betty Morris	Date Filed: June 21, 1963

FORM BH 56067

JUN 21 1962

381-205 022-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-452

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gayle Chantrill		2. Date of Birth (month) October (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Newdale Fremont; b. City or Town of Birth: Newdale
FATHER	6. Full Name of Father: James Chantrill		7. State or Country of Father's Birth: Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Martineau		9. State or Country of Mother's Birth: Cache, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gayle Chantrill Morris	11. Present Address of Registrant: McCammon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1963	12. Signature of Notary: Mildred E. Lindenschmitt	13. Notary Commission expires: Oct 25 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Abstract of Marriage Record		By whom issued and signed: Linda Rose, Deputy Clerk	Date Issued: Aug.19,1960	Date Orig. Entry: Dec. 18, 1942
	Date of Birth: Age: 22	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for Social Security account number		By whom issued and signed: U.S. Treasury Department	Date Issued: ---	Date Orig. Entry: June 5, 1940
	Date of Birth: Oct.5,1920	Birth Place: Fremont County Newdale, Idaho	Full Name of Mother: Mable	Name of Father: James Chantrill	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File #402520	Date Issued: ----	Date Orig. Entry: child born Feb. 18, 1945
	Date of Birth: Age: 24	Birth Place: Newdale, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	June 26, 1963

orr. Corr. on file in Corr. files. (M) 4-8-60. FORM BH 56067 Search Made in Fremont Co - 1 Copy paid - receipt # 21229

JUN 26 1968

299-220-83-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Vaughn Kirkendall		2. Date of Birth (month) Feb (day) 20 (year) 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Rexburg Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Frank Kirkendall		7. State or Country of Father's Birth: Clay Center Kansas
MOTHER	8. Full Maiden Name of Mother: Ethel Thomson		9. State or Country of Mother's Birth: Butterville Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Kirkendall	11. Present Address of Registrant: 1970 Sunset Drive Medford, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 14th 1963	12. Signature of Notary: Good Clayton W Lewis	13. Notary Commission expires: 9/15 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L.D.S. Church Record	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date issued: June 3, 1963	Date Orig. Entry: baptized May 4, 1929
	Date of Birth: Feb.20,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: Ethel Thompson	Name of Father: Frank Kirkendall
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; born-1902	By whom issued and signed: Gladys Maude Thomsen Manning	Date issued: May 27,1963	Date Orig. Entry: --
	Date of Birth: Feb.20,1920	Birth Place: Rexberg, Idaho	Full Name of Mother: Ethel Thomson Kirkendall	Name of Father: Frank Kirkendall
SUPPORTING RECORD 3.	Type of Document: College Transcript from Compton Jr. College, Compton, Calif.	By whom issued and signed: H.A. Spurg, Registrar	Date issued: May 15,1944	Date Orig. Entry: Sept. 17, 1935
	Date of Birth: Feb.20,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: F. Kirkendall
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	June 27, 1963

FORM BH 56067

JUN 25 1963

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

635130-026-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-483

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Demar Wheeler Olney
2. Date Of Birth (month) (day) (year): April 30 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Poplar

FATHER

6. Full Name of Father: Alvin Olney
7. State or Country of Father's Birth: Smithfield Utah

MOTHER

8. Full Maiden Name of Mother: Maryann Wheeler
9. State or Country of Mother's Birth: Lewiston Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: D.W. Olney
11. Present Address of Registrant: Kemmerer Wyoming

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1963
12. Signature of Notary: Elza Haws
13. Notary Commission expires: Nov. 14 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photo copy of app. for life insurance	Security State Life Insurance Company of Idaho, Boise, Idaho	---	March 27, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 30, 1920 / Idaho	-----	-----	
SUPPORTING RECORD 2.	Photo copy of own copy of Marriage License	Norman Giles, Clerk of Dist. Court	-----	June 2, 1947
	Age: 27 / Poplar, Idaho	Mary Ann Wheeler	Alvin Olney	
SUPPORTING RECORD 3.	Photo copy of Notice of Separation from U.S. Naval Service	W.S. Blair, Lt. Comdr, USNR	Mar.4,1946	enlisted Dec.13, 1943
	April 30, 1920 / Poplar, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Shirley Miller
Date Filed: July 9, 1963

FORM BH 56067

JUL 9 1963

693-202-031-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-742

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June MAY Wilsey			2. Date Of Birth (month) MAY (day) 2 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Winchester Lewis	b. City or Town of Birth: Winchester - Idaho
FATHER	6. Full Name of Father: Frank John Wilsey			7. State or Country of Father's Birth: [redacted] is OHIO
MOTHER	8. Full Maiden Name of Mother: Edith Anna Cole			9. State or Country of Mother's Birth: [redacted] Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June May St. Marie		11. Present Address of Registrant: N 4224 Progress Spokane, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: October 14, 1963	12. Signature of Notary: Thomas J. Eckert		13. Notary Commission expires: August 26, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister; 10 yrs. older	By whom issued and signed: Mary Wilsey Broadhead		Date Issued: September 28, 1963	Date Orig. Entry
	Date of Birth: May 2, 1920	Birth Place: Winchester, Idaho	Full Name of Mother: Edith Anna H. Cole Wilsey	Name of Father: Frank J. Wilsey	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Return	By whom issued and signed: Toinette Habershan, County Auditor; Asotin County, Wash.		Date Issued: Oct. 4, 1963	Date Orig. Entry: Dec. 5, 1938
	Date of Birth: Age: 18	Birth Place: Winchester, Idaho	Full Name of Mother: Edith Cole	Name of Father: Frank Wilsey	
SUPPORTING RECORD 3.	Type of Document: Photo copy of appl. for employment; Kaiser Aluminum & Chemical Corp.	By whom issued and signed: J.M. McLachlan, Employment Supervisor		Date Issued: Sept. 30, 1963	Date Orig. Entry: Oct. 9, 1952
	Date of Birth: May 2, 1920	Birth Place: Winchester, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnaon	Shirley Miller	October 22, 1963

FORM BH 56067

OCT 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

St. Maries

419-20410014-225

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-139
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Louise Marcum
2. Date of Birth (month) JUNE (day) 4 (year) 1920
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: CANYON
b. City or Town of Birth: ~~BEAUMONT~~ BOWMONT

FATHER

6. Full Name of Father: OLNEY GRANT MARCUM
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: EDNA OZELA SKEEN
9. State or Country of Mother's Birth: TEXAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret L. Marcum Naas
11. Present Address of Registrant: Myrtle Creek, Ore. 97457

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 24 1964
12. Signature of Notary: Wayne E. Oaks
13. Notary Commission expires: Sept. 29 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school census records; Douglas County	Kenneth F. Barneburg, School Superintendent	Feb. 23, 1960	NOV. 12, 1927
Class*_____	Date of Birth / Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: O. G. Marcum
SUPPORTING RECORD 2.	Type of Document: Statement regarding applcation for federal employment	By whom issued and signed: Harley D. Naas, Postmaster	Date Issued: Jan. 24, 1964	Date Orig. Entry: Mar. 24, 1954
Class_____	Date of Birth: June 4, 1920	Birth Place: Bowmont, Idaho	Full Name of Mother: -------	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth; Age: 71	By whom issued and signed: Nora M. Marcum	Date Issued: February 12, 1964	
Class_____	Date of Birth: June 4, 1920	Birth Place: Bowmont, Idaho	Full Name of Mother: Oza Skeen	Name of Father: O. G. Marcum

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	February 26, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 27 1964

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. Sex: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Present Address of Registrant: [illegible]
NOTARY (Seal)	13. Subscribed and sworn to before me on: [illegible]	14. Signature of Notary: [illegible]
		15. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: February 26, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 4 years old.

381-125-015-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilford Everett Thatcher		2. Date of Birth (month) Aug (day) 25 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Soda Springs; b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Wilford Ernest Thatcher		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Rose Tomlinson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford E. Thatcher	11. Present Address of Registrant: 701 N.E. 108 Portland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 17 1963	12. Signature of Notary: Grace M. Krueger	13. Notary Commission expires: 2-19 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of enlisted record and report of separation	By whom issued and signed: John J. Kearney, Lst Lt. QMC United States Army	Date Issued: Oct.11,1945	Date Orig. Entry: Inducted Aug. 22, 1944
	Date of Birth: Aug.25,1920	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary R.Thatcher	Date Issued: January 14, 1964	Date Orig. Entry:
	Date of Birth: Aug.25,1920	Birth Place: Caribou County Soda Springs, Idaho	Full Name of Mother: Mary R. Thatcher	Name of Father: Wilford Ernest Thatcher
SUPPORTING RECORD 3.	Type of Document: L.D.S. Church Record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Mar. 16, 1964	Date Orig. Entry: Nov. 7, 1920
	Date of Birth: Aug.25,1920	Birth Place: Caribou County Soda Springs, Idaho	Full Name of Mother: Mary R. Tomlinson	Name of Father: Wilford E. Thatcher
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm sm Shirley Miller	Date Filed: March 24, 1964

FORM BH 56067

1 copy paid 6-28-62

MAR 24 1964

DEC 04 1996

867-224-021-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-489

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth ~~Lila~~ Genevieve Hope			2. Date of Birth (month) January (day) 24 (year) 1920	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Franklin Idaho Franklin	b. City or Town of Birth Franklin	
FATHER	6. Full Name of Father William David Hope			7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Zina Emma Hansen			9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Genevieve Lila Hope		11. Present Address of Registrant Aberdeen Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 17 April 1964	12. Signature of Notary Lavon B. Varner		13. Notary Commission expires 7-7 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Clifton Ward, Bertie Winward, Clerk		Date Issued: April 5, 1929	Date Orig. Entry: baptized April 2, 1929
	Date of Birth: Jan. 24, 1920	Birth Place: Franklin, Franklin County, Idaho	Full Name of Mother: Emma Zina Hansen	Name of Father: William D. Hope	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Application for license to Marry	By whom issued and signed: Cache County, Utah, Iver L. Larsen, Clerk		Date Issued: June 30, 1964	Date Orig. Entry: April 3, 1935
	Date of Birth: Jan. 24, 1920	Birth Place: Franklin, Idaho	Full Name of Mother: Zina E. Hanson	Name of Father: Wm. D. Hope	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Zina E. Hope		Date Issued: July 3, 1964	Date Orig. Entry: ----
	Date of Birth: Jan. 24, 1920	Birth Place: Franklin, Idaho	Full Name of Mother: Zina E. Hope	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda M. Larson	Date Filed: July 9, 1964

FORM BH 56067

993-21-009-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DeLoris Rose Ritenour			2. Date of Birth (month) Dec. (day) 11 (year) 1920	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bonner ~~Newport~~	b. City or Town of Birth: Priest River, Idaho	
FATHER	6. Full Name of Father: Carl Adam Ritenour			7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Tess Ellen Lee			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: DeLoris Rose Ritenour Kimball	11. Present Address of Registrant: 12466 Lewis Ave. Chimo, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1964		12. Signature of Notary: Evelyn Avants	My Commission expires: EVELYN AVANTS NOTARY PUBLIC 19 CALIFORNIA COUNTY OF SAN BERNARDINO My Commission Expires February 18, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Carl A. Ritenour	Date Issued: Aug. 3, 1964	Date Orig. Entry: —	
	Date of Birth: Dec. 11, 1920	Birth Place: Priest River, Idaho	Full Name of Mother: Tess Ellen Lee Ritenour	Name of Father: Carl A. Ritenour	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Aloysius Church, Spokane, Washington, Roman Catholic	Date Issued: July 22, 1964	Date Orig. Entry: baptized Jan. 23, 1921	
	Date of Birth: Dec. 11, 1920	Birth Place: Priest River, Idaho	Full Name of Mother: Tessie Lee	Name of Father: Carl Ritenour	
SUPPORTING RECORD 3.	Type of Document: Certified copy of certificate of marriage	By whom issued and signed: County recorder, Los Angeles County, California	Date Issued: Aug. 17, 1964	Date Orig. Entry: Aug. 24, 1941	
	Date of Birth: Age 20	Birth Place: Priest River, Idaho	Full Name of Mother: Tess Lee	Name of Father: Carl Adam Ritenour	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 14, 1964

FORM BH 56067

SEP 15 1964

433-231-021-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-719

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern McLean			2. Date of Birth (month) January (day) 31 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fairview a. County: Franklin	b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Joseph E. McLean			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jennie Durant			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern McLean Giles		11. Present Address of Registrant: 908 Knott Place Dallas Texas
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 7, 1964	12. Signature of Notary: M J Sainks		13. Notary Commission expires: June 1 — 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school school records	By whom issued and signed: Minidoka County Schools old Heyburn High School	Date issued: Aug. 12, 1964	Date Orig. Entry: graduated in 1944
	Date of Birth: Jan. 31, 1920 / Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: ——	Name of Father: J. E. McLean	
SUPPORTING RECORD 2.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church	Date issued: Aug. 18, 1964	Date Orig. Entry: May 2, 1920
	Date of Birth: Jan.31,1920 / Birth Place: Fairview, Franklin County, Idaho	Full Name of Mother: Jennie Durant	Name of Father: Joseph E. Mc Lean	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Jennie Durant McLean	Date issued: Sept. 24, 1964	Date Orig. Entry: ——
	Date of Birth: Jan.31,1920 / Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Jennie Durant	Name of Father: Joseph E. McLean	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 23, 1964

FORM BH 56067

OCT 26 2004

296-222-034-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-730

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Virginia Brown
2. Date of Birth (month) (day) (year): Jan 22 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Paul, Idaho, Minidoka
b. City or Town of Birth: Paul

FATHER

6. Full Name of Father: James Albert Brown
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Effie Mae Drew Brown
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen B. Dalton
11. Present Address of Registrant: Decatur Ill. 1610 W. 14th William

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1964
12. Signature of Notary: Christie A. Hax
13. Notary Commission expires: March 25 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy #GN14,550,920
By whom issued and signed: The Equitable Life Assurance Society of the United States
Date Issued: Nov. 9, 1954
Date Orig. Entry: Oct. 31, 1954
Date of Birth: Jan. 22, 1920
Birth Place: Paul, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Personal record of marriage
By whom issued and signed: Howard C. Fulton, Pastor Church Seal, Avenue Baptist Chicago, Ill.
Date Issued: ---
Date Orig. Entry: April 29, 1944
Date of Birth: age: 24
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: photocopy of application for social security #533 12 7353
By whom issued and signed: Treasury Department
Date Issued: ---
Date Orig. Entry: June 14, 1939
Date of Birth: Jan. 22, 1920
Birth Place: Paul, Idaho
Full Name of Mother: Effie Mae Drew
Name of Father: James Albert Brown

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barsom
Evidence reviewed by: gml Glenda Larson
Date Filed: Oct. 30, 1964

FORM BH 56067

OCT 30 1964

Brown

469-210-DH-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-744

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VELMA LUCILLE MORGAN			2. Date Of Birth (month) February (day) 10 (year) 1920	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert	
FATHER	6. Full Name of Father: Homer Aldon Morgan			7. State or Country of Father's Birth: Edna, Kansas	
MOTHER	8. Full Maiden Name of Mother: Amy Hannah Edwards			9. State or Country of Mother's Birth: Mink Creek, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Velma L. Baptie	11. Present Address of Registrant: Box 27, Carey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 8, 19 64		12. Signature of Notary: Lillian T. Gooden	13. Notary Commission expires: Dec. 24, 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #2 898 194		By whom issued and signed: Metropolitan Life Insurance Company, New York	Date Issued: June 17, 1957	Date Orig. Entry: June 17, 1957
	Date of Birth: Feb.10,1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Amy Hannah Morgan	Date Issued: Oct.8,1964	Date Orig. Entry: -----
	Date of Birth: Feb.10,1920	Birth Place: Rupert, Idaho Minidoka County	Full Name of Mother: Amy Hannah Edwards	Name of Father: Homer Aldon Morgan	
SUPPORTING RECORD 3.	Type of Document: Driver's License #11 - 970		By whom issued and signed: Supt. Motor Vehicle Dept. State of Kansas	Date Issued: July 11, 1945	Date Orig. Entry: July 11, 1945
	Date of Birth: Feb.10,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 5, 1964

FORM BH 56067 1 copy paid rec. #5647

10-29-64

NOV 6 1964

Bellwood & Goodman, Attys

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Health
Registration

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: [illegible]	3. Date of Birth: [illegible] 10 1920
	3. Color or Race: [illegible]	4. Place of Birth (County): [illegible]	5. Place of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible] Morgan	7. State or Country of Father's Birth: [illegible], Kansas	
MOTHER	8. Full Name of Mother: [illegible] Edwards	9. State or Country of Mother's Birth: [illegible], Idaho	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present address of Registrant: Box 27, [illegible], Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 8 [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 24 [illegible] 66

APPLICATION TO BE MAILED BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible] Insurance [illegible], New York	Date Issued: [illegible] 1967	Date Orig. Entry: [illegible] 1967
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father:	
SUPPORTING RECORD	Type of Document: [illegible] by mother	By whom issued and signed: Amy [illegible] Morgan	Date Issued: Oct. 8, 1964	Date Orig. Entry: ----
	Date of Birth: [illegible] 10, 1920	Place of Birth: [illegible], Idaho [illegible] County	Full Name of Mother: Amy [illegible] Edwards	Name of Father: Homer Aldon Morgan
SUPPORTING RECORD	Type of Document: [illegible] Licence [illegible] - 970	By whom issued and signed: [illegible]	Date Issued: July 11, 1964	Date Orig. Entry: July 11, 1964
	Date of Birth: [illegible]	Place of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

DELAYED CERTIFICATION (Seal): I hereby certify that no other birth certificate has been issued, the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Address Reviewed by: [illegible]	Date Filed: [illegible] 1964

FORM NO. [illegible] [illegible]

464-123-027-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-759

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Lee Modrell			2. Date Of Birth (month) (day) (year): January 23, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Eden
FATHER	6. Full Name of Father: Willis Ambrose Modrell			7. State or Country of Father's Birth: Mulvane, Kansas
MOTHER	8. Full Maiden Name of Mother: Mildred S. G. Patrick			9. State or Country of Mother's Birth: Germania, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert Lee Modrell	11. Present Address of Registrant: P.O. 393 Oakland Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 11 1964		12. Signature of Notary: Fred J Hayes	13. Notary Commission expires: Oregon MY COMMISSION EXPIRES FEB. 29, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Family Record	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Jan. 23 1920	Birth Place: Eden, Idaho	Full Name of Mother: Mildred S. G. Patrick	Name of Father: Willis Ambrose Modrell	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage return		By whom issued and signed: Deschutes County, Oregon Cournty Clerk	Date Issued: Nov.12,1964	Date Orig. Entry: Nov. 4,1941
	Date of Birth: Age 21	Birth Place: Eden, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 65		By whom issued and signed: Jessie Muriel Suttle	Date Issued: Nov.10,1964	Date Orig. Entry: -----
	Date of Birth: Jan. 23, 1920	Birth Place: Eden, Jerome County, Idaho	Full Name of Mother: Mildred S. G. Patrick	Name of Father: Willis Ambrose Modrell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Nov. 16, 1964

FORM BH 56067

NOV 20 1964

613-22-042-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-786

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Walker		2. Date Of Birth (month) (day) (year): January 21 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: Arthur Henry Walker		7. State or Country of Father's Birth: Huntington Utah
MOTHER	8. Full Maiden Name of Mother: Blanche Florance Phillips		9. State or Country of Mother's Birth: Hilton Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Virginia Carpenter	11. Present Address of Registrant: Hayden Lake, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 18 1964	12. Signature of Notary: [illegible] Hayden Lake Idaho	13. Notary Commission expires: 4/15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Arthur H. Walker	Date Issued: Sept. 22, 1964	Date Orig. Entry: -----
	Date of Birth: Jan.21,1920 / Birth Place: Filer, Idaho	Full Name of Mother: Blanche Florance Walker	Name of Father: Arthur Henry Walker	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Weiser Hospital, Weiser, Idaho	Date Issued: -----	Date Orig. Entry: child born August 9,1944
	Date of Birth: Jan.21,1920 / Birth Place: Filer, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records	By whom issued and signed: S.S. Foote, Canyon Co. Idaho	Date Issued: Nov. 20, 1964	Date Orig. Entry: July 27, 1939
	Date of Birth: Age 19 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Nov. 27, 1964

FORM BH 56067 nm Search made in Twin Falls, Co. 9-15-64 (W)

Walker Carpenter

NOV 30 1964

386-109-024-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-069

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHESTER J. THORSTED			2. Date of Birth (month) NOV. (day) 9 (year) 1920
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: GOODING	b. City or Town of Birth: HAGERMAN
FATHER	6. Full Name of Father: RICHARD LAWRENCE THORSTED			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARGARET GRACE BELTZ			9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Chester J. Thorsted	11. Present Address of Registrant: 5971 So. 2100 W, Roy, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 2 19 1965		12. Signature of Notary: Helen M Trymayer	13. Notary Commission expires: Aug 2 19 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 56	By whom issued and signed: Evelyn Thorsted Jones	Date Issued: Jan.2,1965	Date Orig. Entry: -----
	Date of Birth: Nov.9,1920	Birth Place: Hagerman, Idaho	Full Name of Mother: Margaret Grace Beltz	Name of Father: Richard L. Thorsted
SUPPORTING RECORD 2.	Type of Document: photocopy of notification of personnel Action	By whom issued and signed: Dept. of the Air Force on Civil Service form	Date Issued: ----	Date Orig. Entry: March 14, 1951
	Date of Birth: Nov.9,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Beneficial Life Insurance Company #257800	Date Issued: ----	Date Orig. Entry: Sept.28,1944
	Date of Birth: Nov.9, 1920	Birth Place: Hagerman, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 29, 1965

FORM BH 56067 1 copy paid rec. #8245

Thorsted

FEB 24 1965

236-220-044-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Bessa Bloomer			2. Date Of Birth (month) July (day) 20 (year) 1920
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: John Bloomer			7. State or Country of Father's Birth: Scott County Virginia
MOTHER	8. Full Maiden Name of Mother: Mollie Elsie Gilliam			9. State or Country of Mother's Birth: Scott County Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian Bessa Light		11. Present Address of Registrant: 607 E. Comm. St. Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 23, 1964	12. Signature of Notary: Verna Rodriguez		13. Notary Commission expires: February 1, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #383073	Date Issued: -----	Date Orig. Entry: child born Nov. 22, 1943
	Date of Birth: Age 23	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of the Brethren, Weiser, Idaho, E.J.Glover, Minister	Date Issued: ----	Date Orig. Entry: baptized Feb. 21, 1954
	Date of Birth: July 20, 1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-16-1107		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Oct. 5, 1940
	Date of Birth: July 20, 1920	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Mollie Gulliam	Name of Father: John Bloomer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 12, 1965

FORM BH 56067

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MAR 12 1965

MAR 30 2009 x2

962-209-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Metilda Robinson		2. Date Of Birth (month) September (day) 9 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Taylor, Idaho
FATHER	6. Full Name of Father: Orson Sidney Robinson		7. State or Country of Father's Birth: Mountain Green, Utah	
MOTHER	8. Full Maiden Name of Mother: Rhoda Elizabeth Priest ✓		9. State or Country of Mother's Birth: Unitah, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Metilda Robinson Sleight	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 18 19 65	12. Signature of Notary: Darrin R. Adams	13. Notary Commission expires: 4/13 19 68	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Dec.29,1964	Date Orig. Entry: blessed Dec.5,1920	
	Date of Birth: Sept.9,1920	Birth Place: Taylor, Idaho	Full Name of Mother: Rhoda E. Priest	Name of Father: Sidney O. Robinson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation (photocopy)	By whom issued and signed: LDS Church, Taylor Ward, book #2, No. 247	Date Issued: ----	Date Orig. Entry: baptized Aug.31,1929	
	Date of Birth: Sept.9,1920	Birth Place: Taylor, Idaho	Full Name of Mother: Rhoda E. Priest	Name of Father: S. O. Robinson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present, second oldest child of family	By whom issued and signed: Jennie E. Jardine Age 59	Date Issued: Jan.15,1965	Date Orig. Entry: -----	
	Date of Birth: Sept.9,1920	Birth Place: Taylor, Idaho	Full Name of Mother: Rhoda E. Priest	Name of Father: Sidney O. Robinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson gml	April 6, 1965

FORM BH 56067

1 cp. pol. rec # 7679

APR 6 1965

MAR 30 1976

238-121-020-066

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-403

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROBERT EDWARD SCHRAFT
2. Date Of Birth (month) Feb. (day) 21 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Pine, Idaho

FATHER

6. Full Name of Father: MONROE EDWARD SCHRAFT
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ETHEL MAY HOWARD
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert E. Schraft
11. Present Address of Registrant: MERCURY, NEV. 89023 P.O. BOX 1166 AREA 12

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1965
12. Signature of Notary: Gretta L. Schrack
13. Notary Commission expires: May 21 1969

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #4-9-12-11430	Idaho Mutual Benefit Association, Boise, Idaho	Aug.22,1952	Aug.18,1952
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.21,1920 / Pine, Idaho	------	------	
SUPPORTING RECORD 2.	Hospital record of own child's birth	St. Alphonsus Hospital Boise, Idaho	----	child born Oct.16,1947
	Feb.21,1920 / Pine, Idaho	------	------	
SUPPORTING RECORD 3.	Affidavit by father	Monroe Edward Schraft	May 21,1965	------
	Feb.21,1920 / Pine, Idaho Elmore County	Ethel Mae Howard Schraft	Monroe Edward Schraft	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 14, 1965

FORM BH 56067

ICP pd rec # 14280

5-13-65

Goddard

JUN 14 1965
JUL 23 2003

717-25-042-815

3494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Emma Page ~~Hilton~~		2. Date Of Birth (month) May (day) 15 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls Twin Falls Idaho b. City or Town of Birth: Twin Falls Idaho
FATHER	6. Full Name of Father: Willard Eugene Page		7. State or Country of Father's Birth: Centerville Davis [illegible]
MOTHER	8. Full Maiden Name of Mother: Delora Marie Hansen		9. State or Country of Mother's Birth: Elsinore Sanpete [illegible] Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Emma Page	11. Present Address of Registrant: Clearfield Rt. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 15, 19 60	12. Signature of Notary: Leland Barlow, Clearfield, Utah. My Commission Expires Jan 26, 19[illegible]	13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (copy) own childs birth certificate		By whom issued and signed: State of Utah #51-291024	Date Issued: -----	Date Orig. Entry: child born Apr. 26, 1951
	Date of Birth: age 30	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend		By whom issued and signed: LDS Church, Salt Lake Temple J. N. Holt, mission president	Date Issued: Jan. 18, 1942	Date Orig. Entry: baptised Sept. 2, 1928
	Date of Birth: May 15, 1920	Birth Place: Twin Falls County Twin Falls, Idaho	Full Name of Mother: Delora Marie Hansen	Name of Father: Willard Eugene Page	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 63		By whom issued and signed: Maud Augusts Hansen Barlow	Date Issued: July 1, 1965	Date Orig. Entry: ------
	Date of Birth: May 15, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Delora Marie Hansen Page	Name of Father: Willard Eugene Page	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Glenda Larson	Date Filed: July 30, 1965

FORM BH 56067

1-8-60 one copy paid #18463.

JUL 30 1965

866-217-006-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Alma Howell			2. Date Of Birth: (month) May (day) 17 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Moreland	
FATHER	6. Full Name of Father: John D. Howell			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Rosa Catherine Frasure			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Alma Howell		11. Present Address of Registrant: 529 E Street San Bernardino, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 16th 1965	12. Signature of Notary: Fred L. Hoffmann		13. Notary Commission expires: FRED L. HOFFMANN My Commission Expires October 16, 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256639		Date Issued: ----	Date Orig. Entry: child born July 10, 1937
	Date of Birth: Age 17	Birth Place: Moreland, Idaho	Full Name of Mother: ------		Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Sarah Devaney, County Clerk Bannock County, Idaho		Date Issued: Aug.4,1965	Date Orig. Entry: Sept.26,1936
	Date of Birth: Age 16	Birth Place: -----	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: John D. Howell		Date Issued: Aug.4,1965	Date Orig. Entry: ------
	Date of Birth: May 17,1920	Birth Place: Bingham County Moreland,Idaho	Full Name of Mother: Rosa Catherine Frasure Howell		Name of Father: John D. Howell
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept.2,1965

FORM BH 56067

SEP 2 1965

553-217-031-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-616

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Louise Nelson
2. Date Of Birth (month) (day) (year): MAY 17 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: home Lewis
b. City or Town of Birth: Winchester

FATHER

6. Full Name of Father: John Morris Nelson
7. State or Country of Father's Birth: Lansing, Michigan

MOTHER

8. Full Maiden Name of Mother: Alice Gertrude Berreman
9. State or Country of Mother's Birth: Spokane, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Louise Nelson Duffield
11. Present Address of Registrant: R1 Box 21 Moxee Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 18, 1965
12. Signature of Notary: Alice M. Toupin
13. Notary Commission expires: July 14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Marriage Return	Yakima County, Washington County Recorder's Office	Aug.12,1965	June 26,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 17	Winchester,Idaho	Alice Berreman	John Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	First Christian Church,Yakima,Wash. Eldon Haley, Minister	Aug.17,1965	baptized April 12,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 15	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Alice G. Berreman Nelson Moore	Aug.18,1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 17,1920	Winchester, Idaho	Alice G. Berreman Nelson	John M. Nelson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 2, 1965

FORM BH 56067

SEP 2 1965

JAN 10 2006

458-205-010-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Elsie Mary Meyers**		2. Date of Birth (month) (day) (year): **October 5 1920**
	3. Color or Race: **white**	4. Sex: **female**	5. Place of Birth a. County: **Bonneville** / b. City or Town of Birth: **Bone**
FATHER	6. Full Name of Father: **John Meyers**		7. State or Country of Father's Birth: **Switzerland**
MOTHER	8. Full Maiden Name of Mother: **Elsie Elizabeth Frame**		9. State or Country of Mother's Birth: **Utah**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Mary Meyers	11. Present Address of Registrant: 833 West Whitman, Pocatello, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1964	12. Signature of Notary: L. C. Benson	13. Notary Commission expires: Nov. 18, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage records	By whom issued and signed: On file Idaho #49-14545	Date Issued: ---	Date Orig. Entry: Jan. 22, 1949	
	Date of Birth: Age 28	Birth Place: Bone, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #58-9429	Date Issued: ---	Date Orig. Entry: child born August 1, 1958	
	Date of Birth: Age 37	Birth Place: Bonne, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for Social Security #518-28-3331	By whom issued and signed: Social Security Administration Treasury Department	Date Issued: -----	Date Orig. Entry: Oct.4,1944	
	Date of Birth: Oct.5,1920	Birth Place: Bone, Idaho	Full Name of Mother: Elsie Elizabeth Frame	Name of Father: Jack William Meyers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Sept. 2, 1965

FORM BH 56067

1 copy paid rec. #4674

5-14-65

SEP 2 1965

DEC 14 2004

Martin

Swanson, Atty

794-226-025-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie May Pidgeon		2. Date Of Birth (month) May (day) 26 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Grangeville Idaho
FATHER	6. Full Name of Father: Charles Ross Pidgeon		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Uvena Emly Arnold		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie May Craig	11. Present Address of Registrant: Salem, Iowa.
NOTARY (Seal)	Subscribed and sworn to before me on: November 28, 1964	12. Signature of Notary: William W Bunker	13. Notary Commission expires: July 4, 1966

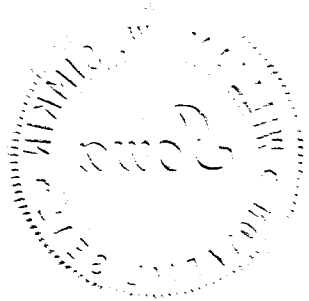
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Salem High School	Date Issued: -----	Date Orig. Entry: May 13,1938
	Date of Birth: May 26,1920 / Birth Place: Grangeville,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Uvena Pidgeon and Charles R. Pidgeon	Date Issued: June 14,1965	Date Orig. Entry: -----
	Date of Birth: May 26,1920 / Birth Place: Grangeville,Idaho	Full Name of Mother: Mrs. Uvena Pidgeon	Name of Father: Charles R. Pidgeon	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: May 26,1920 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 4,1965

FORM BH 56067

FEB 2 3 2004
OCT 4 1965



613219.016-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 65-722

~~Wanda Wolverton~~

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~White~~ Wanda Wolverton	2. Date Of Birth (month) June (day) 19 (year) 1920
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Burley	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: David Levi Wolverton	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Dora Elizabeth Crump	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Scott; 11. Present Address of Registrant: N-2012 Edgerton, Spokane Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: September 29, 1965	12. Signature of Notary: Marie F. Lemley; 13. Notary Commission expires: July 29 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dora E. Glover	Date issued: Sept. 17 1965	Date Orig. Entry: -------
	Date of Birth: June 19 1920; Birth Place: Burley, Idaho	Full Name of Mother: Dora E. Crump	Name of Father: David Levi Wolverton	
SUPPORTING RECORD 2.	Type of Document: Certified copy Affidavit for Marriage	By whom issued and signed: Sarah Devaney, Deputy	Date issued: May 11, 1946	Date Orig. Entry: May 11 1946
	Date of Birth: Age 25; Birth Place: Burley, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of Idaho, Vital Statistics department	Date issued: Dec.6,1943	Date Orig. Entry: child born Feb.13,1942
	Date of Birth: Age 21; Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	October 7, 1965

FORM BH 56067

OCT 8 1965

Bernice [illegible] Doc #3 OK

294-215-022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tessie Ardell Krupp		2. Date of Birth: (month) June (day) 15 (year) 1920	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Drummond
FATHER	6. Full Name of Father: Ezra Roy Krupp		7. State or Country of Father's Birth: TEN MARO (PERRY CO) ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: Inez Blanch Hall		9. State or Country of Mother's Birth: ANNIS, (Fremont) IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tessie A. Whittaker	11. Present Address of Registrant: UCon, Idaho Box 82	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-30 1965	12. Signature of Notary: Bob L Claiborne	13. Notary Commission expires: 7-1969 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by great aunt who was nurse at birth	By whom issued and signed: Myrtle Park Lamb (born 6-16-1890)	Date Issued: May 4, 1965	Date Orig. Entry: ------
	Date of Birth: June 15, 1920 / Birth Place: Drummond, Idaho Fremont County	Full Name of Mother: Inez Blanch Hall	Name of Father: Ezra Roy Krupp	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Albert L. Thomas, Bishop	Date Issued: ------	Date Orig. Entry: confirmed July 1, 1928
	Date of Birth: June 15,1920 / Birth Place: Drummond, Idaho	Full Name of Mother: Inez Blanche Hall	Name of Father: Ezra Roy Krupp	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Bonneville County, Idaho Elayne Nicholls, Deputy	Date Issued: Oct.7,1965	Date Orig. Entry: May 6, 1939
	Date of Birth: June 15-20 (age 18) / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

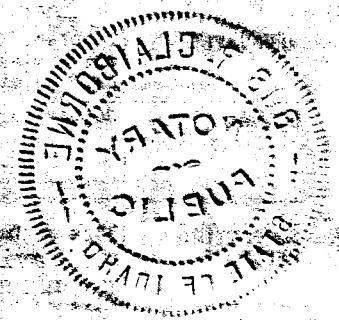
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct.25, 1965

FORM BH 56067

Lamb

Whittaker

OCT 25 [illegible]



897-212-006-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-752

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Marie Higley		2. Date of Birth: (month) April (day) 12 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: John Glen Higley		7. State or Country of Father's Birth: Shelley, Bingham, Idaho	
MOTHER	8. Full Maiden Name of Mother: Vera Ardella Rounds		9. State or Country of Mother's Birth: Iona, Bonneville, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. Marie Higley Worthington	11. Present Address of Registrant: 2211 Sunnybrook Way, Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 20 1965	12. Signature of Notary: D. W. Jensen	13. Notary Commission expires: April 4 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Duplicate Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church, William Humphreys, Elder	Date Issued: Sep.19,1965	Date Orig. Entry: baptized Aug.3,1929	
	Date of Birth: Apr.12,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Vera Rounds	Name of Father: Glen Higley	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: -----	Date Orig. Entry: child born May 17,1952	
	Date of Birth: Age 32	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Vere R. Higley Carson	Date Issued: Oct.7,1965	Date Orig. Entry: -----	
	Date of Birth: Apr.12,1920	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Vere Ardella Rounds	Name of Father: John Glen Higley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	gml Glenda Larson	October 25,1965

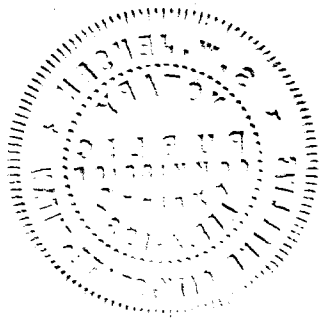
FORM BH 56067

ICP pd rec # 18774

10-1-65 [illegible]

Worthington

OCT 25 1965



773 253-209-034-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-773

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Hays Belgarde
2. Date of Birth (month) July (day) 9, (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Charles Gregory Belgarde
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Ella Elizabeth Hays
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth Hays Belgarde
11. Present Address of Registrant: Route 3, Rupert, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 19 19 62

12. Signature of Notary: Kathryn A. McLeak
13. Notary Commission expires: June 15 19 65

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible	-------	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9 1920	Rupert, Idaho	Ella Elizabeth Hays	Charles Gregory Belgarde

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents age 67	Charles Gregory Belgarde Ella Elizabeth Belgarde	July 19, 1962	----------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9 1920	Minidoka County Rupert, Idaho	Ella Elizabeth Hays	Charles Gregory Belgarde

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file with state of Idaho # 419229	------	child born March 29, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25	Idaho	--------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 27, 1965

FORM BH 56067

12-20-60

OCT 27 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DE 65-773

REGISTRANT	1. Registrant's Full Name of Birth: Elizabeth Hays Belgarde	2. Date of Birth: July 9, 1920	
	3. Color or Race: White	4. Sex: Ø	5. Place of Birth: Minidoka	6. County of Birth: Rupert
FATHER	7. Full Name of Father: Charles Gregory Belgarde	8. State or Country of Father's Birth: Iowa	
MOTHER	9. Full Maiden Name of Mother: Ella Elizabeth Hays	10. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	11. Hereby declare that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant:	13. Present Address of Registrant: Route 3, Rupert, Idaho
	14. Subscribed and sworn to before me on: July 19, 1962	15. Signature of Notary:	16. Notary Commission Expires: June 15, 1965

RECORD	Type of Document: Bible Record	By Whom Issued and Signed: Family Bible	Date Issued: -------	Date Delayed: Obviously old
	Date of Birth: July 9, 1920	Full Name of Mother: Ella Elizabeth Hays	Name of Father: Charles Gregory Belgarde	
SUPPORTING RECORD	Type of Document: Affidavit by parents age 67	Name of Mother: Charles Gregory Belgarde Ella Elizabeth Belgarde	Date Issued: July 19, 1962	Date Orig. Entry: ----------
	Date of Birth: July 9, 1920	Full Name of Mother: Ella Elizabeth Hays	Name of Father: Charles Gregory Belgarde	
SUPPORTING RECORD 3	Type of Document: Own childs birth certificate	By Whom Issued and Signed: on file with state of Idaho # 419229	Date Issued: -------	Date Orig. Entry: child born March 29, 1946
	Date of Birth: Age 25	Full Name of Mother: Idaho	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supplemented the [illegible] forgoing abstract.

Signature	Signature	Date Filed
W. R. Benson	Florence Cortright	Oct. 27, 1965

367-224-031-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-911

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Jeanne Cope		2. Date Of Birth (month) (day) (year): April 24, 1920
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Lewis; b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: William Tandy Cope		7. State or Country of Father's Birth: Washington, Spokane
MOTHER	8. Full Maiden Name of Mother: Alma Grace Christopher		9. State or Country of Mother's Birth: N. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Jeanne Hartley	11. Present Address of Registrant: 1845 Plum St. Tofu Ore
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 28 1965	12. Signature of Notary: Norma [illegible]	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES SEPT. 15, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Lewis County, Idaho, Doris Brown, Clerk of Dist. Court	Date issued: Sep.23,1965	Date Orig. Entry: Oct.17,1929
	Date of Birth: Apr.24,1920	Birth Place: ----	Full Name of Mother: -----	Name of Father: Ted Cope
SUPPORTING RECORD 2.	Type of Document: affidavit by person present at birth	By whom issued and signed: Florence Gaskill Age 71	Date issued: Nov.23,1965	Date Orig. Entry: ----
	Date of Birth: Apr.24,1920	Birth Place: Winchester, Idaho	Full Name of Mother: Alma Grace Christopher	Name of Father: William Tandy Cope
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Prairie City, Grant County, Oregon	Date issued: -----	Date Orig. Entry: child born Apr.28,1941
	Date of Birth: Age 21	Birth Place: Winchester, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 14, 1965

FORM BH 56067

11-8-65 [illegible]

DEC 14 1965

(Hartley)

(~~[illegible]~~)

491-204-003-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-926

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Joyce Draper		2. Date of Birth (month) March (day) 4 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pocatello, Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Reuben Samuel Draper		7. State or Country of Father's Birth: Riverton, Salt Lake Co. Utah
MOTHER	8. Full Maiden Name of Mother: Bessie V Simmers		9. State or Country of Mother's Birth: Aurelia, Cherokee Co. Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alyce J Womac	11. Present Address of Registrant: 3032 60th Ave. S.W. Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 10 1965	12. Signature of Notary: E. J. Rusby	13. Notary Commission expires: Jan 15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Federal Employment	By whom issued and signed: Civil Service Commission	Date issued: Feb.4,1957	Date Orig. Entry: Feb. 4, 1957
	Date of Birth: Mar.4,1920	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie V.Simmers Ellibee	Date issued: Jun.14,1965	Date Orig. Entry: -----
	Date of Birth: Mar.4,1920	Birth Place: Pocatello, Idaho Bannock, County	Full Name of Mother: Bessie V. Simmers	Name of Father: Reuben Samuel Draper
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Orlando J.Bateman Bishop	Date issued: Jul.25,1932	Date Orig. Entry: Baptized May 29, 1932
	Date of Birth: Mar.4,1920	Birth Place: Pocatello, Idaho Bannock, County	Full Name of Mother: Bessie Simmers	Name of Father: Reuben Samuel Draper
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Berson	Glenda Larson	Dec.23,1965

FORM BH 56067

Womac

DEC 23 1965

743-208-006-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-101

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion Gutke
2. Date Of Birth (month) (day) (year): Jan. 8 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Bingham
6. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: William Martinus Gutke
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Edith Augusta Wadsworth
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion Gutke Quinn
11. Present Address of Registrant: Grand Canyon Ariz

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 10, 1966
12. Signature of Notary: Eagle M. Smith
13. Notary Commission expires: My Commission [illegible] 19 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Sep.27,1965	April 1,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 10 / Idaho	Edith Gutke	William Gutke	
SUPPORTING RECORD 2.	photocopy of Certificate of Record of Membership	LDS Church, Salt Lake City, Utah	Aug.9,1965	blessed March 7,1920
	Jan.8,1920 / Shelley, Idaho	Edith Wadsworth	William M. Gutke	
SUPPORTING RECORD 3.	photocopy of own child's birth certificate	child born in Cedar City,Utah #53 11 0323	-----	child born Aug.26,1953
	Age 33 / Shelley, Idaho	-----	-----	

QUALIFYING INFORMATION

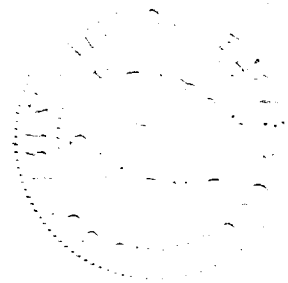
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 7, 1966

FORM BH 56067

FEB 7 1966



689-106-026-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALD WILLIAM WHITAKER			2. Date of Birth (month) AUG. (day) 6 (year) 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LORENZO IDA. JEFFERSON	b. City or Town of Birth: LORENZO IDAHO
FATHER	6. Full Name of Father: WILLIAM LEANDER WHITAKER			7. State or Country of Father's Birth: WILLARD UTAH
MOTHER	8. Full Maiden Name of Mother: SYLVIA VIOLA GILSON			9. State or Country of Mother's Birth: PARADISE UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald William Whitaker		11. Present Address of Registrant: 116 SYCAMORE-ST LODI, CAL.
NOTARY (Seal)	Subscribed and sworn to before me on: February 16, 1966	12. Signature of Notary: Jacob P. Kelly		13. Notary Commission expires: June 19, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized copy of Discharge	By whom issued and signed: M. E. Wright, CDR Dept of Navy	Date Issued: Entered Apr.18,1956	Date Orig. Entry: ------	
	Date of Birth: August 6 1920	Birth Place: Lorenzo, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 59	By whom issued and signed: Veda Cynthia Williamson	Date Issued: Feb. 18, 1966	Date Orig. Entry: -------	
	Date of Birth: August 6 1920	Birth Place: Lorenzo, Idaho	Full Name of Mother: Sylvia Viola Gilson	Name of Father: William Leander Whitaker	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 427449 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born Oct.24,1946	
	Date of Birth: Age 26	Birth Place: Lorenzo, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

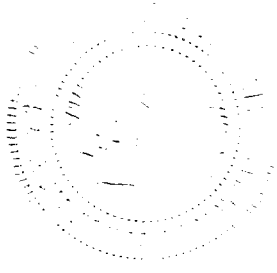
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb.18, 1966

FORM BH 56067

2-10-66

FEB 23 1966



745221-645-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Uretha Preston			2. Date of Birth (month) June (day) 21 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Elmer Adelbert Preston			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Uretha Caroline Campbell			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Uretha Stewart		11. Present Address of Registrant: Midvale
NOTARY (Seal)	Subscribed and sworn to before me on: February 4th 1966	12. Signature of Notary: Frank B. Joseph		13. Notary Commission expires: March 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #424530	Date Issued: ----	Date Orig. Entry: child born Aug. 23, 1946
	Date of Birth: Age 26	Birth Place: Midvale, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Uretha Caroline Preston	Date Issued: Feb. 4, 1966	Date Orig. Entry: -----
	Date of Birth: June 21, 1920	Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Uretha Caroline Preston	Name of Father: Elmer Adelbert Preston	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge record		By whom issued and signed: Victory Rebekah Lodge #77 Midvale, Idaho	Date Issued: Mar. 2, 1966	Date Orig. Entry: March 27, 1956
	Date of Birth: June 21, 1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 17, 1966

FORM BH 56067

MAR 17 1966

617211-034-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE66-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHRISTENA WAGEMANN			2. Date of Birth (month) Oct. (day) 11 (year) 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Minidoka County	b. City or Town of Birth: rural Paul
FATHER	6. Full Name of Father: JACOB WAGEMANN			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: MAGDELANA HELM			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Christena Wageman Cole		11. Present Address of Registrant: Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 30th 1960	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb. 16th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Magdalena Wageman	Date Issued: Dec. 30, 1960	Date Orig. Entry: -----
	Date of Birth: Oct. 11, 1920 / Birth Place: Minidoka County Idaho	Full Name of Mother: Magdalena Helm	Name of Father: Jacob Wageman	
SUPPORTING RECORD 2.	Type of Document: Notorized School Census	By whom issued and signed: Camden B. Meyer, Supt. Minidoka County Schools	Date Issued: April 1 1964	Date Orig. Entry: Census taken 1921
	Date of Birth: Oct. 11, 1920 / Birth Place: Paul, Idaho	Full Name of Mother: Magdelana Helm	Name of Father: Jacob Wageman	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 49-15691 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born March 21, 1949
	Date of Birth: Age28 / Birth Place: Paul, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

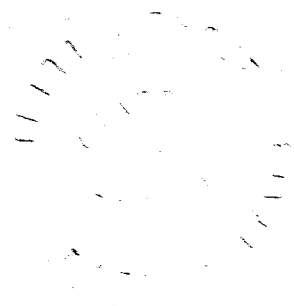
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Florence Curtright	March 25, 1966

FORM BH 56067

2-20-61 one copy paid #12647

MAR 30 1966



466-213-034-6879

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Lou Dowdle			2. Date Of Birth (month) Nov (day) 13 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: ~~Idaho~~ Rexburg a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: William Wilford Dowdle			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Manila White			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Lou Dowdle Myers		11. Present Address of Registrant: Route 2 Box 298 Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1966	12. Signature of Notary: Anita Louise K. Horton		13. Notary Commission expires: Dec 25 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

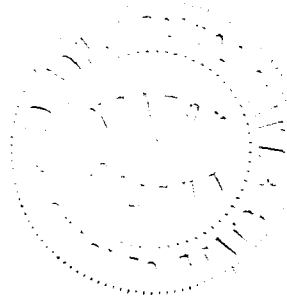
SUPPORTING RECORD 1.	Type of Document: # 49941 Insurance Policy OL-Ida-	By whom issued and signed: National Public Service Ins.	Date Issued: Jan.9,1953	Date Orig. Entry: Jan.9,1953
	Date of Birth: Nov.13,1920 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Walter N. Rose, Bishop L. D. S. Church	Date Issued: Feb.2,1929	Date Orig. Entry: Baptized Feb.3,1929
	Date of Birth: Nov.13,1920 / Birth Place: Rexburg,Idaho	Full Name of Mother: Manila White	Name of Father: William Wilford Dowdle	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 296791 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born June 14,1940
	Date of Birth: Age 19 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 14,1966

FORM BH 56067

2-24-66

APR 15 1966



UNCLASSIFIED

959-111-014-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLIVE LONIAL IVIE	2. Date of Birth (month) (day) (year): OCT. 11 1920
	3. Color or Race: CAUC. 4. Sex: M 5. Place of Birth a. County: IDAHO CANYON	b. City or Town of Birth: MELBA
FATHER	6. Full Name of Father: CHARLES EVERETT IVIE	7. State or Country of Father's Birth: MISSOURI (Sullivan Cnty)
MOTHER	8. Full Maiden Name of Mother: ADAH Ethel GATES	9. State or Country of Mother's Birth: MISSOURI (ADAIR Cnty)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Clive Lonial Ivie
		11. Present Address of Registrant: 324 9th Ave. So. Nampa, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1966	12. Signature of Notary: Merle E. McReynolds
		13. Notary Commission expires: 6-1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 73	By whom issued and signed: Adah Ethel Ivie	Date issued: April 21,1966	Date Orig. Entry: -------
	Date of Birth: Oct.11,1920 Birth Place: Melba, Idaho	Full Name of Mother: Adah Ethel Gates	Name of Father: Charles Everett Ivie	
SUPPORTING RECORD 2.	Type of Document: Notorized page from Bible	By whom issued and signed: Family Bible	Date issued: Apr.21,1966	Date Orig. Entry: original Obviously old
	Date of Birth: Oct.11,1920 Birth Place: Idaho	Full Name of Mother: Adah Ethel Gates	Name of Father: Charles Everett Ivie	
SUPPORTING RECORD 3.	Type of Document: Honorable Separation DD 214	By whom issued and signed: Armed Forces of U. S.	Date issued: reenlisted Mar.29,1950	Date Orig. Entry: ----------
	Date of Birth: Oct.11,1920 Birth Place: Melba, Idaho	Full Name of Mother: -------	Name of Father: ----------	

QUALIFYING INFORMATION

The attached record of births is a copy of the page from the Bible wich is owned by the registrant Mother showing the birth of all her childern.

Merle E. McReynolds

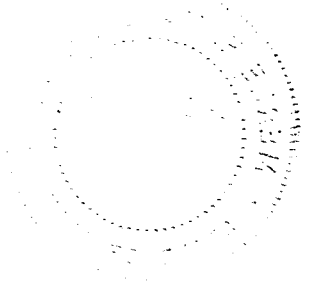
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 26,1966

FORM BH 56067 In office - Searched - No Record 4-18-66

APR 27 1966



962-212-005-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Marie Robinson		2. Date Of Birth (month) July (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: St. Maries Benewah; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: William W. Robinson		7. State or Country of Father's Birth: Not Known
MOTHER	8. Full Maiden Name of Mother: Willa Lee Martin		9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Marie Robinson McLean	11. Present Address of Registrant: Route 2 Box 300 Post Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 8, 19 66	12. Signature of Notary: Gretchen M. Rollis	13. Notary Commission expires: Nov. 24th 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: William W. Robinson	Date issued: Jan.21,1966	Date Orig. Entry: -----
	Date of Birth: July 12,1920	Birth Place: near St. Maries, Benewah Co., Idaho	Full Name of Mother: Willa Lee Martin (Robinson)	Name of Father: William W. Robinson	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license #124935		By whom issued and signed: Kootenai County recorder's office, Idaho	Date issued: ----	Date Orig. Entry: June 7,1940
	Date of Birth: July 12,1920	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-16-8832		By whom issued and signed: Social Security Administration	Date issued: ----	Date Orig. Entry: Oct.5,1938
	Date of Birth: July 12,1920	Birth Place: St. Maries, Idaho	Full Name of Mother: Willie Lee Martin	Name of Father: William Washington Robinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 11, 1966

FORM BH 56067

1 cp pd rec # 7302 # 2504 4-13-64

MAY 1 1 1966

415-207042-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Hazel Davis		2. Date Of Birth (month) 2 (day) 7 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Buhl, Idaho; b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Loyd Cecil Davis		7. State or Country of Father's Birth: ARKANSAS
MOTHER	8. Full Maiden Name of Mother: Esther Ida Noh		9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Hazel Davis Hansen	11. Present Address of Registrant: 1632 22nd Ave. Longview Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1966	12. Signature of Notary: Leland A Stroope	13. Notary Commission expires: Oct 12 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Loyd Cecil Davis and Esther Ida Davis	Date Issued: Feb.1,1966	Date Orig. Entry: ------
	Date of Birth: Feb.7,1920	Birth Place: Buhl, Idaho	Full Name of Mother: Esther Ida Davis	Name of Father: Loyd Cecil Davis
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Sunnyside, Yakima Co., Washington	Date Issued: ----	Date Orig. Entry: child born Feb. 27, 1948
	Date of Birth: Age: 28	Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho L.L. O'Neill, registrar	Date Issued: Apr.26,1966	Date Orig. Entry: Sept.22,1939
	Date of Birth: Feb.7,1920	Birth Place: Buhl, Idaho	Full Name of Mother: Esther (Noh) Davis	Name of Father: Loyd C. Davis
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

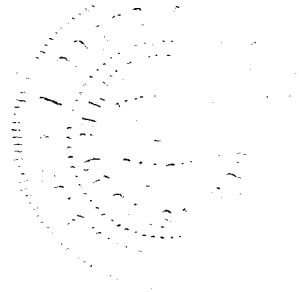
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	May 18, 1966.

FORM BH 56067

(H) 3-17-66

MAY 18 1966



255-22-4-023-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELDA IRENE SEETIN		2. Date Of Birth (month) April (day) 24 (year) 1920	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Buswell Seetin		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Jessie Woods		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Elda Irene Seetin	11. Present Address of Registrant: E.13524 Nora, Veradale, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1966	12. Signature of Notary: W. Kennedy	13. Notary Commission expires: Feb. 26 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible records	Date Issued: -----	Date Orig. Entry: obviously old	
	Date of Birth: Apr.24,1920	Birth Place: Sweet, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 72	By whom issued and signed: Mrs. Oliver Seetin	Date Issued: June 20,1962	Date Orig. Entry: -----	
	Date of Birth: Apr.24,1920	Birth Place: Sweet, Idaho	Full Name of Mother: Jessie Woods Seetin	Name of Father: Buswell Seetin	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Lewiston Jr.-Sr. High school Frank B. Clark, principal	Date Issued: Apr.5,1966	Date Orig. Entry: Sept.6,1932	
	Date of Birth: Apr.24,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: Buswell Seetin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 20, 1966

FORM BH 56067 No search made. (J) 3-14-66

MAY 20 1966

967-228-029-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-478

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Marie Rogers
2. Date of Birth: (month) 7 (day) 28 (year) 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Moscow Ida Latah; b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Louis Milton Rogers
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mabel May Buchholz
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Marie (Rogers) Wickert Heimer
11. Present Address of Registrant: 678 Arbutus 3 Sunnyvale, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 28th April 1966

12. Signature of Notary: Charles S. Skiff — CHARLES S. SKIFF
13. Notary Commission expires: My Commission Expires Jan. 6, 1969 — 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	marriage license and cert.	On file Idaho #54-5999	-----	Sept.25,1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 34 / Moscow, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Mabel Miller	Mar.17,1966	-----
	Jul.28,1920 / Moscow, Idaho	Mabel May Buchholz	Louis Milton Rogers	
SUPPORTING RECORD 3.	photocopy of own child's birth certificate from hospital	Deaconess Hospital, Spokane Washington	-----	child born Mar.26,1956
	Jul.28,1920 / Moscow, Idaho	-----	-----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

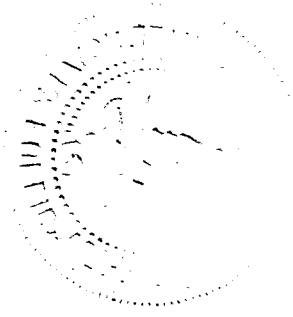
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 1, 1966

FORM BH 56067

1-26-66

JUN 1 1966



759-27-025-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Eleonore Gerber.			2. Date of Birth (month) Oct. (day) 27 (year) 1920
	3. Color or Race: Caus.	4. Sex: F	5. Place of Birth a. County: American Falls. Idaho	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: August Gerber			7. State or Country of Father's Birth: Zeplitz Russi
MOTHER	8. Full Maiden Name of Mother: Clara Wetzel.			9. State or Country of Mother's Birth: Sandusky O POWER
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Eleonore Gerber (Mrs.)		11. Present Address of Registrant: 1716 W Elm St. Lodi. Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 1966	12. Signature of Notary: Ina C. Shank		13. Notary Commission expires: April 22 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Confirmation Certificate	By whom issued and signed: Evang. Luth. Emanuels,Church W.R.Kraxberger. Lodi,Calif.	Date Issued: ----	Date Orig. Entry: April 14,1935
	Date of Birth: Oct.27,1920 / Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #49-217897	By whom issued and signed: vital statistics, State of California	Date Issued: -----	Date Orig. Entry: child born Nov.22,1949
	Date of Birth: Age 29 / Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 76	By whom issued and signed: August Gerber	Date Issued: May 16,1966	Date Orig. Entry: -----
	Date of Birth: Oct.27,1920 / Birth Place: American Falls, Idaho	Full Name of Mother: Clara Wetzel Gerber	Name of Father: August Gerber	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 3, 1966

FORM BH 56067

100 #11 Mc # 651

(6) 5-11-66 9

JUN 3 1966

231-110-010-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAY D. BLAIR			2. Date Of Birth (month) May (day) 10 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Zebedee Blair			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Verna Mae Woods			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ray D. Blair	11. Present Address of Registrant: Rt 1 Box 731, Prineville, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on June 15 19 65		12. Signature of Notary: James B. Mullen Oregon	13. Notary Commission expires: My Commission Expires March 31, 1969 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S. Army, Harvey D. Taylor, Lt. Col. Calvary	Date Issued: Nov. 12, 1945	Date Orig. Entry: inducted Nov. 12, 1942
	Date of Birth: May 10, 1920 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Verna May Earnhardt	Date Issued: Mar. 17, 1962	Date Orig. Entry: -----
	Date of Birth: May 10, 1920 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Verna Mae Blair	Name of Father: Zebedee Blair	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license application	By whom issued and signed: Deschutes County, Oregon	Date Issued: May 25, 1966	Date Orig. Entry: Nov. 24, 1943
	Date of Birth: May 10, 1920 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 8, 1966

FORM BH 56067

1 copy paid 4-6-61

(3)

JUN 8 1966

Blair

553-227-036-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reta Nelson		2. Date of Birth (month) April (day) 27 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Juniper
FATHER	6. Full Name of Father: George Nelson		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lela Austin		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reta N. Black	11. Present Address of Registrant: Rt 1 Box 257 Logan Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

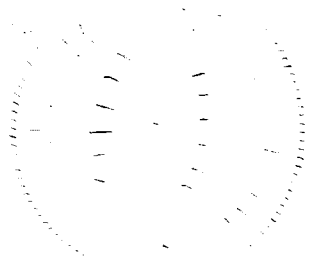
SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: George Nelson Age 77 Lela A. Nelson AGe 71	Date Issued: June 14, 1966	Date Orig. Entry: -------
	Date of Birth: Apr. 27, 1920	Birth Place: Juniper, Idaho	Full Name of Mother: Lela Austin George Nelson	Name of Father: George Nelson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of childs birth		By whom issued and signed: State of Utah	Date Issued: Sept. 9, 1957	Date Orig. Entry: child born June 25, 1939
	Date of Birth: age 19	Birth Place: Juniper, Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certified copy pf marriage license		By whom issued and signed: State of Utah, Col of Cache	Date Issued: June 14, 1966	Date Orig. Entry: married Sept. 13, 1938
	Date of Birth: Age 18	Birth Place: Juniper, Idaho	Full Name of Mother: ------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: June 15, 1966

FORM BH 56067 No search made. One copy paid Rec. # 8666. (B) 3-14-66

Black

JUN 20 1966



245-204-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merlyn Kunz	2. Date of Birth (month) (day) (year): Sept. 4, 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bern Idaho
FATHER	6. Full Name of Father: Alvin Nephi Kunz	7. State or Country of Father's Birth: Bear Lake Co. Idaho
MOTHER	8. Full Maiden Name of Mother: Amy Matilda Kunz	9. State or Country of Mother's Birth: Bear Lake Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlyn K. Jensen; 11. Present Address of Registrant: 610 Grant, Montpelier Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1966	12. Signature of Notary: Juanita Derricott; 13. Notary Commission expires: 7-7- 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #407607	Date issued: -----	Date Orig. Entry: child born June 1, 1945
	Date of Birth: Age 24	Birth Place: Bern, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents		By whom issued and signed: Amy M. Kunz and Alvin N. Kunz	Date issued: July 2,1966	Date Orig. Entry: -----
	Date of Birth: Sept.4,1920	Birth Place: Bern, Idaho	Full Name of Mother: Amy M. Kunz	Name of Father: Alvin N. Kunz	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Robert Schmid, Bishop, Bern Ward	Date issued: -----	Date Orig. Entry: blessed Oct.3,1920
	Date of Birth: Sept.4,1920	Birth Place: Bern, Idaho Bear Lake County	Full Name of Mother: Amy Kunz	Name of Father: Alvin N. Kunz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 11, 1966

FORM BH 56067

1 ep pd rec. #15656

JUL 11 1966

859-223-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Patricia Heinzerling		2. Date of Birth (month) 10 (day) 23 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewiston Nez Perce	b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: Shelbon Conrad Heinzerling		7. State or Country of Father's Birth: Pomeroy Wash	
MOTHER	8. Full Maiden Name of Mother: Minnie Marie Robinson		9. State or Country of Mother's Birth: St. Cloud Minn	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Alice P Carl	11. Present Address of Registrant: 3224 East 20th Spokane Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1966	12. Signature of Notary: Mildred J. Lane	13. Notary Commission expires: 7/29 1969	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Sacred Heart Hospital, Spokane Washington,	Date Issued: June 27, 1966	Date Orig. Entry: Aug. 16, 1952
	Date of Birth: Oct. 23, 1920 / Birth Place: Idaho	Full Name of Mother: Minnie Marie Robinson	Name of Father: Shelbon Conrad Heinzerling	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Minnie Heinzerling	Date Issued: July 11, 1966	Date Orig. Entry: -----
	Date of Birth: Oct. 23, 1920 / Birth Place: Lewiston, Idaho	Full Name of Mother: Minnie Heinzerlind Robinson	Name of Father: Shelbon Conrad Heinzerling	
SUPPORTING RECORD 3.	Type of Document: Photocopy of own child's birth certificate #18348	By whom issued and signed: child born in Spokane, Washington	Date Issued: ----	Date Orig. Entry: child born Apr. 12, 1954
	Date of Birth: Age 33 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	July 22, 1966

FORM BH 56067 2nd form sent 7-8-66 (H) 1 copy paid rec. 15924 gml

Carl
(Alice Patricia Heinzerling)

JUL 22 1966

434-106-028-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Leon Herbert McDONALD Lee Edmond Penhallurick (Changed May 25, 1956)	2. Date Of Birth (month) 10 (day) 6 (year) 1920
	3. Color or Race White; 4. Sex Male; 5. Place of Birth a. County Kootenai	b. City or Town of Birth Coeur d'Alene, Idaho
FATHER	6. Full Name of Father Herbert McDONALD	7. State or Country of Father's Birth United States
MOTHER	8. Full Maiden Name of Mother Lena Belle Krotzer	9. State or Country of Mother's Birth Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Lee E. Penhallurick; 11. Present Address of Registrant 1203 So. Jefferson Moses Lake Wash.
NOTARY (Seal)	Subscribed and sworn to before me on July 25 1966	12. Signature of Notary Owen W. Morgan Jr.; 13. Notary Commission expires 10-29 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school transcript	By whom issued and signed: Eastern Washington College of Education, Cheney, Wash.	Date issued: Mar. 28, 1966	Date Orig. Entry: 1938
	Date of Birth: Oct. 6, 1920; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: separtation paper from U.S. Naval Service	By whom issued and signed: D.L. Golding for A.Acomb, Lt. Comdr. USNR	Date issued: June 4, 1946	Date Orig. Entry: June 7, 1942
	Date of Birth: Oct. 6, 1920; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 58	By whom issued and signed: Helen M. Sisley	Date issued: Aug. 5, 1966	Date Orig. Entry: -----
	Date of Birth: Oct. 6, 1920; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Lena Belle (Krotzer) McDonald	Name of Father: Herbert McDonald	

QUALIFYING INFORMATION

Court Order changing name #3396 states, "It is, now therefore, ordered, adjudged and decreed, that the name of the petitioner LEON HERBERT McDONALD be and the same is hereby changed to LEE EDMOND PENHALLURICK. Order dated May 25th, 1956 Superior Court Grant County, Washington.

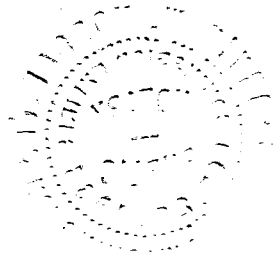
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Aug. 16, 1966

FORM BH 56067 3 copies paid re. #1699 RUSH (P) 7-29-66

AUG 16 1966



415-229-010-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Davis			2. Date of Birth (month) (day) (year): September 29, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Clarence H. Davis			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Nolte			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Davis		11. Present Address of Registrant: Box 910, Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 19 66	12. Signature of Notary: Frederick Hughes Smith		13. Notary Commission expires: October 1 19 67

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Steele Memorial Hospital, Salmon, Idaho 83467		Date Issued: Mar.18,1966	Date Orig. Entry: July 8, 1954
	Date of Birth: Sept.29,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Martha Davis & Clarence H. Davis		Date Issued: July 15,1966	Date Orig. Entry: -----
	Date of Birth: Sept.29,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Martha Davis	Name of Father: Clarence H. Davis	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church		Date Issued: July 7,1966	Date Orig. Entry: Jan.13,1929
	Date of Birth: Sept.29,1920	Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Martha Nolte	Name of Father: Clarence H. Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 19, 1966

FORM BH 56067

11-3-65

AUG 19 1966

493-121-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-808

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Michael Mickelsen		2. Date Of Birth (month) 9 (day) 21 (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Charles Peter Mickelsen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Candace B. Brotherson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Michael Mickelsen	11. Present Address of Registrant: 142 West First No. Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1966	12. Signature of Notary: Gordon S. Thatcher	13. Notary Commission expires: August 28 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Separation Qualification Record	By whom issued and signed: U.S. Army, W. T. Doidge, 1st. Lt. AGD	Date issued: separated Nov.17,1945	Date Orig. Entry: entry active serv.Jul.30,1942
	Date of Birth: Sep.21,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 55	By whom issued and signed: C.P. Mickelsen	Date issued: Aug.27,1966	Date Orig. Entry: -----
	Date of Birth: Sep.21,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Candace Brotherson	Name of Father: Charles Peter Mickelsen
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: LDS Church, Rexburg 2nd Ward	Date issued: Aug.26,1966	Date Orig. Entry: blessed Feb.6,1921
	Date of Birth: Sep.21,1920	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Candace Brotherson	Name of Father: Peter Mickelsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 8, 1966

FORM BH 56067

1cp pd file # 18474

8-23-66

SEP 9 1966

792-211-022-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Maxine Gibbs
2. Date of Birth (month) Feb. (day) 11 (year) 1920
3. Color or Race: White
4. Sex: Fe
5. Place of Birth a. County: Ashton, Ida Fremont
b. City or Town of Birth: Ashton, Idaho

FATHER

6. Full Name of Father: John Duggan Gibbs
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Gladys Grace Cherry
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Maxine Gibbs

11. Present Address of Registrant: 1422 Bedford Ave. Sunnyvale, Calif.

NOTARY (seal)

Subscribed and sworn to before me on January 6 19 66

12. Signature of Notary: Jeanne Rose

13. Notary Commission expires: March 11 19 69

JEANNE ROSE
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires March 11, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of hospital certificate of own child's birth	Beaconess Hospital, Spokane Washington	------	child born July 20,1948
	Date of Birth Feb.11,1920 / **Birth Place** Ashton, Idaho	**Full Name of Mother** -----	**Name of Father** -----	
SUPPORTING RECORD 2.	photocopy of certificate of Baptism and Confirmation	LDS Church, Robert Anderson, Elder, Seattle 1st ward	Feb.5,1961	Baptized Feb. 4, 1961
	Date of Birth Feb.11,1920 / **Birth Place** Fremont County Ashton, Idaho	**Full Name of Mother** Gladys Grace Cherry	**Name of Father** John Duggin Gibbs	
SUPPORTING RECORD 3.	photocopy of application for insurance policy #610,684,162MS	The Metropolitan Life Ins. Co.	June 1,1961	May 16, 1961
	Date of Birth Feb.11,1920 / **Birth Place** Idaho	**Full Name of Mother** ------	**Name of Father** --------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 5, 1966

K FORM BH 56067 NM (H) 1-14-66 gml

DEC 6 1966

DECEASED

454-231-029-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1048

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Austina Underdahl
2. Date of Birth (month) (day) (year): 12 31 '20
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Moscow, Idaho Latah
b. City or Town of Birth: Moscow Idaho

FATHER

6. Full Name of Father: Peter Johannes Underdahl
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Ingeborg Bjorkum
9. State or Country of Mother's Birth: Norway

AFFIANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice Elliott
11. Present Address of Registrant: 5812 Midwick Lane

Subscribed and sworn to before me on: Nov. 1st 1966

12. Signature of Notary: Phoebe G. Byrd

13. Notary Commission expires: PHOEBE G. BYRD My Commission Expires May 10, 1968

NOTARY SEAL

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	page from family Bible	Family Bible Records	----	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.31,1920 / Moscow, Idaho	------	-------	
SUPPORTING RECORD 2.	certified copy of marriage records	County Recorder Sonoma County California	Aug.12,1955	Mar.8,1943
	Age 22 / Idaho	-----	-----	
SUPPORTING RECORD 3.	Affidavit by sister Age 58	Inez Elise Underdahl Winegar	Nov.30,1966	-----
	Dec.31,1920 / Moscow, Idaho	Ingeborg Olien Bjorkum	Peter Johanes Underdahl	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

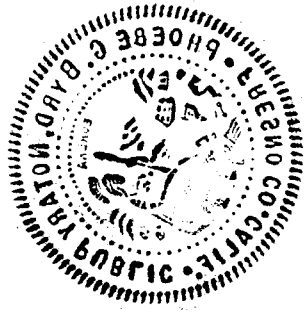
State Registrar: W. M. Benson

Evidence reviewed by: gml Glenda Larson

Date Filed: Dec. 7, 1966

FORM BH 56067

DEC 7 1966



955-124-010-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLIS LYNN REED			2. Date Of Birth (month) (day) (year): JANUARY 24, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: ALBERT C. REED			7. State or Country of Father's Birth: PENNSYLVANIA - Born Oct. 12, 1886
MOTHER	8. Full Maiden Name of Mother: IVY BERNICE SCORESBY			9. State or Country of Mother's Birth: AUSTRALIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: E. Lynn Reed		11. Present Address of Registrant: 655 So. Fifth Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 9 1967	12. Signature of Notary: Mona P. Hodge		13. Notary Commission expires: Mar 16 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Security Life # 136431		Date Issued: Jan.17,1951	Date Orig. Entry: Jan.17,1951
	Date of Birth: Jan.24,1920	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father age 81	By whom issued and signed: father - Albert C. Reed		Date Issued: Feb.8,1967	Date Orig. Entry: -----
	Date of Birth: Jan.24,1920	Birth Place: Lincoln, Idaho	Full Name of Mother: Ivy Bernice Scoresby	Name of Father: Albert C. Reed	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: C. N. Scoresby, WardCLerk L. D. S. Church		Date Issued: Jan.6,1935	Date Orig. Entry: Ordained Jan.6,1935
	Date of Birth: Jan.24,1920	Birth Place: Lincoln, Idaho	Full Name of Mother: Ivy Bernice Scoresby	Name of Father: Albert C. Reed	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 13,1967

FORM BH 56067

9-1-53

FEB 15 1967

515-112-009-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Billy C. Van Valkenburg			2. Date Of Birth (month) May (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Meadow Creek, Bonner	b. City or Town of Birth: Meadow Creek
FATHER	6. Full Name of Father: William Anthony Van Valkenburg			7. State or Country of Father's Birth: Iowa, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Klea Gigertha Peck			9. State or Country of Mother's Birth: Bingham, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Billy C. Van Valkenburg		11. Present Address of Registrant: 2910 E. Bilby Rd. Tucson
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 4 1967	12. Signature of Notary: Robert Erickson		13. Notary Commission expires: My Commission Expires Dec. 5, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Honorable Discharge	By whom issued and signed: U.S. Army, Harvey D. Taylor Lt. Col. Cavalry	Date Issued: Nov.16,1945	Date Orig. Entry: enlisted Dec.12,1941	
	Date of Birth: May 12,1920	Birth Place: Meadow Creek,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 78	By whom issued and signed: Laura F. Brown	Date Issued: Oct.13,1966	Date Orig. Entry: -----	
	Date of Birth: May 12,1920	Birth Place: Meadow Creek, Bonner Co.,Idaho	Full Name of Mother: Klea G. Van Valkenburg	Name of Father: William A. Van Valkenburg	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-10475	Date Issued: -----	Date Orig. Entry: child born Sept.5,1950	
	Date of Birth: Age 30	Birth Place: Meadow Creek, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

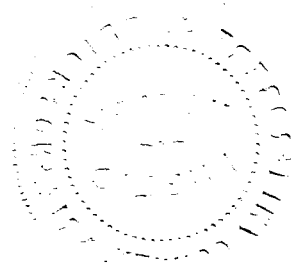
State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Feb. 14, 1967

FORM BH 56067

In office 10-11-66 no search made

Billy C. Van Valkenburg

FEB 15 1967



259-107-014-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roy Carl Seiber
2. Date of Birth (month) 1 (day) 7 (year) 20
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Notus

FATHER

6. Full Name of Father: Lewis Seiber
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Myrtie Roberts
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy Carl Seiber
11. Present Address of Registrant: 14648 Flomar Drive, Whittier

Subscribed and sworn to before me on: February 20 1967

12. Signature of Notary: Dorothy L Harris
13. Notary Commission expires: June 2 1970

DOROTHY L. HARRIS
NOTARY PUBLIC
COUNTY OF LOS ANGELES
My Commission Expires
JUNE 2, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Army discharge	U.S. Army, Larence W.Kilbourne Major, Signal Corps	June 8,1945	enlisted Sep.13,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.7,1920	Notus, Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital record	hospital records	------	May 6,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.7,1920	Idaho	Myrtie Roberts Seiber	Lewis Seiber

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of employment records	Signal Trucking Service,Ltd.	-----	Oct.15,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.7,1920	Notus, Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 27, 1967

FORM BH 56067

FEB 27 1967

382-221-034-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Clara Tyson			2. Date Of Birth (month) (day) (year): July 21, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William Ephriam Tyson			7. State or Country of Father's Birth: Breckenridge, Wilkin County, Minn.
MOTHER	8. Full Maiden Name of Mother: Ruby Alice Basom			9. State or Country of Mother's Birth: Wamego, Pottawatomie County, Kan.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Clara Tyllyohth		11. Present Address of Registrant: Rt # 2 Box 218 Paul, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 13, 1967	12. Signature of Notary: [signature]		13. Notary Commission expires: March 23, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Certificate		By whom issued and signed: On file Idaho #59-7486	Date Issued: ------	Date Orig. Entry: Oct. 5, 1959
	Date of Birth: Age 39	Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt (26 yrs. old when registrant was born)		By whom issued and signed: Mrs. Jessie MacKenzie	Date Issued: Mar. 7, 1967	Date Orig. Entry: ------
	Date of Birth: July 21, 1920	Birth Place: Rupert, Minidoka County, Idaho	Full Name of Mother: Ruby Alice Basom Tyson	Name of Father: William E. Tyson	
SUPPORTING RECORD 3.	Type of Document: photocopy of employee record card		By whom issued and signed: Idaho Potato Processors, Inc.	Date Issued: -----	Date Orig. Entry: Oct. 12, 1959
	Date of Birth: July 21, 1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 28, 1967

FORM BH 56067

MAR 28 1967

436-213-034-135

~~Department~~ of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-290
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Viola McFarland		2. Date Of Birth (month) March (day) 13 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Minidoka; b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Pharence Albert McFarland		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Grace May Alexander		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Viola Gazaway	11. Present Address of Registrant: P. O. BOX 177 Clarksburg, California
NOTARY (Seal)	Subscribed and sworn to before me on: July 8th 1958	12. Signature of Notary: Adale M Tekkens	13. Dec 4th 1960 County of Sacramento, State of Calif 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Pharence Albert McFarland and Grace May McFarland	Date Issued: 7-8-58	Date Orig. Entry:
Class*	Date of Birth: March 13, 1920	Birth Place: Minidoka Co. Heyburn, Idaho	Full Name of Mother: Grace May McFarland	Name of Father: Pharence Albert McFarland	
SUPPORTING RECORD 2.	Type of Document: (copy) Certificate of Baptism		By whom issued and signed: R. C. Church of St. Francis Sacramento, California	Date Issued:	Date Orig. Entry: April 7, 1938
Class	Date of Birth: March 13, 1920	Birth Place: Heyburn, Idaho	Full Name of Mother: Grace Alexander	Name of Father: Pharence McFarland	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: County of Shasta, Calif. Mildred Montgomery, Recorder	Date Issued: Mar.27,1967	Date Orig. Entry: child born Aug.1,1939
Class	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Glenda Larson	May 2, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid 504

(G) 2-16 67 9

Gazaway

MAY 2 1967

314-215-010-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloe Campbell		2. Date Of Birth (month) May (day) 15 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville; b. City or Post Office: Milo, Rigby, Ida.,
FATHER	6. Full Name of Father: Hyrum Lemuel Campbell		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Rachel Davis		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chloe Campbell Butler	11. Present Address of Registrant: 4151 Porter Ave., Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd April 1967	12. Signature of Notary: Ray S Dodd	13. Notary Commission expires: 27 march 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy membership	By whom issued and signed: Health Benefits Registration for Federal Employees	Date Issued: July 3,1960	Date Orig. Entry: June 9,1960
	Date of Birth: May 15,1920 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate photostatic copy	By whom issued and signed: On file in State of Utah born in Ogden, Weber Co.,	Date Issued: -----	Date Orig. Entry: child born Dec.21,1949
	Date of Birth: Age 29, / Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Weber County, Utah	Date Issued: Mar.31,1967	Date Orig. Entry: Dec.16,1947
	Date of Birth: May 15,1920 / Birth Place: Rigby, Idaho	Full Name of Mother: Charlotte R. Davis	Name of Father: Hyrum L. Campbell	

QUALIFYING INFORMATION

Affidavit by mother Charlotte Davis Campbell issued June 9,1966 states that Chloe Campbell was born on May 15,1920 at Milo, Bonneville County, Idaho to her and Hyrum Lemuel Campbell.

(Milo is a small town just a few miles south of Rigby)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	May 3, 1967

FORM BH 56067

7-19-65
5-20-66

MAY 3 1967

OK'd by MH.

655-23-026-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl O'Neil			2. Date of Birth (month) February (day) 23 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Charles O'Neil			7. State or Country of Father's Birth: Rigby, Idaho
MOTHER	8. Full Maiden Name of Mother: Geneva Branson			9. State or Country of Mother's Birth: St. Anthony, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs James Marks		11. Present Address of Registrant: 4120 Banner
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1967	12. Signature of Notary: Hazel L. Herbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church, John O.Call	Date Issued: May 3,1931	Date Orig. Entry: Baptized May 2,1931
	Date of Birth: Feb. 23,1920 / Birth Place: Rigby, Idaho	Full Name of Mother: Genevie Branson	Name of Father: Charles O'Neil	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 54-2488	Date Issued: ---	Date Orig. Entry: child born March 11,1954
	Date of Birth: Age 34 / Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record Book	Date Issued: ---	Date Orig. Entry: Obviously old
	Date of Birth: Feb.23,1920 / Birth Place: Rigby, Idaho	Full Name of Mother: Geneva Fanny Branson	Name of Father: Chalres O'Neil	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 17,1967

FORM BH 56067 5/10/67

MAY 1 7 1967

669-201-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-530

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Betty Jane Worley
2. Date Of Birth: (month) May (day) 1, (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Boise, Idaho Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Ernest Milton Worley
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Hazel Mae McCormick
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Betty J Bryant
11. Present Address of Registrant: 5140 Rockridge Rd - La Mesa, Calif.

NOTARY (Seal)

GLADYS I. TEMPLE
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY

Subscribed and sworn to before me on June 7, 1967

12. Signature of Notary: Gladys I. Temple
13. Notary Commission expires: February 14, 1971

GLADYS I. TEMPLE
My Commission Expires Feb 14, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	application for employment	Cajon Valley Union School Dist., El Cajon, Calif.	May 11,1967	Nov.18,1956
	Date of Birth: May 1,1920 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	photocopy of marriage return	Skagit County, Washington	May 2,1967	July 3,1943
	Date of Birth: Age 23 / Birth Place: Boise, Idaho	Full Name of Mother: Hazel Mae McCormick	Name of Father: Ernest Worley	
SUPPORTING RECORD 3.	Statement regarding church records	St.Andrew's Church, Episcopal La Mesa, Calif.	May 11,1967	baptized June 1948
	Date of Birth: May 1,1920 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

affidavit by friend of parents and foster mother for 29 years, Gladys Hall age 79 states birthdate as May 1, 1920 in St. Alphonsis Hospital Boise, Idaho Parents: Hazel Mae McCormick and Ernest Milton Worley. Affidavit was signed June 5, 1967.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	Glenda Larson	July 17, 1967

FORM BH 56067

4-7-67

JUL 17 1967

154-201-015-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lorraine Anderson			2. Date Of Birth (month) December (day) 1 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Grace a. County: Caribou	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Chester Andrew Anderson			7. State or Country of Father's Birth: Utah, USA
MOTHER	8. Full Maiden Name of Mother: Maggie May Smith			9. State or Country of Mother's Birth: Idaho, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorraine A. Empey		11. Present Address of Registrant: 3470 Roger Drive salt Lake City, Utah 84117
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1967	12. Signature of Notary: Jay D. Knudsen		13. Notary Commission expires: 6-17 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #99565		By whom issued and signed: Oregon Mutual Life Ins. Co. Standard Ins. Co.	Date issued: May 8,1944	Date Orig. Entry: Apr.26,1944
	Date of Birth: Dec.1,1920	Birth Place: Grace, Idaho	Full Name of Mother: Maggie M. Anderson	Name of Father: Chester A. Anderson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Maggie May Smith Anderson Christensen	Date issued: Jun.23,1967	Date Orig. Entry: -----
	Date of Birth: Dec.1,1920	Birth Place: Grace, Caribou County, Idaho	Full Name of Mother: Maggie May Smith	Name of Father: Chester Andrew Anderson	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license #109803		By whom issued and signed: Salt Lake County, Utah	Date issued: July 11, 1967	Date Orig. Entry: Mar.8,1947
	Date of Birth: Dec.1,1920	Birth Place: Grace, Idaho	Full Name of Mother: Maggie M. Smith	Name of Father: Chester A. Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 19, 1967

FORM BH 56067 (Copy) 6-14-67

JUL 19 1967

958-220-007-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ava Marian Reynolds		2. Date of Birth (month) (day) (year): November 20, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Alviner Reynolds		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lona Hayes		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ava M. Simmons	11. Present Address of Registrant: 1017 NE Madison
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 19[illegible]	12. Signature of Notary: Alice L. Comett	13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lona Raynolds	Date Issued: Mar.2,1967	Date Orig. Entry: -----
	Date of Birth: Nov.20,1920	Birth Place: Hailey, Blaine County, Idaho	Full Name of Mother: Lona Hayes	Name of Father: Alviner Reynolds
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth cert.	By whom issued and signed: State of California Dept of health #44-028742	Date Issued: May 9,1961	Date Orig. Entry: child born Mar.8,1944
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Josephine Gen. Hosp., Mrs. Coral A.Morton, Med.Rec.Lib.	Date Issued: Jul.5,1967	Date Orig. Entry: June 19,1958
	Date of Birth: Age 37	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml gml Glenda Larson	Date Filed: August 21,1967

FORM BH 56067

AUG 2 1 1967

543-205-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-664

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WANDA MARION EDLEFSEN		2. Date of Birth (month) July (day) 5 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Tamarack, Ada County, Idaho	b. City or Town of Birth: Tamarack
FATHER	6. Full Name of Father: MARION EDLEFSEN		7. State or Country of Father's Birth: Ida. Idaho	
MOTHER	8. Full Maiden Name of Mother: MABEL LEONA WILSON		9. State or Country of Mother's Birth: Mo. Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda M. Martin	11. Present Address of Registrant: Box 1378, Weed Heights, Nev.	
NOTARY	Subscribed and sworn to before me on Oct. 31 19 66	12. Signature of Notary: Laura O. Fields	13. Notary Commission expires: Dec. 12 19 68	

LAURA O. FIELDS
Notary Public - State of Nevada
Elko County, Nevada
My commission expires Dec. 12, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records #2005		By whom issued and signed: State of California, Vital Statistics	Date Issued: Jan.27,1967	Date Orig. Entry: Sept.17,1938
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: Mable Wilson	Name of Father: Marion Edlefsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mabel L. Short	Date Issued: Oct.31,1966	Date Orig. Entry: -----
	Date of Birth: July 5,1920	Birth Place: Tamarack, Idaho	Full Name of Mother: Mabel Leona Wilson	Name of Father: Marion Edlefsen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #1670		By whom issued and signed: Sacramento County, California	Date Issued: May 15,1967	Date Orig. Entry: child born July 30,1940
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 21,1967

FORM BH 56067

(m) 7-17-69

AUG 22 1967

464-129-606-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-667

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cox, Marvin Douglas
2. Date of Birth (month) June (day) 29, (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Shelley, Idaho

FATHER

6. Full Name of Father: Joseph Peril Cox
7. State or Country of Father's Birth: Shelley, Idaho

MOTHER

8. Full Maiden Name of Mother: Iva Miranda Johnson Cox
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin D. Cox
11. Present Address of Registrant: 1107 South Evergreen Drive Moses Lake, Wn 98837

NOTARY (Seal)

Subscribed and sworn to before me on: July 29, 1967
12. Signature of Notary: Kenneth Hampton
13. Notary Commission expires: June 30 1970

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Jameston Ward Roy V. Fielding, Clerk	Aug. 7, 1928	baptized Aug. 4, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun. 29, 1920	Shelley, Idaho Bingham County	Iva Johnson	Joseph Peril Cox

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	Army of the U.S., Charles B. Ely, Lt. Col. Inf.	Sept. 7, 1949	enlisted Jan. 27, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun. 29, 1920	Shelley, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #32 643 368	The Prudential Ins. Co. of America	July 2, 1958	July 2, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun. 29, 1920	Shelley, Idaho	-----	-----

QUALIFYING INFORMATION

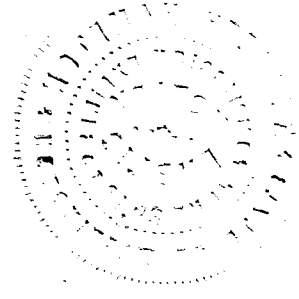
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 21, 1967

FORM BH 56067

AUG 22 1967



455-226-018-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-751

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Kling Van DevenDer			2. Date Of Birth (month) Sept (day) 26 (year) 1920
	3. Color or Race: Wht	4. Sex: Fem	5. Place of Birth: ~~At Home xxxx~~ a. County: Clearwater	b. City or Town of Birth: Weippe, Idaho
FATHER	6. Full Name of Father: Albert Mead Van DevenDer			7. State or Country of Father's Birth: West Va. Randolph County
MOTHER	8. Full Maiden Name of Mother: Buena Vista Snyder			9. State or Country of Mother's Birth: West Va, Tucker County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Barbour		11. Present Address of Registrant: 1315 Powers, Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 29th March 1966	12. Signature of Notary: Irwin K Dickinson		13. Notary Commission expires: 9th February 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social Security #538-26-2306	By whom issued and signed: Social Security Adm.	Date issued: -----	Date Orig. Entry: Nov.27,1946
	Date of Birth: Sep.26,1920 / Birth Place: Weippe, Idaho Clearwater County	Full Name of Mother: Buena Vista Snyder	Name of Father: Albert Meade Vandevender	
SUPPORTING RECORD 2.	Type of Document: photocopy of card applying for group insurance	By whom issued and signed: Southland Life Ins. Co. J.L.Evans, Secretary	Date issued: Nov.9,1962	Date Orig. Entry: Nov.9,1962
	Date of Birth: Sep.26,1920 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Walter Vandevender Age 83	Date issued: May 22,1967	Date Orig. Entry: -----
	Date of Birth: Sep.26,1920 / Birth Place: Weippe, Idaho	Full Name of Mother: Buena Vista Snyder	Name of Father: Albert Mead Van Devender	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sep.22,1967

FORM BH 56067

1 cp [illegible] (B) 4-21-66 [illegible]

Viola Barbour

SEP 22 1967

693-107-018-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-912

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Aaron Evener Wilks			2. Date of Birth: June 7 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Forest
FATHER	6. Full Name of Father: William Daniel Wilks			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Winnifred Weller			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above Statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aaron Evener Wilks		11. Present Address of Registrant: Wallowa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: September 18 1967	12. Signature of Notary: Cecil Chrisman		13. Notary Commission expires: July 22 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for marriage license	By whom issued and signed: Asotin County, Washington Page 70 #350	Date Issued: Sept.7,1967	Date Orig. Entry: Aug.24,1940
	Date of Birth: Age: 20 / Birth Place: Forrest, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement by Notary of family Bible records	By whom issued and signed: Family Bible/Cecil Chrisman, Notary Public, Wallowa, Oregon	Date Issued: Sep.25,1967	Date Orig. Entry: obviously old
	Date of Birth: June 7,1920 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Winnifred Hirsch	Date Issued: Sept.22,1967	Date Orig. Entry: -----
	Date of Birth: June 7,1920 / Birth Place: Forest, Idaho	Full Name of Mother: Winnifred Weller	Name of Father: William Daniel Wilks	
QUALIFYING INFORMATION				

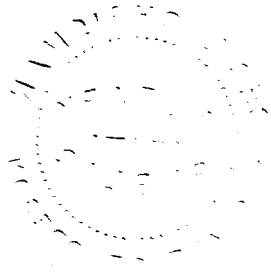
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	October 25,1967

FORM BH 56067

OCT 25 1967



219-226-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-918

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Marie Barekman		2. Date Of Birth (month) (day) (year): Sept 26, 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Denver Roy Barekman		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Martha Frances Gardner		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Marie Preston	11. Present Address of Registrant: 2225 Kenton, Aurora, Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1967	12. Signature of Notary: Robert A Malong	13. Notary Commission expires: 1-31-1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record #223205		By whom issued and signed: University of Colorado, Boulder, Colorado	Date Issued: -----	Date Orig. Entry: June 16,1961
	Date of Birth: Sep.26,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy application		By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued: ----	Date Orig. Entry: Dec.21,1961
	Date of Birth: Sep.26,1920	Birth Place: Idaho	Full Name of Mother: Martha F. Barekman	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Aetna Life Ins. Co.	Date Issued: Jun.18,1942	Date Orig. Entry: June 16, 1942
	Date of Birth: Sep.26,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Martha Frances Barekman	Name of Father: Denver Roy Barekman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 25, 1967

FORM BH 56067

Idaho Dept. Rec. 17596

8-16-67

OCT 25 1967

864-216-044-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-985

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Amelia Houston			2. Date of Birth (month) May (day) 16 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Ernest Chester Houston			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Lillie Zenola Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina A. Reed		11. Present Address of Registrant: 2480 Chambers St Eugene Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: November 6 1967	12. Signature of Notary: Carole A. Sullivan		13. Notary Commission expires: MY COMMISSION EXPIRES OCT. 13, 1970

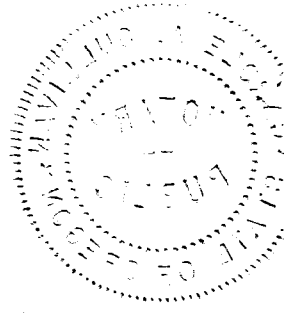
APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Sacred Heart General Hosp. Eugene, Oregon	Date Issued: Aug.29,1967	Date Orig. Entry: Jan.9,1957
	Date of Birth: May 16,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: Agnes Allan, Clerk, School Dist.#431, Weiser, Idaho	Date Issued: -----	Date Orig. Entry: 1927
	Date of Birth: May 16,1920	Birth Place: -----	Full Name of Mother: Lillie Houston	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Eugene Dist. Lucille Cochran, Mission Rec.	Date Issued: Nov.19,1952	Date Orig. Entry: baptized Nov.2,1952
	Date of Birth: May 16,1920	Birth Place: Weiser, Idaho	Full Name of Mother: Lillie Zenola Johnson	Name of Father: Ernest Chester Houston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 16, 1967

FORM BH 56067 1 cp pd rec # 18265 (R) 11-

NOV 1 6 1967



689-211-001-344

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NELLIE ELIZABETH WHITE		2. Date Of Birth (month) March (day) 11 (year) 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Boise, Idaho a. County: Ada b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: FRANK Mc KRAY WHITE		7. State or Country of Father's Birth: WATERTOWN, NEW YORK
MOTHER	8. Full Maiden Name of Mother: CLARA EDITH CUMMANS		9. State or Country of Mother's Birth: THREE CREEK, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of ~~Registrant~~ Affiant: Nellie Goranson.	11. Present Address of Registrant: Rt. 2, Box 530, Vacaville, California
NOTARY (Seal)	Subscribed and sworn to before me on: January 22, 19 66	12. Signature of Notary: Orrill Hedgpe	13. Notary Commission expires: November 15 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: County Recorder's Office, Solano County, California	Date issued: Aug.29,1966	Date Orig. Entry: child born Nov. 1,1942
	Date of Birth: Age 22	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license #87674	By whom issued and signed: Washoe County, Nevada County Clerk's Office	Date issued: Oct.19,1966	Date Orig. Entry: Mar.12,1940
	Date of Birth: Age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #539-07-4948	By whom issued and signed: Social Security Adm.	Date issued: -----	Date Orig. Entry: July 7, 1937
	Date of Birth: Mar.11,1920	Birth Place: Boise, Idaho	Full Name of Mother: Clara E. Cummans	Name of Father: Frank McKay White
QUALIFYING INFORMATION				

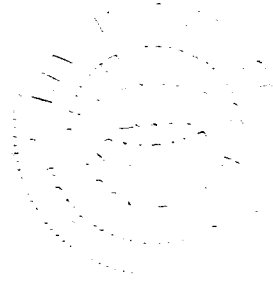
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 8, 1967

FORM BH 56067 2 cps pd rec #506 (m) 11-1-66 gml

DEC 8 1967



235-2021001-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Ruth Stewart		2. Date Of Birth (month) (day) (year): APRIL 2 1920
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: IDAho ADA; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Enoch. E. Stewart		7. State or Country of Father's Birth: Meadow, UTAH
MOTHER	8. Full Maiden Name of Mother: Laura Lucrica Greenhalgh		9. State or Country of Mother's Birth: Santaquin, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn R. Custer	11. Present Address of Registrant: 332 North Mayflower Ave Monrovia Calif
NOTARY (Seal)	Subscribed and sworn to before me on: 3-18 1966	12. Signature of Notary: H H Cook	13. Notary Commission expires: H. H. COOK My Commission Expires July 18 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (Age at time of birth was 14)		By whom issued and signed: LaPreal Weissinger	Date Issued: Apr.26,1966	Date Orig. Entry: -----
	Date of Birth: Apr.2,1920	Birth Place: Boise, Idaho	Full Name of Mother: Laura Stewart	Name of Father: Enoch Stewart	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-14-9059		By whom issued and signed: Social Security Administration	Date Issued: -----	Date Orig. Entry: Mar.26,1938
	Date of Birth: Apr.2,1920	Birth Place: Boise, Idaho	Full Name of Mother: Laura L. Greenhalch	Name of Father: Enoch Stewart	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Levine Hospital, Hayward, Calif. #56-1342	Date Issued: -----	Date Orig. Entry: about 1955 or 56 was 35 yrs. old
	Date of Birth: Apr.2,1920	Birth Place: Idaho	Full Name of Mother: Laura Greenhalgh	Name of Father: Enoch Stewart	
QUALIFYING INFORMATION					

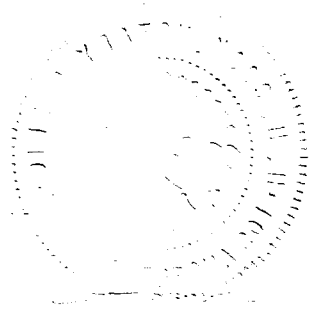
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	Dec. 26,1967

FORM BH 56067 1 cy pd. file #1089 RUSH (C) 12-6-67 gml

DEC 26 1967



753-111-010-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Mathew Gellings		2. Date Of Birth (month) (day) (year): 4/11/20
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Falls, Idaho, Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Joseph Herman Gellings		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Pearl Provencial		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth M. Gellings	11. Present Address of Registrant: Route #1, Box 88, Jerome
NOTARY (Seal)	Subscribed and sworn to before me on: 26 Dec. 1967	12. Signature of Notary: W Glen Jackson	13. Notary Commission expires: 9-10-1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Holy Rosary Church, Idaho Falls, Idaho, Roman Catholic	Date Issued: Jun.21,1967	Date Orig. Entry: baptized June 27,1920
	Date of Birth: Apr.11,1920	Birth Place: -----	Full Name of Mother: Pearl Provincial	Name of Father: Joseph Gellings	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth		By whom issued and signed: St. Benedict's Hospital, Jerome, Idaho	Date Issued: -----	Date Orig. Entry: child born Sept.9,1953
	Date of Birth: Apr.11,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #18 063 554		By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec.22,1941	Date Orig. Entry: Dec.17,1941
	Date of Birth: Apr.11,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: January 9, 1968

FORM BH 56067

JAN 10 1968

134-121-001-199

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elias Pete Aldape
2. Date Of Birth (month) (day) (year): March 21,1920
3. Color or Race: American
4. Sex: M
5. Place of Birth a. County: Meridian, Idaho Ada
b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: Elias Aldape
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Petra Arriortua
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elias Pete Aldape
11. Present Address of Registrant: Route 1 Meridian, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4th day of Jan 19 68

12. Signature of Notary: Paul A. Eckard
13. Notary Commission expires: Mar 18, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism Roman Catholic Church	St.John's Cathedral,Boise,Ida. Rt.Rev.Msgr.Nicholas Hughes	Jan.4,1968	baptized Aug.8,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21,1920	-----	Petra Arriortua	Elias Aldape

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Elias Aldape	Jan.4,1968	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21,1920	Meridian, Ada County, Idaho	Petra Arriortua	Elias Aldape

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #616-180-725A	Metropolitan Life Ins. Co.	Jan.10,1961	Nov.28,1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21,1920	Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 22, 1968

FORM BH 56067

12-20-67

JAN 22 1968
OCT 15 1991

419-107-015-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-133

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Washington Marley
2. Date of Birth (month) 9 (day) 7 (year) 1920
3. Color or Race: White
4. Sex: male
5. Place of Birth: Idaho. a. County: Caribou
b. City or Town of Birth: Alexander, Idaho.

FATHER

6. Full Name of Father: Elizabeth C. Rasmesson
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Iredell B. Marley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James W. Marley
11. Present Address of Registrant: RR# 2 Lafontaine Ind.

NOTARY (Seal)

Subscribed and sworn to before me on: December 28 19 67
12. Signature of Notary: Kathleen Lynch Hook
13. Notary Commission expires: July 12 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of military record	U.S. Marine Corps, H.O. Pierce, Colonel, U.S.M.C.	Mar.7,1944	Jan.17,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.7,1920 / Alexander, Idaho	------	-------	
SUPPORTING RECORD 2.	certified copy of application for marriage license	Wabash County, Indiana Book #24, Page 345	Jan.16,1968	Mar.1,1948
	Sept.7,1920 / Alexander, Idaho	Elizabeth Rasmasson	Iredell B. Marley	
SUPPORTING RECORD 3.	photocopy of airman certificate #881038	Civil Aeronautics Administration	----	June 30,1947
	Sept.7,1920 / ------	------	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Feb. 7, 1968

FORM BH 56067

(m) 1-25-68 gml

FEB 8 1968

236-22-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-139

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Viola Stoneberg
2. Date of Birth (month) (day) (year): August 21 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: At Home Bonneville
   b. City or Town of Birth: Idaho Falls Idaho

FATHER

6. Full Name of Father: Gust Daniel Stoneberg
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Agda Arvita Carlson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby V. Hawkins
11. Present Address of Registrant: Jackson, Wyo

NOTARY (Seal)

Subscribed and sworn to before me on: 6/20 19 60

12. Signature of Notary: [illegible]
13. Notary Commission expires: 9/17 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security number	Treasury Department	-----	Nov. 3, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1920	Idaho Falls, Idaho	Agda Carlson	Gust Stoneberg

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friend of family at time of birth	Mrs. Ethel Garner age 50	June 20, 1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1920	Idaho Falls, Idaho	Agda Stoneberg	Gust Stoneberg

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. John's Church, Jackson, Wyoming	-----	baptized June 29, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1920	Idaho Falls, Idaho	Agda C. Stoneberg	Gustav D. Stoneberg

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Glenda Larson	Feb. 7, 1968

FORM BH 56067

5-5-60 one copy paid #00331

6-23-6[illegible]

FEB 8 1968

294-22-004-445

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 68-168
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma LaVera Simmons
2. Date Of Birth (month) (day) (year): October 22, 1920.
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Eight Mile, Bear Lake, Co.
b. City or Town of Birth: Eight Mile, Idaho.

FATHER

6. Full Name of Father: Lee Leroy Simmons
7. State or Country of Father's Birth: Eight Mile, Idaho.

MOTHER

8. Full Maiden Name of Mother: Ellen Ethel Munro.
9. State or Country of Mother's Birth: Eight Mile, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma LaVera Simmons
11. Present Address of Registrant: 207 South Hayes St. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 10, 1956
12. Signature of Notary: M Bleloch
13. Notary Commission expires: January 11 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	L. D. S. Church Montpelier, Idaho	5-20-55	blessed Jan 2, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 22 1920	Eight Mile, Idaho Bear Lake Co.	Ellen Ethel Munro	Lee Simmons

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father-age 70	Lee L. Simmons	April 27, 1960	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 22, 1920	Eight Mile, Idaho Bear Lake County	Ellen Ethel Munro	Lee LeRoy Simmons

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	The National Western Life Ins. Co. of Denver, Colorado	----	May 27, 1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 22, 1920	Eight Mile, Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Glenda Larson	Feb. 15, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

5-10-68

FEB 16 1968

240 319-103-030-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-240

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Leslie Carlson			2. Date of Birth (month) April (day) 3 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May
FATHER	6. Full Name of Father: Chris Lee Carlson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cecile Jones			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne L Carlson		11. Present Address of Registrant: 505 E. 44th Boise
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 75	By whom issued and signed: Cecile Carlson		Date Issued: Dec.9,1965	Date Orig. Entry: ------
	Date of Birth: Apr.3,1920	Birth Place: May, Idaho	Full Name of Mother: Cecile Jones	Name of Father: Chris Lee Carlson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 49-15259		Date Issued: -----	Date Orig. Entry: child born Dec.9, 1949
	Date of Birth: Age 29	Birth Place: May, Idaho	Full Name of Mother: ------	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States		Date Issued: Oct.29,1945	Date Orig. Entry: Allotment Disc. Sept.30,1945
	Date of Birth: Apr.3,1920	Birth Place: May, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Mar.6, 1968

FORM BH 56067

MAR 7 1968

793-127-00-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-317

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Victor R Pickett
2. Date of Birth: August 27 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls Idaho

FATHER

6. Full Name of Father: Howard LeRoy Pickett
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Emma Dora Lange
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Victor R Pickett
11. Present Address of Registrant: Box 365 - Warden - Wn

NOTARY (Seal)

Subscribed and sworn to before me on: March 6 1968
12. Signature of Notary: Betty Jean Cunningham
13. Notary Commission expires: 11-1-1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Warden Ward Grand Coulee Stake	Date Issued: ----	Date Orig. Entry: baptized June 3,1961
	Date of Birth: Aug.27,1920 / Birth Place: Idaho Falls,Idaho Bonneville,County	Full Name of Mother: Emma Dora Lange	Name of Father: Howard LeRoy Pickett	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S.Army, Earl G.Linhart,Major ORD Dept.,Ft.Douglas,Utah	Date Issued: Apr.14,1946	Date Orig. Entry: inducted May 20,1944
	Date of Birth: Aug.27,1920 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: County File #197350 Bonneville County, Idaho	Date Issued: ----	Date Orig. Entry: Feb.17,1950
	Date of Birth: Age: 29 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	March 20, 1968

FORM BH 56067

MAR 20 1968

132-24-022-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Magnolia Ackley		2. Date of Birth (month) (day) (year): April 14 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: "Home" a. County: Fremont; b. City or Town of Birth: Lamont
FATHER	6. Full Name of Father: Clarence B Ackley		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Dicey (Shults) Ackley		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Magnolia Ackley	11. Present Address of Registrant: Pampa, Tex. P.O. Box 604
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 2 1968	12. Signature of Notary: Doris E Ritter	13. Notary Commission expires: June 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dicey Ackley	Date Issued: Jan.26,1968	Date Orig. Entry: -----
	Date of Birth: Apr.14,1920 / Birth Place: Lamont, Idaho	Full Name of Mother: Dicey (Shults) Ackley	Name of Father: Clarence B. Ackley	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records	By whom issued and signed: Wheeler County, Texas	Date Issued: ------	Date Orig. Entry: Mar.7,1933
	Date of Birth: Apr.14,1920 / Birth Place: --------	Full Name of Mother: Dicey Ackley	Name of Father: C. B. Ackley	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Hopkins County, Texas	Date Issued: Dec.9,1955	Date Orig. Entry: child born Feb.27,1950
	Date of Birth: Age: 29 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION	photocopy of page from family Bible which appears to be old gives birthdate as April 14, 1920.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: March 27, 1968

FORM BH 56067 NM

(w) 3-14-68 gml

MAR 27 1968

MAR 27 1968

289-223-007-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 68-345

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Adeline Shipp		2. Date of Birth (month) November (day) 23 (year) 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Arthur Bryan Shipp		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Marian Leatha Shaffer (Billinger)		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet A. Hale	11. Present Address of Registrant: Rt #, Kuna Idaho 83634
NOTARY (Seal)	Subscribed and sworn to before me on March 27 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 64	By whom issued and signed: Marian Leatha Shaffer (Billinger)	Date Issued: Mar.18,1968	Date Orig. Entry: ------
	Date of Birth: Nov.23,1920 / Birth Place: Hailey,Idaho	Full Name of Mother: Marian Leatha Billinger	Name of Father: Arthur Bryan Shipp	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 48-3602	Date Issued: ---	Date Orig. Entry: child born Mar 11,1948
	Date of Birth: Age 27 / Birth Place: Hailey, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 11883-AK	By whom issued and signed: The Security Mutual Life Ins.	Date Issued: June 14,61	Date Orig. Entry: June 13, 1961
	Date of Birth: Nov.23,1920 / Birth Place: Hailey, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 27, 1968

FORM BH 56067

MAR 27 1968

693-211-001-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Velma Elizabeth Wilkerson
2. Date of Birth (month) (day) (year): Sept 11 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Boise Idaho Ada
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Fredrick Earl Wilkerson
7. State or Country of Father's Birth: Darby Mont, Ravalla

MOTHER

8. Full Maiden Name of Mother: Tina Leona Wolfinbarger
9. State or Country of Mother's Birth: Darby, Mont Ravalla

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velma E McDougall
11. Present Address of Registrant: Hamilton, Mont

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1968
12. Signature of Notary: Marjorie M. Anglin
13. Notary Commission expires: Aug 3 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Fred E. Wilkerson and Tina L. Wilkerson	Date Issued: Jul.11,1967	Date Orig. Entry: -----
	Date of Birth: Sep.11,1920 / Birth Place: Boise, Idaho	Full Name of Mother: Tina L. Wolfinbarger Wilkerson	Name of Father: Fred E. Wilkerson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Marcus Daly Memorial Hospital Hamilton, Montana	Date Issued: Mar.20,1968	Date Orig. Entry: July 7,1947
	Date of Birth: Sep.11,1920 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #5708	By whom issued and signed: Ravalli County, Montana	Date Issued: June 9,1959	Date Orig. Entry: child born Feb.15,1940
	Date of Birth: Age: 19 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

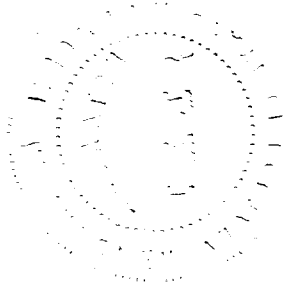
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 23, 1968

FORM BH 56067 Rec'd Rec # 1626 $3.00 7-20-67

APR 24 1968



366-226-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Alice Cooper		2. Date of Birth (month) (day) (year): September 26, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Frederick Mark Cooper		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Hale		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Margaret C. Sargent	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1968	12. Signature of Notary: Reed D. Pace	13. Notary Commission expires: Jan. 2. 1971

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: LDS Church, Grace Ward Rulon V. Judd, Bishop	Date Issued: Dec.5,1920	Date Orig. Entry: Dec.5,1920 blessed
	Date of Birth: Sept. 26, 1920; Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Cora Hale	Name of Father: Frederick Mark Cooper	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Hale Cooper	Date Issued: Apr.16,1968	Date Orig. Entry: ----
	Date of Birth: Sep.26,1920; Birth Place: Grace, Idaho	Full Name of Mother: Cora Hale Cooper	Name of Father: Frederick Mark Cooper	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate 43-186563	By whom issued and signed: State of Utah, Division of Vital Statistics	Date Issued: Feb.6,1962	Date Orig. Entry: child born Sept.26,1949
	Date of Birth: Age 29; Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	May 3, 1968

FORM BH 56067

NM. (S) 4-19-68 mf

MAY 3 1968

815-205-039-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-660

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabell Hansen			2. Date Of Birth (month) (day) (year): February 5 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Home Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: John Clyde Hansen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jennie Holliday			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabell Hansen Jones		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 5, 1967	12. Signature of Notary: [illegible] Clerk of the Dist. Court		13. Notary Commission expires: January 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #365134	Date Issued: -----	Date Orig. Entry: child born Dec.2,1942	
	Date of Birth: Age: 22	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church record of membership	By whom issued and signed: LDS Church, Buhl Ward	Date Issued: ----	Date Orig. Entry: blessed Mar.8,1920	
	Date of Birth: Feb.5,1920	Birth Place: Rockland, Idaho Power County	Full Name of Mother: Jennie Holliday	Name of Father: John Clyde Hansen	
SUPPORTING RECORD 3.	Type of Document: photocopy of first page of insurance policy #10312	By whom issued and signed: Idaho Mutual Benefit Assoc., Boise, Idaho	Date Issued: Jul.16,1954	Date Orig. Entry: July 16,1954	
	Date of Birth: Age:34	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: July 11, 1968

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FORM BH 56067

JUL 1 1 1968

335-218026-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-697

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jeanette Cleveland
2. Date of Birth (month) (day) (year): Feb. 18, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Raphael Cleveland
7. State or Country of Father's Birth: South Carolina

MOTHER

8. Full Maiden Name of Mother: Edith Walker Hunter
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeanette C Ryder
11. Present Address of Registrant: Route 4, Box 329 Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 9 1968
12. Signature of Notary: A. L. Smith
13. Notary Commission expires: Oct. 30 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #52-432	----	child born Jan.21,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Rigby, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, John O. Call, Bishop, Rigby 2nd Ward	May 6,1928	baptized May 5,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1920	Rigby, Idaho Jefferson County	Edith Hunter	Raphael Cleveland

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Family records	----	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4:17 AM Feb.18,1920	Rigby, Idaho	Mrs. Raphael Cleveland	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	July 26, 1968

FORM BH 56067

8-10-68

Ryder

JUL 26 1968

DECEASED

255-117015-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-702

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Billy Lee Bendixsen			2. Date of Birth: April 17 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Caribou	b. City or Town of Birth: Alexander
FATHER	6. Full Name of Father: Casper Andrew Bendixsen			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Margaret Ethel Mason			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Billy Lee Bendixsen		11. Present Address of Registrant: 19032-55th. West Lynnwood Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 12, 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 15, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church-J.W. Rawlins (high Priest)	Date Issued: Feb. 20,1943	Date Orig. Entry: Baptized Feb. 17,1943
	Date of Birth: Apr.17,1920 / Birth Place: Alexander, Ida.	Full Name of Mother: Margaret Ethel Mason	Name of Father: Casper Andrew Bendixsen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - # 50-9344	Date Issued: ----	Date Orig. Entry: child born Aug 22, 1950
	Date of Birth: Age 30 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, J.Willard Wagner, Lt.Col.AGD Ft.Lewis,Wash.	Date Issued: discharged Feb.24,1946	Date Orig. Entry: inducted Feb.18,1943
	Date of Birth: Apr.17,1920 / Birth Place: Alexander, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by father signed June 25,1968 gives birthdate as April 17, 1920; birthplace as Alexander, Idaho; parents' names as Margaret Ethel (Mason)Bendixsen and Casper Andrew Bendixsen.

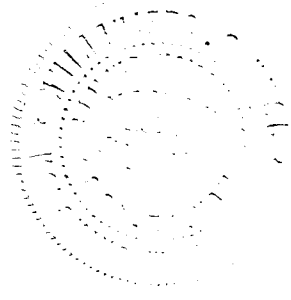
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	fc Glenda Larson	July 26, 1968

FORM BH 56067

JUL 2 6 1968



194-10J-041-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-718

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Orval Ard			2. Date of Birth (month) July (day) 3 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County ~~Madison~~ new Jefferson	b. City or Town of Birth: Clementsville	
FATHER	6. Full Name of Father: Orval James Ard			7. State or Country of Father's Birth: Elsmore, Kansas	
MOTHER	8. Full Maiden Name of Mother: Clara Gladys Gesche			9. State or Country of Mother's Birth: Appleton, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Clarence Orval Ard	11. Present Address of Registrant: RR #1 Box 134 ST. ANTHONY	
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1968		12. Signature of Notary: Jeanette Burnside	13. Notary Commission expires: June 2 1969	

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: photocopy of discharge paper		By whom issued and signed: U.S.Army, Colin D.Mac Rae, Lt. Col, Cavalry, Ft.Dix, N.J.	Date Issued: discharged June 4,1944	Date Orig. Entry: enlisted Oct.8,1940
	Date of Birth: Age 20 3/12	Birth Place: Clementsville, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit for marriage license		By whom issued and signed: Fremont County, Idaho	Date Issued: ----	Date Orig. Entry: Apr.16,1945
	Date of Birth: July 3,1920	Birth Place: Clementsville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative		By whom issued and signed: Mrs. M. Irene (Ard) Hubbard (bd. Nov.19,1901)	Date Issued: May 14,1968	Date Orig. Entry: -----
	Date of Birth: July 3,1920	Birth Place: Clementsville, Idaho	Full Name of Mother: Clara Gladys Gesche	Name of Father: Orval James Ard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson gml	Date Filed: July 31, 1968

FORM BH 56067 1 copy paid rec. 32821 2nd form sent 7-11-68 (A) gml

JUL 31 1968

993-224 C 03-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De68-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orstella Mae Rich		2. Date Of Birth (month) June (day) 24 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Charles Colton Bratton Rich		7. State or Country of Father's Birth: Porterville, Utah
MOTHER	8. Full Maiden Name of Mother: Lavera Mae Buckley		9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae R Harwood	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 3 1968	12. Signature of Notary: Shir Lee M. Dennis	13. Notary Commission expires: July 15 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Church Record	By whom issued and signed: L.D.S.Church, Grace Ward Bannock Stake	Date issued: Aug 5, 1968	Date Orig. Entry: August 1, 1920
	Date of Birth: June 24, 1920 / Birth Place: Grace, Idaho	Full Name of Mother: Lavera Buckley	Name of Father: Charles C. B. Rich	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Insurance	Date issued: Aug 10, 1948	Date Orig. Entry: Aug 10, 1948
	Date of Birth: June 24, 1920 / Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: LaVera B. R. Fowler	Date issued: Aug. 5, 1968	Date Orig. Entry: ------
	Date of Birth: June 24, 1920 / Birth Place: Grace, Idaho	Full Name of Mother: LaVera Buckley	Name of Father: Charles C. Rich	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Sept. 4, 1968

FORM BH 56067 [illegible] Rec 38783 [illegible] 8-15-68 [illegible]

SEP 4 1968

652203-014-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-812

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Louise West		2. Date Of Birth (month) (day) (year): August 3 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Caldwell Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Thomas West		7. State or Country of Father's Birth: Corning Iowa
MOTHER	8. Full Maiden Name of Mother: Esther Landonia Fulwider		9. State or Country of Mother's Birth: Mecca Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Louise Linville	11. Present Address of Registrant: Box 1432 Eugene Ave
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Nov. 19 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #267037	Date issued: ----	Date Orig. Entry: child born Apr.15,1938
	Date of Birth: Age: 17	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Aug.14,1968	Date Orig. Entry: Apr.1,1950
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle		By whom issued and signed: George E. West Age:75	Date issued: Jun.26,1968	Date Orig. Entry: ----
	Date of Birth: Aug.3,1920	Birth Place: Caldwell, Idaho	Full Name of Mother: Esther L. Fulwider	Name of Father: William T. West	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 12, 1968

FORM BH 56067

1 cpd reg #35281 (L) 6-13-68 gml

SEP 1 2 1968

156-210-015-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eileen Jewkes			2. Date of Birth (month) 9 (day) 10 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Soda Springs IDAHO a. County: CARIBOU	b. City or Town of Birth	
FATHER	6. Full Name of Father: IVAN WILLIAM JEWKES			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: Lillie MAY TAYLOR			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eileen O'Brien		11. Present Address of Registrant: Galena Lodge Rt #1 Reno, Nevada	
NOTARY (Seal) ROY FAGNI NOTARY PUBLIC, STATE OF NEVADA WASHOE COUNTY My Commission Expires Mar. 16, 1972	Subscribed and sworn to before me on July 19 68	12. Signature of Notary: Roy Fagni		13. Notary Commission expires: March 16 19 72	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #276936	Date Issued: ----	Date Orig. Entry: child born Feb.23,1939
	Date of Birth: Age:18	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Driver's License #103377	By whom issued and signed: State of Nevada	Date Issued: Aug.25,1957	Date Orig. Entry: Aug.25,1957
	Date of Birth: Sept.10,1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:64	By whom issued and signed: Anna J. Littlefield	Date Issued: Aug.21,1968	Date Orig. Entry: -----
	Date of Birth: Sept.10,1920	Birth Place: Soda Springs, Idaho	Full Name of Mother: Lillie May Taylor Jewkes	Name of Father: Ivan W. Jewkes
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	Glenda Larson	Sept. 20, 1968

FORM BH 56067

160 and up #35251

7-2-68

SEP 20 1968

58 238-120-025 -819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANTHONY BENEDICT SCHWARTZ		2. Date Of Birth (month) AUGUST (day) 10 (year) 1920
	3. Color or Race	4. Sex	5. Place of Birth a. County: Idaho; b. City or Town of Birth: GREEN CREEK
FATHER	6. Full Name of Father: FRANK X. SCHWARTZ		7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: MARGUERITE HARTERT		9. State or Country of Mother's Birth: LUXEMBOURG
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anthony B. Schwartz	11. Present Address of Registrant: Lewiston, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: September 27, 1968	12. Signature of Notary: William E. Daniels	13. Notary Commission expires: 3-1-1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the U.S.	Date Issued: Dec.20,1946	Date Orig. Entry: Enlisted Mar.1,1945
	Date of Birth: Aug.20,1920	Birth Place: Greencreek, Ida.	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Feb.5, 1943	Date Orig. Entry: Baptized Aug.22,1920
	Date of Birth: Aug. 20,1920	Birth Place: Greencreek, Ida.	Full Name of Mother: Margaret Hartert	Name of Father: Frank Schwartz
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #17 376-2P RP	By whom issued and signed: Pacific Empire Mutual Life	Date Issued: Feb.19,1960	Date Orig. Entry: Feb.10,1960
	Date of Birth: Aug 20,1920	Birth Place: Greencreek, Idaho	Full Name of Mother: -----	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Oct. 2, 1968

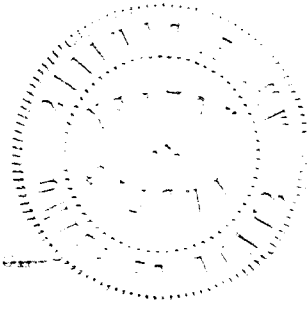
FORM BH 56067

No Record

9-3-68

Schwartz

OCT 8 1968



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513-202-029-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-900

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucinda Eatmon			2. Date of Birth (month) 7 (day) 2 (year) 1920	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Kendrick	b. City or Town of Birth: Latah	
FATHER	6. Full Name of Father: Melvin Y. Eatmon			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Lucy Banks			9. State or Country of Mother's Birth: North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucinda Wevadale		11. Present Address of Registrant: Route 1 Lewiston, Idaho 83501	
NOTARY (Seal)	Subscribed and sworn to before me on: Sep. 16 1968	12. Signature of Notary: Owen L. Knowlton		13. Notary Commission expires: Dec. 19 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Eatmon		Date Issued: Sep.16,1968	Date Orig. Entry: -----
	Date of Birth: July 2,1920	Birth Place: Kendrick, Idaho	Full Name of Mother: Lucy Eatmon	Name of Father: Melvin Y. Eatmon	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate	By whom issued and signed: Anna Rose Braune, Justice of the Peace, Coeur d'Alene, Ida.		Date Issued: Dec.28,1955	Date Orig. Entry: Dec.28,1955
	Date of Birth: Age: 35	Birth Place: Kendrick, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1387 403	By whom issued and signed: Pacific Mutual Life Ins. Co.		Date Issued: Jan.1,1956	Date Orig. Entry: Jan.1,1956
	Date of Birth: July 2,1920	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: October 21,1968

FORM BH 56067

E-1-67

OCT 21 1968

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL HENRY BRONSON			2. Date of Birth (month) (day) (year): JUNE 6 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: FAIRVIEW, IDAHO
FATHER	6. Full Name of Father: GEORGE AMOWS BRONSON			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: Roxie DOPP			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul H Bronson		11. Present Address of Registrant: 2921 WEST 1300 NORTH CLINTON UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 1968	12. Signature of Notary: Shirley C. Stewart		13. Notary Commission expires: October 30 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Fairview Ward, Henry H. Rawlings, Bishop		Date Issued: ---	Date Orig. Entry: blessed Aug.1,1920
	Date of Birth: June 6,1920	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Roxy Dopp	Name of Father: Geo. A. Bronson	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Coast Guard		Date Issued: discharged Mar.19,1946	Date Orig. Entry: enlisted Sep.12,1941
	Date of Birth: June 6,1920	Birth Place: Fairview, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Roxie Z. Bronson		Date Issued: Aug.6,1960	Date Orig. Entry: ----
	Date of Birth: June 6,1920	Birth Place: Fairview, Idaho	Full Name of Mother: Roxie Z. Bronson	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

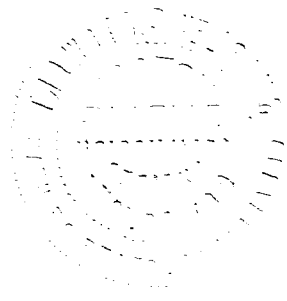
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Dec. 11, 1968

FORM BH 56067

(8) 11-25 gml

DEC 1 2 1968



893-123-030-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH ROBERT HICKS			2. Date of Birth (month) April (day) 23 (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May
FATHER	6. Full Name of Father: EARL JESSE HICKS			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: ETHEL HICKS			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Robert Hicks		11. Present Address of Registrant: May, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1966	12. Signature of Notary: Jack B. Turney		13. Notary Commission expires: April 4 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Steele Memorial Hospital, Salmon, Idaho, G. Butler, Adm.	Date Issued: Nov. 30, 1966	Date Orig. Entry: Feb. 2, 1959
	Date of Birth: Apr. 23, 1920 / Birth Place: Lemhi Co., Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Everett Lish (over 65 yrs.)	Date Issued: Apr. 5, 1966	Date Orig. Entry: ----
	Date of Birth: Apr. 23, 1920 / Birth Place: approx. 4 mi. So. of May, Lemhi Co., Ida.	Full Name of Mother: Ethel Hicks	Name of Father: Earl Jesse Hicks	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #899825	By whom issued and signed: Globe Life and Accident Ins. Company	Date Issued: Nov. 15, 1962	Date Orig. Entry: Nov. 15, 1962
	Date of Birth: Apr. 23, 1920 / Birth Place: -----	Full Name of Mother: ----	Name of Father: Earl Hicks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barsom	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 8, 1969

FORM BH 56067

10-12-64

Hicks

JAN 8 1968

319-421-017-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orrin William Bennett, Larsen		2. Date of Birth: October 21 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kilgore, Clark, Idaho
			b. City or Town of Birth: Kilgore, Clark, Idaho
FATHER	6. Full Name of Father: Franklin Lyle Bennett		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Clara Leora Nelsen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orrin William Larsen	11. Present Address of Registrant: 1826 VanBuren Ave, Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 30 1968	12. Signature of Notary: Cecil E. Tuchen	13. Notary Commission expires: Aug 24 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing (photocopy)	By whom issued and signed: LDS Church, Kilgore Ward Sidney A. Hawks, Clerk	Date Issued: ---	Date Orig. Entry: blessed Dec. 5, 1920
	Date of Birth: Oct. 21, 1920 / Birth Place: Kilgore, Clark County, Idaho	Full Name of Mother: Clara Leora Nielson	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: LeRoy G. Bennett (15 years older)	Date Issued: Jan. 3, 1969	Date Orig. Entry: ----
	Date of Birth: Oct. 21, 1920 / Birth Place: Kilgore, Idaho Clark County	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of ordination as a Deacon	By whom issued and signed: LDS Church, Preston 4th Ward, Thos. O. Stokes, Ward Clerk	Date Issued: ----	Date Orig. Entry: ordained Mar. 5, 1933
	Date of Birth: Oct. 21, 1920 / Birth Place: Kilgore, Idaho	Full Name of Mother: Clara Leora Nelson	Name of Father: Franklin Lyle Bennett	

QUALIFYING INFORMATION

Court Order of Adoption dated March 4, 1933 in Franklin County Probate Court, Idaho states that Orrin W. Bennett was adopted by Lars H. Larsen and Mathilda M. Larsen and his name was changed to Orrin William Larsen. The original parent is listed as Frank L. Bennett (mother deceased).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 14, 1969

FORM BH 56067

PUSH (L) 12-31

Larsen

JAN 14 1969

381-217-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estella Thatcher			2. Date of Birth (month) (day) (year): September 17 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: John B. Thatcher			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Long			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Estella T. Simpson		11. Present Address of Registrant: 4575 So 500 W Ogden Utah 84403
NOTARY (Seal)	Subscribed and sworn to before me on: FEB 15 1969	12. Signature of Notary: Clair D. Scott		13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 19, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 8-26-57	Date Orig. Entry: Dec. 12, 1920
	Date of Birth: Sept. 17, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Clara E. Lang	Name of Father: John B. Thatcher	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Weber Co. High School Ogden, Utah	Date Issued: 8-23-57	Date Orig. Entry: Sept. 1935
	Date of Birth: Sept. 17, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Clara E. Thatcher	Date Issued: May 18,1966	Date Orig. Entry: -----
	Date of Birth: Sep.17,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Clara Elizabeth Long	Name of Father: John B. Thatcher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr gml Glenda Larson	Feb. 24, 1969

FORM BH 56067

1 copy paid

(S) 6-17-66 gml

Simpson

FEB 25 1969

236-211-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE69-175

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lael Stolworthy		2. Date Of Birth (month) August (day) 11 (year) 1920	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Bone
FATHER	6. Full Name of Father: Edward A. Stolworthy		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mulvena Christensen		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lael Carlson	11. Present Address of Registrant: 394 South Park Shelley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church - Laird, Bishop	Date Issued: Oct. 14, 1928	Date Orig. Entry: Baptized Oct. 14, 1928	
	Date of Birth: Aug. 11, 1920	Birth Place: Idaho	Full Name of Mother: Mulvena Christensen	Name of Father: Edward A. Stolworthy	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Nov. 7, 1920	Date Orig. Entry: Blessed Nov. 7, 1920	
	Date of Birth: Aug. 11, 1920	Birth Place: Idaho	Full Name of Mother: Mulvena Christensen	Name of Father: Edward A. Stolworthy	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 322233	Date Issued: ----	Date Orig. Entry: child born Sept. 11, 1941	
	Date of Birth: Age 21	Birth Place: Bone, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

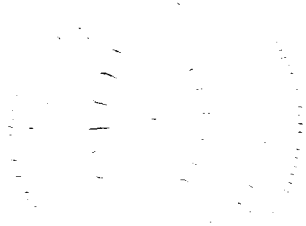
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 7, 1969

FORM BH 56067

MAR 7 1969



816-203-003-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Hawkes			2. Date Of Birth (month) May (day) 3 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Topaz (Lava) Bannock	b. City or Town of Birth: Lava (Topaz community)
FATHER	6. Full Name of Father: Thomas Herbert Hawkes			7. State or Country of Father's Birth: Salt Lake County Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Gibbons			9. State or Country of Mother's Birth: Preston, Franklin Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Merrill		11. Present Address of Registrant: Rt. 2 Paul, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8, 1969	12. Signature of Notary: Lee H. Merrill		13. Notary Commission expires: March 26, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #400518	Date issued: ----	Date Orig. Entry: child born Nov. 19, 1944
	Date of Birth: Age: 24	Birth Place: Lava, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Topaz Ward, D.P. Stephenson, Bishop	Date issued: ----	Date Orig. Entry: blessed July 4, 1920
	Date of Birth: May 3, 1920	Birth Place: Topaz, Idaho	Full Name of Mother: Elizabeth Ann Gibbons	Name of Father: Thomas H. Hawks	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #1726593		By whom issued and signed: The Lincoln National Life Ins. Co., Ft. Wayne, Indiana	Date issued: May 1, 1961	Date Orig. Entry: May 1, 1961
	Date of Birth: May 3, 1920	Birth Place: Lava, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

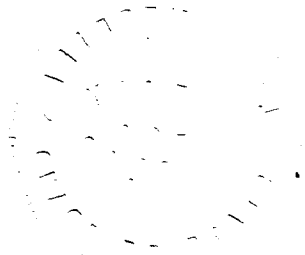
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 26, 1969

FORM BH 56067

1 CP for Ins # 7303

3-6-69

MAR 27 1969



291-21-033-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Pearl Bramwell		2. Date of Birth (month) (day) (year): September 11, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Adna Elias Bramwell		7. State or Country of Father's Birth: East Portage, Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Viola Brown		9. State or Country of Mother's Birth: Oxford, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Pearl Jorgensen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1969	12. Signature of Notary: Lynn M. Larsen	13. Notary Commission expires: May 12 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, 16th Ward, Idaho Falls Stake, Sterling Jensen, Clerk	Date Issued: Apr.29,1969	Date Orig. Entry: baptized Aug.25,1929
	Date of Birth: Sept.11,1920	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Margaret Viola Brown	Name of Father: Adna Elias Bramwell
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho	Date Issued: Aug.28,1962	Date Orig. Entry: Sept.16,1938
	Date of Birth: Sept.11,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: Viola (Brown) Bramwell	Name of Father: Adna E. Bramwell
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-362	Date Issued: -----	Date Orig. Entry: child born Jan.6,1954
	Date of Birth: Age: 33	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larsen	Glenda Larson	May 6, 1969

FORM BH 56067

MAY 6 1969

335-229-001-946

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-465

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Lydia Mae Clement			2. Date of Birth (month) June (day) 29 (year) 1920
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Kuna Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Louis Newton Clement			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Rosa Elenora Ruff			9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma M. Calhoun		11. Present Address of Registrant: Rt. 2 Kuna Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1969	12. Signature of Notary: Edith M. Cornell		13. Notary Commission expires: June 15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: St. Alphonsus Hospital	Date Issued: Jan.27,1946	Date Orig. Entry: child born Jan 27, 1946
	Date of Birth: June 29,1920 / Birth Place: Kuna, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #L-5599	By whom issued and signed: American Home Mutual Life	Date Issued: Nov.1,1959	Date Orig. Entry: Oct.23,1959
	Date of Birth: Jun 29,1920 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 76	By whom issued and signed: Rosa Elenora Clement	Date Issued: July 1,1969	Date Orig. Entry: ----
	Date of Birth: Jun 29,1920 / Birth Place: Kuna, Idaho	Full Name of Mother: Rosa Elenora Ruff	Name of Father: Louis Newton Clement	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	July 1, 1969

FORM BH 56067

4-5-69

JUL 3 1969

386-224-010-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-557

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Maxine Thompson		2. Date of Birth (month) (day) (year): November 24 1920
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Woodville, Idaho
FATHER	6. Full Name of Father: Thomas Christian Thompson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Etta Cynthia Draper		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice M. T. Greenhalgh	11. Present Address of Registrant: 23 E. 1st Ave, Dugway, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1969	12. Signature of Notary: Rhoda P. Bixby	13. Notary Commission expires: December 27 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of record of membership		By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: May 24, 1943	Date Orig. Entry: blessed Aug. 31, 1930
	Date of Birth: Nov. 24, 1920	Birth Place: Woodville, Idaho	Full Name of Mother: Etta C. Draper	Name of Father: Thomas C. Thompson	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth		By whom issued and signed: Sonoma County Hospital, Santa Rosa, California	Date Issued: ---	Date Orig. Entry: child born Sept. 13, 1949
	Date of Birth: Nov. 24, 1920	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle (born 1897)		By whom issued and signed: R. W. Draper	Date Issued: Jun. 14, 1969	Date Orig. Entry: ----
	Date of Birth: Nov. 24, 1920	Birth Place: Woodville, Idaho	Full Name of Mother: Etta Cynthia Draper Thompson	Name of Father: Thomas Christian Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Aug. 29, 1969

FORM BH 56067

1 ck + 2 rec # 10075 3-24-69

AUG 2 9 1969

291-212-019-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-630

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Marie Bradbury			2. Date Of Birth (month) July (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Challis a. County: Custer	b. City or Town of Birth: Challis, Idaho
FATHER	6. Full Name of Father: Verne Bradbury			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lena Wilkinson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Marie Kirtley		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9 1969	12. Signature of Notary: [signature]		13. Notary Commission expires: 9-1 1970

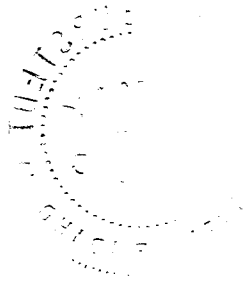
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Millie Bradbury Age:70	Date issued: Sept.9,1969	Date Orig. Entry: ----
	Date of Birth: July 12,1920	Birth Place: Challis, Idaho Custer County	Full Name of Mother: Lena Wilkinson	Name of Father: Verne Bradbury	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license affidavit		By whom issued and signed: Bingham County, Idaho	Date issued: ---	Date Orig. Entry: Feb.25,1939
	Date of Birth: July 12,1920	Birth Place: Challis	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #288211	Date issued: ---	Date Orig. Entry: child born Nov.29,1939
	Date of Birth: Age: 19	Birth Place: Challis, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: Glenda Larson	Date Filed: Sept. 23, 1969	

K FORM BH 56067

11-20-68

SEP 24 1969



252-128-016-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GORDON ARTHUR SESSIONS			2. Date of Birth (month) JULY (day) 28 (year) 1920
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: MARION
FATHER	6. Full Name of Father: CALVIN SESSIONS			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: RUTH HESS			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon Arthur Sessions		11. Present Address of Registrant: VICTOR IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: October 5, 19 69	12. Signature of Notary: Jennifer L. Stone		13. Notary Commission expires: Clerk of the District Court 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own-child's birth certificate	By whom issued and signed: On file Idaho #50-10087		Date Issued: ----	Date Orig. Entry: child born Aug. 3, 1950
	Date of Birth: Age: 30	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Calvin Sessions		Date Issued: Jul. 22, 1967	Date Orig. Entry: ---
	Date of Birth: July 28, 1920	Birth Place: Marion, Idaho Cassia County	Full Name of Mother: ---	Name of Father: Calvin Sessions	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church, J. Walter Manning, Clerk		Date Issued: ----	Date Orig. Entry: baptized July 29, 1928
	Date of Birth: July 28, 1920	Birth Place: Marion, Idaho Cassia County	Full Name of Mother: Ruth Hess	Name of Father: Calvin Sessions	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

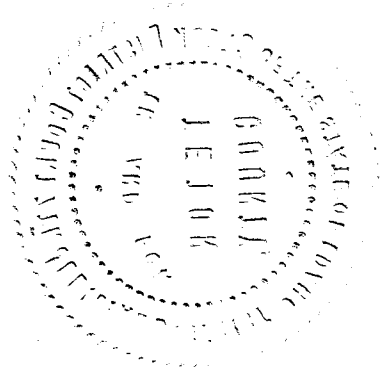
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	October 9, 1969

FORM BH 56067

2 c.c. pd - Rec # 22904.

11-28-66

OCT 9 1969



796-212-039-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Groom		2. Date of Birth (month) (day) (year): Nov. 12 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: William Cleveland Groom		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Alda May Bright		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Groom Fuller	11. Present Address of Registrant: Rt. 1 Box 144 Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: June 19th 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-15 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #439245	Date Issued: -----	Date Orig. Entry: child born June 11, 1947	
	Date of Birth: Age: 26	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: William C. Groom and Alda Groom	Date Issued: Jun. 19, 1969	Date Orig. Entry: ----	
	Date of Birth: Nov. 12, 1920	Birth Place: Rockland, Idaho	Full Name of Mother: Alda Groom	Name of Father: William C. Groom	
SUPPORTING RECORD 3.	Type of Document: Transcript of school records	By whom issued and signed: Twin Falls High School, Idaho L. Jones, Secty	Date Issued: ---	Date Orig. Entry: Sept. 6, 1938	
	Date of Birth: Nov. 12, 1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Nov. 25, 1969

FORM BH 56067

3-10 69

NOV 2 5 1969

DECEASED

514-215-014-5-5-8

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 69-725**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Beryl Nau
2. Date of Birth (month) (day) (year): Sept. 15, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Wilder, Idaho

FATHER

6. Full Name of Father: Robert Theodore Nau
7. State or Country of Father's Birth: Iowa, U.S.A

MOTHER

8. Full Maiden Name of Mother: Iva Alma Neher
9. State or Country of Mother's Birth: Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Beryl Rynearson
11. Present Address of Registrant: 1841 Florin Road Sacramento Ca. 95822

NOTARY (Seal)

Subscribed and sworn to before me on November 4 1969

12. Signature of Notary: Marian E. Fitzgerald
13. Notary Commission expires: January 25 1972

MARIAN E. FITZGERALD
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My Commission Expires January 25, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother Age 64	Iva Alma Neher Nau Peacock	May 25,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.15,1920	Wilder, Idaho	Iva Alma Neher	Robert Theodore Nau

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birthcertificate	on file - Idaho # 425356	----	child born Sept 22,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 26	Wilder, Idaho	- -----	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Caldwell, Idaho Immaculate Conception Church	Jun. 28, 1924	Baptized Jun. 28, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.15,1920	Wilder, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

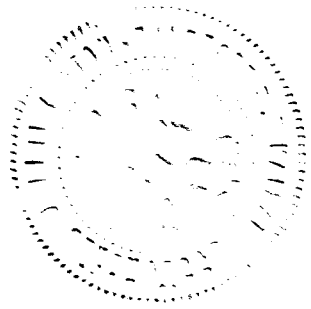
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 26, 1969

FORM BH 56067

3-17-66

Received

NOV 2 8 1969



291-10-042-792

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-779
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Dwight Sharp		2. Date Of Birth (month) (day) (year): June 10 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Twin Falls; b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: William Leota Sharp		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Leona Sarah Gibson		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Dwight Sharp	11. Present Address of Registrant: 2529 W Lane Phoenix Ariz
NOTARY (Seal)	Subscribed and sworn to before me on JUN 10 1969 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission expires June 26, 1971 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Leona Saraha Gibson Sharp	Date Issued: 7-24-53	Date Orig. Entry:
Class* B	Date of Birth: June 10, 1920	Birth Place: Twin Falls Co. Filer, Idaho	Full Name of Mother: Leona Saraha Gibson Sharp	Name of Father: William Leota Sharp
SUPPORTING RECORD 2.	Type of Document: Operator's License	By whom issued and signed: California #H 430120	Date Issued: 6-16-39	Date Orig. Entry: June 16, 1939
Class B	Date of Birth: June 10, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Twin Falls School Dist. #411 J.T.Anderson, Clerk	Date Issued: ---	Date Orig. Entry: 1927
Class	Date of Birth: June 10,1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: W. L. Sharp

QUALIFYING INFORMATION: Statement regarding hospital records issued by Helen M.Traugott,R.R.L. of the Good Samaritan Hospital, Phoenix, Arizona on August 9, 1968 gives following: Admission date - Apr.4,1957; birthdate - June 10,1920; Birthplace - Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	nr Glenda Larson	December 5, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC - 5 1969

168-112-001-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN DONALD JOHNSON		2. Date of Birth (month) (day) (year): JANUARY 12 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ADA; b. City or Town of Birth: KUNA
FATHER	6. Full Name of Father: PASCAL CEILEN JOHNSON		7. State or Country of Father's Birth: TEXAS
MOTHER	8. Full Maiden Name of Mother: MARGARET LEE CLARK		9. State or Country of Mother's Birth: OKLAHOMA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John D. Johnson	11. Present Address of Registrant: 1619-17TH ST LEWISTON
NOTARY (Seal)	Subscribed and sworn to before me on: 10/14 1969	12. Signature of Notary: L Lester Van Bargen	13. Notary Commission expires: 8/20 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license and certificate	By whom issued and signed: Nez Perce County, Idaho Co. File #252466 bk.19,pg.15	Date Issued: Oct.1,1969	Date Orig. Entry: June 1,1956
	Date of Birth: Age: 36 / Birth Place: Kuna, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Notification of separation from U.S.Naval Serv.	By whom issued and signed: J.A.Young,Lt.(jg),USNR,Ass't Personnel Officer	Date Issued: Dec.21,1946	Date Orig. Entry: enlisted Nov.13,1941
	Date of Birth: Jan.12,1920 / Birth Place: Kuna, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date Issued: ---	Date Orig. Entry: July 12, 1956
	Date of Birth: Jan.12,1920 / Birth Place: Kuna, Idaho USA	Full Name of Mother: ---	Name of Father: Pascal C. Johnson	

QUALIFYING INFORMATION

Affidavit by older brother, Herman G. Johnson, Age: 69, affidavit signed December 11, 1969 gives birthdate - January 12, 1920; birthplace - Kuna, Idaho - parents' names - Paschal C. Johnson and Margaret Lee Johnson.

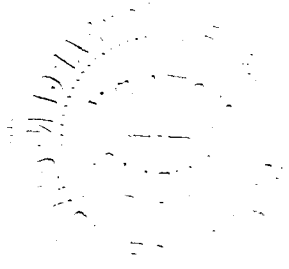
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 12, 1970

FORM BH 56067

JAN 1 2 1970



869-227-006-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beth Yorgesen		2. Date Of Birth (month) Feb. (day) 27 (year) 1920
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Bingham County; b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Alonzo S. Yorgesen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Effie Hall		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beth Kendzierski	11. Present Address of Registrant: 981 36th. St., Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 23 1970	12. Signature of Notary: J P Kenny	13. Notary Commission expires: 5-5 1972

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Shelley 2nd Ward, W.M.Gutke, Clerk	Date issued: May 14,1928	Date Orig. Entry: baptized May 12, 1928
	Date of Birth: Feb.27,1920	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Effie Hall	Name of Father: Alonzo S. Yorgesen
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Shelley 2nd Ward, J. Eugene Cobbley, Clerk	Date issued: ---	Date Orig. Entry: blessed Apr.4,1920
	Date of Birth: Feb.27,1920	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Effie Hall	Name of Father: Alonzo S. Yorgesen
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #278937	Date issued: ---	Date Orig. Entry: child born Mar.31,1939
	Date of Birth: Age: 19	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

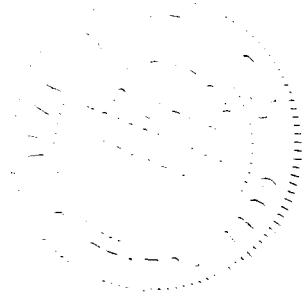
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 27, 1970

FORM BH 56067 1 cp pd rec # 25084 12-12-67

JAN 27 1970



639-117-025-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLEN ALBERT FLITTON			2. Date Of Birth (month) OCTOBER (day) 17th (year) 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO FALLS, IDAHO	b. City or Town of birth: IDAHO BONNEVILLE h
FATHER	6. Full Name of Father: JOHN PARLEY FLITTON			7. State or Country of Father's Birth: DAVIS COUNTY, UTAH
MOTHER	8. Full Maiden Name of Mother: SARAH ANN CHADBURN FLITTON			9. State or Country of Mother's Birth: WEST WEBER, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen Albert Flitton		11. Present Address of Registrant: -S.L.C. UTAH- 1230 ROOSEVELT AVE
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1970	12. Signature of Notary: Maurice Robinson		13. Notary Commission expires: July 23 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Recommend for Baptism	By whom issued and signed: Albert J.Elggren,Bishop,2nd Ward, Liberty Stake	Date Issued: baptized Jul.28,1931	Date Orig. Entry: recommended July 26,1931	
	Date of Birth: Oct.17,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Sarah Ann Clovia	Name of Father: John Parley Flitton	
SUPPORTING RECORD 2.	Type of Document: photocopy of Enlisted record & report of separation	By whom issued and signed: U.S.Army, H.S.Orvis, 2d Lt. AC	Date Issued: separated Jan.21,1946	Date Orig. Entry: inducted July 1,1943	
	Date of Birth: Oct.17,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #14515	By whom issued and signed: Country Mutual Life, Salt Lake City, Utah	Date Issued: ---	Date Orig. Entry: Aug.1,1957	
	Date of Birth: Oct.17,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Feb. 16, 1970

FORM BH 56067

Index Card # 21476

FEB 16 1970

168-[illegible]-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Eliza Johnson			2. Date Of Birth (month) June (day) 9th (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Turner, Idaho a. County: Bannock	b. City or Town of Birth: Turner, Idaho
FATHER	6. Full Name of Father: Ernest Gottfred Johnson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Grace Hazel Rash Johnson			9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern E. Albiston		11. Present Address of Registrant: Conner, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 19 70	12. Signature of Notary: Shirley Thorn		13. Notary Commission expires: Nov. 12 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 314159	Date Issued: ---	Date Orig. Entry: child born Jan. 26, 1941
	Date of Birth: Age: 20	Birth Place: Turner, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1-21-28601F		By whom issued and signed: Beneficial Protective Assoc. Inc., Pocatello, Idaho	Date Issued: ----	Date Orig. Entry: Jan. 18, 1949
	Date of Birth: June 9, 1920	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Grace Hazel Rash Johnson	Date Issued: Mar. 2, 1970	Date Orig. Entry: ----
	Date of Birth: June 9, 1920	Birth Place: Turner, Idaho Bannock County	Full Name of Mother: Grace Hazel Rash Johnson	Name of Father: Ernest Gottfred Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 11, 1970

FORM BH 56067

[illegible] 2-2-70 [illegible]

MAR 12 1970

296-203-003-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Constance Brooks			2. Date Of Birth (month) 12 (day) 3 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: LYNN Bros. Hosp.	
FATHER	6. Full Name of Father: John Elmer Brooks			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Sylvia Constance Whaley			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary B. Hales		11. Present Address of Registrant: 995 Aspen Eugene, Ore. 97401	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1978	12. Signature of Notary: Roy McCracken		13. Notary Commission expires: 1-28 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #397797		Date Issued: ----	Date Orig. Entry: child born Oct.7,1944
	Date of Birth: Age: 23	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: John E. Brooks		Date Issued: Apr.2,1970	Date Orig. Entry: ----
	Date of Birth: Dec.3,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Sylvia C. Brooks	Name of Father: John E. Brooks	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Girardian Ins. Co., Dallas, Texas		Date Issued: ---	Date Orig. Entry: Aug.1,1956
	Date of Birth: Dec.3,1920	Birth Place: ---	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	April 16, 1970

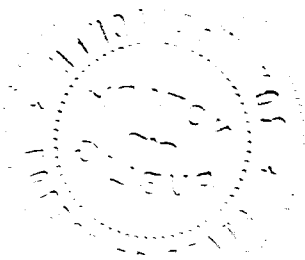
FORM BH 56067

replaces # 397797

8-26-80

Filed

APR 16 1970



249-20-7023-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Elizabeth Smith			2. Date of Birth (month) August (day) 7 (year) 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Hudson L. Smith			7. State or Country of Father's Birth: Utah, Salt Lake City
MOTHER	8. Full Maiden Name of Mother: Pearl Jennie McGee			9. State or Country of Mother's Birth: Idaho, Emmett
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Hansen		11. Present Address of Registrant: 2414 Denver St
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 1974

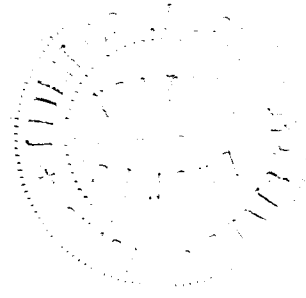
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Hudson L. Smith	Date Issued: Apr. 17, 1970	Date Orig. Entry: ------
	Date of Birth: Aug. 7, 1920	Birth Place: Emmett, Idaho	Full Name of Mother: Pearl Jennie McGee	Name of Father: Hudson L. Smith	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file Idaho # 259137	Date Issued: ----	Date Orig. Entry: Child born Sept. 8, 1937
	Date of Birth: Age 17	Birth Place: Emmett, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: School Dist. # 221 Emmett, Ida.	Date Issued: May 4, 1970	Date Orig. Entry: Sept. 1926
	Date of Birth: Aug. 7, 1920	Birth Place: ------	Full Name of Mother: ------	Name of Father: Hudson Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: May 8, 1970

FORM BH 56067

4-3-70



799-222-018-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Ellen Griggs	2. Date Of Birth (month) (day) (year): October 22 1920
	3. Color or Race: white caucasion; 4. Sex: F; 5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Pierce
FATHER	6. Full Name of Father: Add Albert Griggs	7. State or Country of Father's Birth: Union Oregon
MOTHER	8. Full Maiden Name of Mother: Mabel Irene Nettleton	9. State or Country of Mother's Birth: Boone co. Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret E Bennett
		11. Present Address of Registrant: Po Box 94, Beatty Nev
NOTARY (Seal)	Subscribed and sworn to before me on May 20 1970	12. Signature of Notary: Billy Burgh
		13. Notary Commission expires: Oct 30 1971

OFFICIAL SEAL
BILLY BURGH
NOTARY PUBLIC-NEVADA
PRINCIPAL OFFICE IN
NYE COUNTY
My Commission Expires Oct. 30, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photocopy of page from family Bible	By whom issued and signed: Family Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.22,1920; Birth Place: Pierce, Idaho Clearwater County	Full Name of Mother: Mabel Irene Nettleton	Name of Father: Add Albert Griggs	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Sonoma State College, Cotati, California	Date issued: ---	Date Orig. Entry: Feb. 1963
	Date of Birth: Oct.22,1920; Birth Place: Pierce, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: carbon copy of notice of employment	By whom issued and signed: Moricon School Dist.,Peter Petersen, Clerk	Date issued: Aug.17,1961	Date Orig. Entry: Aug.17,1961
	Date of Birth: Oct.22,1920; Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by brother, Marion A. Griggs, signed Aug.24, 1965 gives: born in Pierce, Clearwater County, Idaho on October 22, 1920 to Add Albert Griggs and Mabel Irene Nettleton Griggs.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 5, 1970

FORM BH 56067

Add form sent 12-23-69 gml (6)

JUN 8 1970

386-215 .003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELZA FAUN THOMAS			2. Date of Birth (month) Dec (day) 15 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Turner (mail Grace)
FATHER	6. Full Name of Father: Raymond John Thomas			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elza Faun Thomas Revoir		11. Present Address of Registrant: Grace Idaho 83241
NOTARY (Seal)	Subscribed and sworn to before me on: March 4, 1970	12. Signature of Notary: [signature]		13. Notary Commission expires: Mar. 18, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #310251	Date Issued: ---	Date Orig. Entry: child born Feb.22,1941
	Date of Birth: Age: 20	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Howard D.Johnson Bishop, Grace 2nd Ward	Date Issued: May 1,1966	Date Orig. Entry: baptized June 6,1931
	Date of Birth: Dec.15,1920	Birth Place: Turner, Bannock County, Idaho	Full Name of Mother: Elizabeth Johnson	Name of Father: Raymond John Thomas
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Johnson Thomas	Date Issued: Mar.2,1970	Date Orig. Entry: ----
	Date of Birth: Dec.15,1920	Birth Place: Turner, Idaho Bannock County	Full Name of Mother: Elizabeth Johnson Thomas	Name of Father: Raymond John Thomas
QUALIFYING INFORMATION				

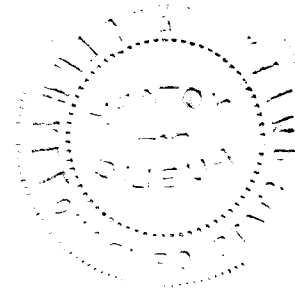
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	June 11, 1970

FORM BH 56067 ~~No~~ search made. 1 copy paid rec. # 8011. (R) 3-11-66

JUN 1 1 1970



653-409-027-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN STANLEY WELCH			2. Date Of Birth (month) August (day) 9 (year) 1920	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Jerome	
FATHER	6. Full Name of Father: John Shaw Welch			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Eulalia Sorenson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on June 3 1970		10. Signature of Registrant: John Welch	11. Present Address of Registrant: 4734 Alta Canyada Rd, La Canada, California	
	OFFICIAL SEAL RAELENE WOOD NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires August 28, 1972		12. Signature of Notary: Raelene Wood	13. Notary Commission expires: Aug 28, 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Boise 1st Ward, L.W. Worthington, Bishop	Date Issued: ----	Date Orig. Entry: baptized Sept. 2, 1928
	Date of Birth: Aug. 9, 1920	Birth Place: Jerome, Idaho Jerome County	Full Name of Mother: Eulalia Sorensen	Name of Father: John S. Welch	
SUPPORTING RECORD 2.	Type of Document: Certified copy application for marriage license		By whom issued and signed: State of Oregon, Clatsop Co. Vol. 20 pg. #35	Date Issued: June 8, 1970	Date Orig. Entry: July 17, 1942
	Date of Birth: Aug. 9, 1920	Birth Place: Jerome, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of separation qualification record		By whom issued and signed: U.S. Army, Claude C. Dove, Capt. AGD	Date Issued: separated Mar. 28, 1946	Date Orig. Entry: entry date Nov. 24, 1941
	Date of Birth: Aug. 9, 1920	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 17, 1970

FORM BH 56067

JUN 1 8 1970

295-212-024-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-610

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Marie Brennen			2. Date of Birth (month) November (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: George F. Brennen			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Pearce W. Fleenor			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Marie Brennen		11. Present Address of Registrant: Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 20, 1970	12. Signature of Notary: M S Jensen		13. Notary Commission Expires: August 22, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. George Brennen		Date Issued: Oct. 19, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 12, 1920	Birth Place: Wendell, Idaho	Full Name of Mother: Pearce W. Fleenor	Name of Father: George F. Brennen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 431769		Date Issued: ---	Date Orig. Entry: child born Jan. 1, 1947
	Date of Birth: Age 26	Birth Place: Wendell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 161340	By whom issued and signed: Bankers Life Co.		Date Issued: May 16, 1941	Date Orig. Entry:
	Date of Birth: Nov. 12, 1920	Birth Place: Wendell, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Florence Curtright	August 31, 1970

FORM BH 56067

10-30-61

SEP 1 1970
FEB 08 2000

252-219-006-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-681

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Sessions			2. Date Of Birth (month) Aug. (day) 19 (year) 20
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shelley Ida. Bingham	b. City or Town of Birth: Goshen (mail Shelley)
FATHER	6. Full Name of Father: Thomas Orlia Sessions			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Violet Beryl Killion			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Sessions Loving		11. Present Address of Registrant: P.O. Box 372 Hamilton Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: September 1 1970	12. Signature of Notary: Jegg Neuman		13. Notary Commission expires: Feb. 24th 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Shelley Stake, Goshen Ward, bir. & bless. 1920, pg. 1046, line 724	Date Issued: Aug. 24, 1970	Date Orig. Entry: Oct. 3, 1920
	Date of Birth: Aug. 19, 1920	Birth Place: Goshen, Bingham County, Idaho	Full Name of Mother: Violet Killian	Name of Father: T. Orlia Sessions	
SUPPORTING RECORD 2.	Type of Document: Certificate of Registration to vote		By whom issued and signed: Ravalli County, MT, Prec. #4	Date Issued: July 22, 1970	Date Orig. Entry: July 28, 1948
	Date of Birth: Age: 27	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #7875		By whom issued and signed: Ravalli County, Montana	Date Issued: July 11, 1963	Date Orig. Entry: child born Oct. 22, 1947
	Date of Birth: Age: 27	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	Glenda Larson	Sept. 29, 1970

FORM BH 56067

9-29-70

SEP 30 1970

313-229-003-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-747

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Elaine Cathey		2. Date Of Birth (month) January (day) 29 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pocatello, Idaho - Bannock; b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Joseph Webster Cathey		7. State or Country of Father's Birth: Charlotte, North Carolina
MOTHER	8. Full Maiden Name of Mother: Anna Evodia Erickson		9. State or Country of Mother's Birth: Gothenburg, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Elaine Cathey Stone	11. Present Address of Registrant: 504 South Pennsylvania Casper, Wyo. 82601
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 1, 1970	12. Signature of Notary: Rita J. McCoy	13. Notary Commission expires: Dec. 23, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Record of Membership		By whom issued and signed: LDS Church	Date issued: ---	Date Orig. Entry: blessed May 2,1920
	Date of Birth: Jan.29,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Annie Erickson	Name of Father: Joseph W. Cathey	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #301956	Date issued: ----	Date Orig. Entry: child born Sep.25,1940
	Date of Birth: Age: 20	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative		By whom issued and signed: Wayne M. Cathey (bd.1/9/10)	Date issued: Oct.29,1970	Date Orig. Entry: ----
	Date of Birth: Jan.29,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Anna Evodia Erickson (Cathey)	Name of Father: Joseph Webster Cathey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	October 29,1970

FORM BH 56067 2 cps [illegible] #32[illegible] 4-21-71

OCT 29 1970

318-209-026-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-758

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Taylor — At home in Garfield Jefferson	2. Date of Birth (month) Sept. (day) 9 (year) 1920	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: b. City or Town of Birth: Garfield, Idaho (mail Rigby)
FATHER	6. Full Name of Father: George Alvin Taylor	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Fern Wride	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile T. Maloney	11. Present Address of Registrant: Box 8 Menan, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 21 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: 8-31 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Garfield, Ward, T. W. Newman, Clerk	Date Issued: April 1921	Date Orig. Entry: blessed Nov.7,1920	
	Date of Birth: Sep.9,1920	Birth Place: Garfield, Idaho Jefferson County	Full Name of Mother: Fern Wride	Name of Father: George Taylor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Fern Call	Date Issued: Oct.7,1970	Date Orig. Entry: ----	
	Date of Birth: Sep.9,1920	Birth Place: Garfield, Idaho	Full Name of Mother: Fern Call	Name of Father: George Alvin Taylor	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #53-4486	Date Issued: ---	Date Orig. Entry: child born Mar.25,1953	
	Date of Birth: Age: 32	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 5, 1970

K FORM BH 56067

5-11-62

NOV 16 1970

693-123-003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles (Bob) Lee Williams			2. Date Of Birth (month) Dec. (day) 23 (year) 1920
	3. Color or Race: caucasian	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Jefferson Williams			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Charlene Rea Senechale			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles (Bob) Lee Williams	11. Present Address of Registrant: Toketee Rt. Box 78 A Idleyld Park, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 2, 1970 19___		12. Signature of Notary: Thelma C. McIntyre	13. Notary Commission expires: 8-1-1973 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Medford Public Schools, Oregon Russel E. Klein, Asst. Supt.	Date Issued: Sep. 18, 1970	Date Orig. Entry: May 2, 1935
	Date of Birth: Dec. 23, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: Charles J. Williams
SUPPORTING RECORD 2.	Type of Document: Certified copy of medical cert. & application for Marr. Lic. #6855	By whom issued and signed: Jackson, County, Oregon	Date Issued: Oct. 2, 1970	Date Orig. Entry: Oct. 18, 1941
	Date of Birth: Dec. 23, 1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #544-01-3300	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: July 22, 1937
	Date of Birth: Dec. 23, 1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Charlene Schenele	Name of Father: Charles Jefferson Williams

QUALIFYING INFORMATION: Affidavit by sister (Age:58), Mildred Fern Miller issued Oct. 16, 1970 gives: Charles Lee Williams born December 23, 1920 in Pocatello, Bannock County, Idaho to Charlene Rea Senechale and Charles Jefferson Williams.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	Nov. 19, 1970

FORM BH 56067

8-28-70

NOV 20 1970

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Earl McArthur			2. Date Of Birth (month) February (day) 25 (year) 1920
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Fremont, Idaho	b. City or Town of Birth: Wilford (mail St. Anthony)
FATHER	6. Full Name of Father: David McArthur			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Jane Murray			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Earl McArthur		11. Present Address of Registrant: Route 1 Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 17 1970	12. Signature of Notary: Alta Gannon		13. Notary Commission expires: Sept 2 1973

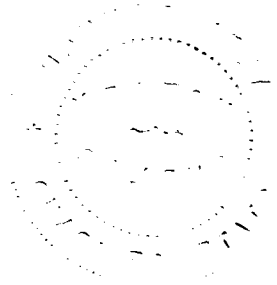
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Jerome Ward, Parley Thompson, Bishop, LDS Church	Date Issued: Mar.4,1928	Date Orig. Entry: baptized Mar.4,1928
	Date of Birth: Feb.25,1920 / Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Emma Murray	Name of Father: David Mc Arthur	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Buhl Public Schools, Idaho Audrey Sisson, Registrar	Date Issued: Oct.15,1970	Date Orig. Entry: Sept.3,1935
	Date of Birth: Feb.25,1920 / Birth Place: St.Anthony, Idaho	Full Name of Mother: Emma McArthur	Name of Father: David McArthur	
SUPPORTING RECORD 3.	Type of Document: certified copy of honorable discharge	By whom issued and signed: U.S. Army, Ft.Lewis WA, Sep. Center, Harvey D. Taylor, Lt.Col.Cav.	Date Issued: discharged Dec 21 1945	Date Orig. Entry: inducted June 25,1942
	Date of Birth: Feb.25,1920 / Birth Place: St.Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Barson	Evidence reviewed by: Glenda Larson	Date Filed: January 12,1971

FORM BH 56067

JAN 13 1971



DECEASED

866-117-022-745

RECEIVED
JAN 8 1971
Bureau of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-038
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Twp 9
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Warm River

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Twp 9
d. STREET ADDRESS (If rural, give location): Warm River

3. CHILD'S NAME (Type or print)
a. (First): Dallas
b. (Middle): Thomas
c. (Last): Howell

4. SEX: MALE
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): August 17, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): David
b. (Middle): Taylor
c. (Last): Howell

8. AGE (At time of this birth): 48 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Dingledell Ida.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zina
b. (Middle): Iowa
c. (Last): Gunter

13. AGE (At time of this birth): 32 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Whitier N. Car
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 4
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Dallas Thomas Howell

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: L. Howell
19. ADDRESS:
18. ATTENDANT AT BIRTH: M.D. XX MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED: December 16, 1970
21. DATE REC'D BY LOCAL REG.: January 8, 1971
22. REGISTRAR'S SIGNATURE: W. W. Benson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER
RACE OR COLOR OF MOTHER
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY

DELAYED

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

JAN 14 1971

219-223-010-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Bailey			2. Date Of Birth (month) (day) (year): april 23 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Falls Bonnvl.	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Jesse Henry Bailey			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mercy Maranda Campbell			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva B. McNamara	11. Present Address of Registrant: 1015 - 10th St. Idaho Falls, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 14 19 71		12. Signature of Notary: [illegible]	13. Notary Commission expires: 7 11 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Ammon Ward, David A. Owen, Clerk	Date Issued: ---	Date Orig. Entry: blessed June 6, 1920
	Date of Birth: Apr. 23, 1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mercey Campbell	Name of Father: Jesse Bailey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Ammon Ward, Henry Rosen, Clerk	Date Issued: May 14, 1928	Date Orig. Entry: baptized May 6, 1928
	Date of Birth: Apr. 23, 1920	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Mercy Campbell	Name of Father: Jesse H. Bailey	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls LDS Hospital, ID Thomas R. Harris, Administrator	Date Issued: Jan. 8, 1971	Date Orig. Entry: March 19, 1939
	Date of Birth: Apr. 23, 1920	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 21, 1971

FORM BH 56067

The Harvard

JAN 22 1971

859-203-029-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Alice Herman		2. Date Of Birth (month) June (day) 3 (year) 1920
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth a. County: Bovill Latah; b. City or Town of Birth: Bovill, Idaho
FATHER	6. Full Name of Father: Earl Albertus Herman		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Ethel Alice Baker		9. State or Country of Mother's Birth: Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel A McKenzie	11. Present Address of Registrant: Box 211 97818 Boardman, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 1971	12. Signature of Notary: Margaret Jorgensen	13. Notary Commission expires: 2-11 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #410	By whom issued and signed: State of Washington	Date issued: Feb.19,1970	Date Orig. Entry: child born January 17, 1943
	Date of Birth: Age: 22 / Birth Place: Bovill, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Ethel A. Herman	Date issued: Dec.1,1970	Date Orig. Entry: ----
	Date of Birth: June 3,1920 / Birth Place: Bovill, Idaho Latah County	Full Name of Mother: Ethel A. Herman	Name of Father: Earl A. Herman	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record	By whom issued and signed: Kootenai County, Idaho	Date issued: Feb.26,1970	Date Orig. Entry: Sept.29,1938
	Date of Birth: Age: 18 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

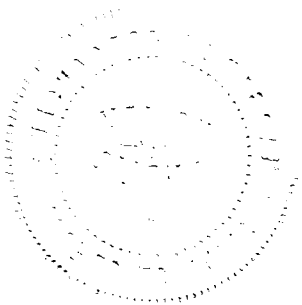
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 12, 1971

FORM BH 56067 1 CP Pd rec #5666 2-14-67

FEB 12 1971



793-209-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 71-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Ellen Pitman			2. Date Of Birth (month) 1 (day) -9- (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: John Taylor Pitman			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Frances Price			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith Ellen (Pitman) Hughes	11. Present Address of Registrant: 15140 San Pablo, San Jose Calif.
NOTARY (Seal)	Subscribed and sworn to before me on Jan 13 19 71		12. Signature of Notary: Louise Rhea Nichols [redacted] Hughes	13. Notary Commission expires 4/11 19 72

1002 E. Santa Clara St. San Jose, Calif. 95116

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.C hurch	Date Issued: May 9,1937	Date Orig. Entry: Baptized May 8,1937
	Date of Birth: Jan.9,1920 / Birth Place: Milo,Idaho	Full Name of Mother: Francis Price	Name of Father: John Taylor Pitman	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Dept.of Health-California	Date Issued: Feb.2,1971	Date Orig. Entry: child born May 26, 1947
	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 61	By whom issued and signed: Hazel Westover	Date Issued: Feb.8,1971	Date Orig. Entry: -----
	Date of Birth: Jan.9,1920 / Birth Place: Milo,Idaho	Full Name of Mother: Francis Ann Price	Name of Father: John Taylor Pitman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 24, 1971

FORM BH 56067

FEB 25 1971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Elizabeth Good			2. Date of Birth (month) 6 (day) 8 (year) 20
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Abraham Good			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Sarah Anna Wenger			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Kauffman		11. Present Address of Registrant: Rt. 4 Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1971	12. Signature of Notary: Darius T. Bailey		13. Notary Commission expires: Feb. 1, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 52-1719	Date Issued: ----	Date Orig. Entry: child born Feb. 8, 1952
	Date of Birth: Age 31	Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: - -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Anna Good ABraham Good	Date Issued: Mar.5,1971	Date Orig. Entry: -----
	Date of Birth: Jun.8,1920	Birth Place: Nampa,Idaho	Full Name of Mother: Sarah Anna Wenger	Name of Father: Abraham Good
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: High School - Nampa Schools	Date Issued: ---	Date Orig. Entry: School years 1934 - 35
	Date of Birth: Jun 8,1920	Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: Abraham Good
QUALIFYING INFORMATION				

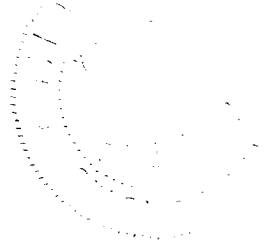
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 18, 1971

FORM BH 56067

MAR 22 1971



Lee

343-219-024-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Mary Culp			2. Date Of Birth (month) March (day) 19 (year) 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Gooding Memorial Hospital Gooding	b. City or Town of Birth: Gooding, Idaho
FATHER	6. Full Name of Father: Walter Ernest Culp			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Eleanor Mary Gerard			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor Freeman		11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 19 70	12. Signature of Notary: [signature]		13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Agnes Culp Byce (born Dec. 1903)	Date Issued: Oct.6,1970	Date Orig. Entry: ---
	Date of Birth: Mar.19,1920 / Birth Place: Gooding Hospital Gooding, Idaho	Full Name of Mother: Eleanor Mary Gerard Culp	Name of Father: Walter Ernest Culp	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: Oct.6,1970	Date Orig. Entry: obviously old
	Date of Birth: Mar.19,1920 / Birth Place: ----	Full Name of Mother: Elenor Mary Gerard	Name of Father: Walter Ernest Culp	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Gooding, Idaho, School Dist. #282	Date Issued: ---	Date Orig. Entry: Sept.1934
	Date of Birth: Mar.19,1920 / Birth Place: Gooding, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml' Glenda Larson	March 25, 1971

FORM BH 56067

MAR 26 1971

993-113-0001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vearl Ray Rich			2. Date Of Birth (month) May (day) 13 (year) 1920
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: St. Charles Bear Lake	b. City or Town of Birth: St. Charles
FATHER	6. Full Name of Father: Ray Charles Rich			7. State or Country of Father's Birth: Idaho St. Charles Bear Lake
MOTHER	8. Full Maiden Name of Mother: ~~Etta Lane~~ Mattie Maria Bair			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vearl R. Rich		11. Present Address of Registrant: Rt. 1 Meridian, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 27 19 71	12. Signature of Notary: Jack V. Mills		13. Notary Commission expires: April 15 19 72

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth from LDS Church records	By whom issued and signed: Bear Lake Stake, St. Charles Ward Rec. members line 401		Date Issued: Nov. 29, 1944	Date Orig. Entry: June 6, 1920
	Date of Birth: May 13, 1920	Birth Place: St. Charles, Idaho Bear Lake County	Full Name of Mother: Mattie Bair	Name of Father: Ray C. Rich	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate 50-030335	By whom issued and signed: State of Utah		Date Issued: Oct. 8, 1969	Date Orig. Entry: child born Apr. 16, 1950
	Date of Birth: Age: 29	Birth Place: St. Charles, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of notice of separation from U.S. Naval Service	By whom issued and signed: W.S. Blair, Lt. USNR		Date Issued: Dec. 2, 1945	Date Orig. Entry: enlisted Mar. 16, 1945
	Date of Birth: May 13, 1920	Birth Place: St. Charles, Idaho	Full Name of Mother: ---	Name of Father: Ray Rich	
QUALIFYING INFORMATION					

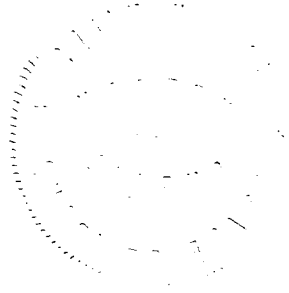
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Barson	Glenda Larson	April 12, 1971

FORM BH 56067

APR 19 1971



966-326-033-09

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-368

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Ruth Rowe (AKA Shirley Ann Winmill and Shirley Ann Rowe		2. Date Of Birth (month) 2 (day) 26 (year) 20
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Ola Delbert Rowe		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rose Widdison		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Shirley Ann Parkinson	11. Present Address of Registrant: 460 West 4800 South Ogden, Utah 84403
NOTARY (Seal)	Subscribed and sworn to before me on: 28 April 19 71	12. Signature of Notary: Bettejane White	13. Notary Commission expires: 19 November 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #269671	Date Issued: ---	Date Orig. Entry: child born July 31,1938
	Date of Birth: Age: 18	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of LDS Church birth certificate	By whom issued and signed: Fremont Stake,Rexburg 3rd Ward,bir.&bless. page 1376 line 325	Date Issued: ---	Date Orig. Entry: Apr.4,1920
	Date of Birth: Feb.26,1920	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Rose Widdison	Name of Father: Ola Delbert Rowe
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Thomas W. Rowe Age:63	Date issued: May 5,1971	Date Orig. Entry: ---
	Date of Birth: Feb.26,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: Rosa Widdison Rowe	Name of Father: Ola D. Rowe

QUALIFYING INFORMATION

Adopted June 6,1925 (Age:5) by Rose K. and James L. Winmill in Madison Co. Probate Ct. name changed to Shirley Ann Winmill

Adopted March 19,1935 by Adrain R. Neibaur in Madison Co. Probate Ct. and name changed to Shirley Ann Rowe. (Age:15)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 5, 1971

FORM BH 56067

MAY 5 1971

151-20Y-006319

RECEIVED
MAY 20 1971
Bureau of Vital Statistics

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 71-401
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Bingham (b) City Shelley
   (c) Street address or R. F. D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay BEFORE delivery: At home
   In Hospital or Maternity Home ____ Days
   In THIS County 21 years ____ months ____ days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street address or R. F. D. No. R 1
   (e) How long has MOTHER lived in Idaho? 21 yrs.
   (f) Mother's mailing address (for registration notice): Shelley R T
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ada Leora Pearson

5. DATE OF BIRTH (Month, day, year) 12-4-1920

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sam Pearson

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Loveland (City or Town) ____ (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Larsen

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace ~~Spanish Fork~~ Utah (City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home.

22. Was a standard serological test for syphilis performed? Yes ____ No X Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%.

24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
   (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sam Pearson (First name) (Last name), who is related to this child as Father. (Mother, etc.)

27. (a) May 20, 1971 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's OWN signature Edwin Cutler, M. D. (D.O., Midwife, etc.)
   and address Shelley Ida Date 6-13-44

LOCAL REGISTRATION OF BIRTHS

MAY 2 1 1971

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

469-21-040-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-494

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Gertrude Blanche Morphy		**2. Date Of Birth** (month) October (day) 21 (year) 1920
	3. Color or Race: white	**4. Sex**: female	**5. Place of Birth** a. County: Shoshone; b. City or Town of Birth: Mullan
FATHER	**6. Full Name of Father**: Harcourt Languish Morphy		**7. State or Country of Father's Birth**: Wardner, Idaho
MOTHER	**8. Full Maiden Name of Mother**: Mae LeRoya McCord		**9. State or Country of Mother's Birth**: Butte, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on June 10 1971	**10. Signature of Registrant**: Gertrude Blanche Long	**11. Present Address of Registrant**: 1274 Applegate Ave. Santa Clara, Calif. 95129
	OFFICIAL SEAL MAYBELL CROSSLEY NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SANTA CLARA COUNTY My Commission Expires June 11, 1973	**12. Signature of Notary**: Maybell Crossley	**13. Notary Commission expires**: June 10 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Paul A. Nelson, Pastor, Community Methodist Ch., Santa Clara, CA	Date Issued: Mar. 21, 1954	Date Orig. Entry: baptized Mar. 21, 1954
	Date of Birth: Oct 21, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mae L. Hart	Date Issued: June 10, 1971	Date Orig. Entry: ---
	Date of Birth: Oct. 21, 1920	Birth Place: Mullan, Idaho Shoshone County	Full Name of Mother: Mae LeRoya McCord	Name of Father: Harcourt Languish Morphy
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Sacred Heart Hospital, Spokane WA	Date Issued: ---	Date Orig. Entry: child born Oct. 15, 1941
	Date of Birth: Oct. 21, 1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 23, 1971

FORM BH 56067

JUN 24 1971

854-224-04-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-516

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorna Bess Heminger		2. Date Of Birth (month) (day) (year): June 24, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Jasper A. Heminger		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Zinza Lorene Holloway		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorna Bess Heminger	11. Present Address of Registrant: Rt 14 B 542 Oly-Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 30, 1971	12. Signature of Notary: Janene M Shultz	13. Notary Commission expires: Oct. 10, 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book	By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: June 24,1920	Birth Place: near Caldwell	Full Name of Mother: Zinza Heminger	Name of Father: Jasper Heminger
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: School Dist. #18, Grandview School, Geary Co., KS	Date issued: Jan.18,1966	Date Orig. Entry: July 1,1926
	Date of Birth: June 24,1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. A. Heminger
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: June 24,1920	Birth Place: ---	Full Name of Mother: Lorene Holloway	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 2, 1971

FORM BH 56067

JUL 2 1971

265-129-003-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-655

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gailond Russell BONNELL			2. Date Of Birth (month) JULY (day) 29 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: GRACE	
FATHER	6. Full Name of Father: Richard Harry BONNELL			7. State or Country of Father's Birth: Point Bluff, Wisc.	
MOTHER	8. Full Maiden Name of Mother: Ada SANT			9. State or Country of Mother's Birth: Cleveland, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gailond R. Bonnell	11. Present Address of Registrant: [redacted] 415 - 3rd St. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 2 1971		12. Signature of Notary: Marie L. Hurst	13. Notary Commission expires: January 15 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #56-9341	Date Issued: ----	Date Orig. Entry: Child born July 12, 1956
	Date of Birth: Age: 35	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: July 29, 1920	Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Ada Browning (nee Sant)	Name of Father: Harry Russell Bonnell	
SUPPORTING RECORD 3.	Type of Document: photocopy of military record		By whom issued and signed: U.S. Navy, W.L.M. Townsend, Capt., USMC Exec. Off.	Date Issued: discharged Dec. 7, 1950	Date Orig. Entry: reenlisted Dec. 10, 1946
	Date of Birth: July 29, 1920	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 10, 1971

FORM BH 56067

ICP 1st Rec'd 7-6-57

4-19-66

SEP 10 1971

459-31-015-586

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.. DE 71-757

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annabel Lee Dere			2. Date Of Birth (month) August (day) 31 (year) 1920
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Phillip Dere			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Nelle Thompson			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annabel Dere Shirley		11. Present Address of Registrant: Luray, Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: September 21, 1971	12. Signature of Notary: William D. Dere		13. Notary Commission expires: September 13, 1974.

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:90	By whom issued and signed: Anna Atkinson	Date Issued: Aug.19,1971	Date Orig. Entry: ----
	Date of Birth: Aug.31,1920 / Birth Place: Grace, Idaho	Full Name of Mother: Nelle Thompson Dere	Name of Father: Philip Dere	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record #2113	By whom issued and signed: Barton County, Kansas Page 29 Marriage record Y	Date Issued: Jan.11,1971	Date Orig. Entry: Nov.17,1951
	Date of Birth: Age: 31 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #17 277 512	By whom issued and signed: The New York Life Ins. Co.	Date Issued: Jan.20,1939	Date Orig. Entry: Dec.21,1938
	Date of Birth: Aug.31,1920 / Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: November 4,1971

FORM BH 56067

NOV 5 1971

386-114-005 - 296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-759

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Robert Thomas		2. Date Of Birth (month) July (day) 14, (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah; b. City or Town of Birth: Lake) Creek
FATHER	6. Full Name of Father: Charles Hudson Thomas		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Artie Tennie Brock		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Robert Thomas	11. Present Address of Registrant: Lind, (rural) Washington
NOTARY (Seal)	Subscribed and sworn to before me on August 19, 19 71	12. Signature of Notary: Gordon Sawyer	13. Notary Commission expires: May 5, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Benewah County, Idaho School Dist. #1	Date Issued: Aug.5,1971	Date Orig. Entry: listed as 7 yrs. old
	Date of Birth: July 14,1920 / Birth Place: -----	Full Name of Mother: ----	Name of Father: C. H. Thomas	
SUPPORTING RECORD 2.	Type of Document: photocopy of admission sheet	By whom issued and signed: Idaho State Penitentiary L.E.Clapp,Chairman,B of Corr.	Date Issued: Aug.3,1971	Date Orig. Entry: Feb.1,1954
	Date of Birth: July 14,1920 / Birth Place: Lake Creek,Idaho	Full Name of Mother: Tennie Thomas (nee Brock)	Name of Father: Charles H. Thomas	
SUPPORTING RECORD 3.	Type of Document: photocopy of relative's questionnaire,Walla Walla, WA	By whom issued and signed: Reception & Guidance Unit Artie Tennie Thomas,Mother	Date Issued: ---	Date Orig. Entry: Apr.7,1961
	Date of Birth: July 14,1920 / Birth Place: Lake Creek,Idaho	Full Name of Mother: Artie Tennie Thomas	Name of Father: Charles Hudson Thomas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: November 4,1971

FORM BH 56067

NOV 5 1971

258-162-018-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-785

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walter Dean Snyder
2. Date Of Birth (month) May (day) 2 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho, Clearwater,
b. City or Town of Birth: Weippe

FATHER

6. Full Name of Father: Walter Snyder
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Flarnie Mae Bonner
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter Dean Snyder
11. Present Address of Registrant: Weippe, Idaho 83553

NOTARY (Seal)

Subscribed and sworn to before me on May 11 1970

12. Signature of Notary: Marie Green
13. Notary Commission expires: December 6 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security card #518-14-6786	Social Security Records	June 13,1938	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 2,1920 / Weippe, Idaho	Flornie Bonner	Walter Snyder	
SUPPORTING RECORD 2.	Affidavit by father	Walter Snyder	Aug.18,1971	----
	May 2, 1920 / Weippe, Idaho Clearwater County	Flarnie (Bonner) Snyder	Walter Snyder	
SUPPORTING RECORD 3.	Statement regarding school census records, Dist #Con.2	Clearwater County, Idaho	June 23,1971	Nov.12,1927
	Age: 7 / ---	----	Walter Snyder	

QUALIFYING INFORMATION

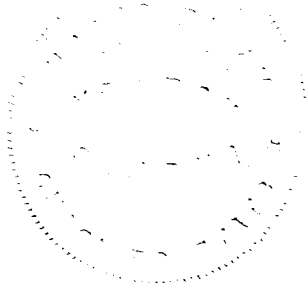
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	November 15,1971

FORM BH 56067 ICP address # 912 10-7-68

NOV 16 1971



453-11-0207-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORVILLE AUSTIN METTS			2. Date Of Birth (month) FEB. (day) 11 (year) 1920
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: JEROME	b. City or Town of Birth: HAZELTON IDAHO
FATHER	6. Full Name of Father: CHRISTOPHER COLUMBUS METTS			7. State or Country of Father's Birth: WILLIS TEXAS
MOTHER	8. Full Maiden Name of Mother: LONA GRACIE HOLLAND			9. State or Country of Mother's Birth: THACKERVILLE OKLAHOMA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville Austin Metts		11. Present Address of Registrant: 3913 S. MALIBU VISTA DR. MALIBU CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1971	12. Signature of Notary: Mary Schmitt		13. Notary Commission expires: 7-6-16 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Christopher C. Metts	Date Issued: Sep.21,1971	Date Orig. Entry: ----
	Date of Birth: Feb.11,1920 / Birth Place: Hazelton, Idaho Jerome County	Full Name of Mother: Lona Gracie Metts	Name of Father: Christopher C. Metts	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge,Conv.Hosp.,Sun Valley,ID	By whom issued and signed: U.S. Navy,Alfred J.Toulon,Capt. MC USN Medical Officer	Date Issued: Feb.1,1945	Date Orig. Entry: enlisted Nov.19,1940
	Date of Birth: Feb.11,1920 / Birth Place: Hazelton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible/notarized by Mary Schmitt,Gooding, ID	By whom issued and signed: family records in Bible	Date Issued: Oct.23,1971	Date Orig. Entry: obviously old
	Date of Birth: Feb.11,1920 / Birth Place: ---	Full Name of Mother: Lona G. Metts	Name of Father: Christopher C. Metts	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 16, 1971	

FORM BH 56067

NOV 24 1971

245-107-006-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-799

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED HAROLD SUNDQUIST			2. Date Of Birth (month) MARCH (day) 7 (year) 1920	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BLACKFOOT, IDAHO BINGHAM	b. City or Town of Birth: BLACKFOOT, IDAHO	
FATHER	6. Full Name of Father: ERIC AXEL SUNDQUIST			7. State or Country of Father's Birth: HELSINGLAND, SWEDEN	
MOTHER	8. Full Maiden Name of Mother: LIILY ELIZABETH KARLBERT			9. State or Country of Mother's Birth: ELY, MINNESOTA, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Fred Harold Sundquist	11. Present Address of Registrant: 436 43rd STREET, (33407) APT 4, WEST PALM BEACH, FLA	
NOTARY (Seal)	Subscribed and sworn to before me on 27th DAY OF OCTOBER 1971		12. Signature of Notary: [illegible]	13. Notary Commission expires: NOTARY PUBLIC, STATE of FLORIDA at LARGE MY COMMISSION EXPIRES NOV. 3, 1974 BONDED 19	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Navy, Harold Bye, Capt. USN Bremerton,WA	Date Issued: discharged Feb.7,1946	Date Orig. Entry: Dec.27,1944
	Date of Birth: Mar.7,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #L 727975		By whom issued and signed: Business Men's Assurance Co. of America, Kansas City,MO	Date Issued: May 1,1957	Date Orig. Entry: Mar.14,1957
	Date of Birth: Mar.7,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal uncle		By whom issued and signed: Ernest Sundquist Age:76	Date Issued: Nov.5,1971	Date Orig. Entry: ---
	Date of Birth: Mar.7,1920	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Lillie Elizabeth Karlberg	Name of Father: Eric Axel Sundquist	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Nov. 17, 1971

FORM BH 56067

10-15-71

NOV 17 1971

165-126-000-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-808

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Richard Jones		2. Date Of Birth (month) (day) (year): July 26, 1920
	3. Color or Race: White-American	4. Sex: M	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Burton L. Jones		7. State or Country of Father's Birth: Malad, Idaho
MOTHER	8. Full Maiden Name of Mother: Phyllis Frances Clow		9. State or Country of Mother's Birth: Rose, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Richard Jones	11. Present Address of Registrant: 944 Wheeler, Idaho Falls, Id
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 72	12. Signature of Notary: Marjorie A Metcalf	13. Notary Commission expires: 10/30/72 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:70 assisted in delivery	By whom issued and signed: Louise Clow Jones	Date Issued: Nov.12,1971	Date Orig. Entry: ---
	Date of Birth: July 26,1920 / Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Phyllis Frances Clow Jones	Name of Father: Burton L. Jones	
SUPPORTING RECORD 2.	Type of Document: certified copy of military discharge	By whom issued and signed: U.S. Army, Charles B.Ely,Lt. Col.Inf.,Ft.Lewis,WA	Date Issued: discharged Aug.15,1945	Date Orig. Entry: inducted Sep.16,1940
	Date of Birth: July 26,1920 / Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: City of Idaho Falls, Idaho	Date Issued: ----	Date Orig. Entry: hired Aug.15,1946
	Date of Birth: July 26,1920 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Burt Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 23, 1971

FORM BH 56067

NOV 23 1971

155-103-033-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-009**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HEBER MAUGHAN JENSEN		2. Date Of Birth (month) (day) (year): FEB. 3 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: FREMONT MADISON BURTON (REXBURG) b. City or Town of Birth: mail BURTON (REXBURG)
FATHER	6. Full Name of Father: WILFORD LEO JENSEN		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: GEORGIA MAUGHAN		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Heber M. Jensen	11. Present Address of Registrant: R. #1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 28 1971	12. Signature of Notary: Naomi Maddison	13. Notary Commission expires: Dec 18 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #53-805	Date issued: ----	Date Orig. Entry: child born Jan.10,1953
	Date of Birth: Feb.3,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church,Burton Ward, Conrad Walz,Bishop	Date issued: Feb.5,1928	Date Orig. Entry: baptized Feb.3,1928
	Date of Birth: Feb.3,1920	Birth Place: Burton, Idaho Madison County	Full Name of Mother: Georgia Maughan	Name of Father: Wilford Jensen	
SUPPORTING RECORD 3.	Type of Document: Notice of Separation from U.S. Naval Service		By whom issued and signed: W.S.Blair,Lt.Comdr. USNR PSC Bremerton,WA	Date issued: Feb.3,1946	Date Orig. Entry: inducted Mar.25,1944
	Date of Birth: Feb.3,1920	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 6, 1972

FORM BH 56067

1cp pd rec # 9123

4-9-69

JAN 7 1972

249-211-022-795

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-020
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 10 1972 Bureau of Vital Statistics

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lamont

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Born in a tent Farm 1 mi. North of Lamont, Ida.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

d. STREET ADDRESS (If rural, give location): 1 mile north of Lamont Postoffice

3. CHILD'S NAME (Type or print)

a. (First): Cleo b. (Middle): MAE c. (Last): Smith

4. SEX: F

5a. THIS BIRTH: SINGLE ✓ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 11 1920

FATHER OF CHILD

7. FULL NAME a. (First): Leo b. (Middle): EARL c. (Last): Smith

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Escalante, Utah

10. USUAL OCCUPATION: FARMer

11. KIND OF BUSINESS OR INDUSTRY: FARMer

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): NAOMI b. (Middle): - c. (Last): GREEN

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho Wilford, Fremon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? None

c. How many children were stillborn (born dead after 20 wks. pregnancy?) None

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE E. R. Hargis

19. ADDRESS Ashton, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED: June 17, 1968

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1972

22. REGISTRAR'S SIGNATURE: W. W. Benson, State Registrar

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO [illegible] DATE ____

Was a standard serological test for syphilis performed? YES ____ NO [illegible] APPROXIMATE DATE ____

LENGTH OF PREGNANCY 36 WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER

RACE OR COLOR OF MOTHER

Was 1% Silver Nitrate Used to prevent blindness? YES X NO ____

METHOD OF DELIVERY Normal

DELAYED

BIRTH INJURY TO INFANT: [illegible] YES IF YES, DESCRIBE / NO

CONGENITAL MALFORMATIONS OF INFANT: [illegible] YES IF YES, DESCRIBE / NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1 1972

419-105-010-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon Henry Martin			2. Date of Birth (month) (day) (year): October 5, 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho Falls, Idaho-Bonneville	b. City or Town of Birth: Idaho Falls,
FATHER	6. Full Name of Father: Oscar Borthol Martin			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Elisa Elfrieda Hackman			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon Henry Martin		11. Present Address of Registrant: Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 7, 1972	12. Signature of Notary: Robert J. Barnes		13. Notary Commission expires: July 9, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Bushnell General Hosp., Brigham City, Utah	Date Issued: discharged Feb. 21, 1946	Date Orig. Entry: inducted Aug. 26, 1944
	Date of Birth: Oct. 5, 1920 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Ammon Ward, Idaho Falls Stake LDS Church, Reed Blatter, Bp.	Date Issued: May 4, 1946	Date Orig. Entry: baptized May 4, 1946
	Date of Birth: Oct. 5, 1920 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Ada Hackman	Name of Father: Oscar B. Martin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #435329	Date Issued: ---	Date Orig. Entry: child born Apr. 5, 1947
	Date of Birth: Age: 26 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 9, 1972

FORM BH 56067

FEB 1 0 1972

466-22?-002-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Louise Moore			2. Date Of Birth (month) March (day) 27 (year) 1920	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Indian Valley	
FATHER	6. Full Name of Father: Samuel Edesso Moore			7. State or Country of Father's Birth: Republic City, Kansas	
MOTHER	8. Full Maiden Name of Mother: Millie Eliza Rose			9. State or Country of Mother's Birth: Beaver, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Emma Louise (Moore) Higley	11. Present Address of Registrant: Rt. 1 New Plymouth Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on March 6 1972		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 70		By whom issued and signed: Millie Eliza Moore	Date Issued: Sept.8,1954	Date Orig. Entry: -----
	Date of Birth: Mar.27,1920	Birth Place: Indian Valley	Full Name of Mother: Millie Eliza Rose	Name of Father: Samuel Edesso Moore	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S.Church	Date Issued: Mar. 14,1951	Date Orig. Entry: Baptized Mar.11,1951
	Date of Birth: Mar.27,1920	Birth Place: Indian Valley	Full Name of Mother: Millicent E. Rose	Name of Father: Samuel E. Moore	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho #259699	Date Issued: ----	Date Orig. Entry: Child born Oct.20,1937
	Date of Birth: Age 17	Birth Place: Indian Valley	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

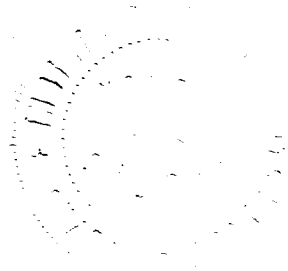
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 6,1972

FORM BH 56067

3-6-72

MAR 7 1972



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154-112-002-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Rufus Anderson			2. Date Of Birth (month) (day) (year): January 12, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams	b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: William Rufus Anderson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ida May Bergman			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Rufus Anderson		11. Present Address of Registrant: 1024 W. 2nd Weiser, Idaho 83672
NOTARY (Seal)	Subscribed and sworn to before me on: December 23 19 71	12. Signature of Notary: Beverly Hammer		13. Notary Commission expires: January 9, 19 72

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 76 yrs	By whom issued and signed: Ivy N. Bowman		Date Issued: Dec.23,1971	Date Orig. Entry: ------
	Date of Birth: Jan.12,1920	Birth Place: Idaho	Full Name of Mother: Ida May Bergman	Name of Father: William Rufus Anderson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #48-15447		Date Issued: -----	Date Orig. Entry: Child born Dec.20,1948
	Date of Birth: Age 28 yrs	Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: (Honorable Discharge) US Army Discharge	By whom issued and signed: Harvey D.Taylor Lt.Col.Caval.		Date Issued: Oct.25,1945	Date Orig. Entry: Jan.9,1942
	Date of Birth: Jan.12, 1920	Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

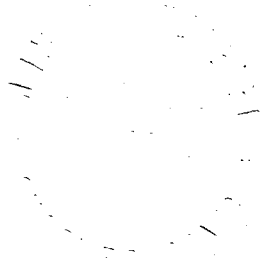
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	March 20, 1972

FORM BH 56067

MAR 20 1972



266-226-040-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-184

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther Cecelia Bowen
2. Date Of Birth (month) (day) (year): January 26, 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: At Home Shoshone
b. City or Town of Birth: Kellogg, Idaho

FATHER

6. Full Name of Father: Robert Lee Bowen
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Jessie Agnes Gordon
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther C Hughes
11. Present Address of Registrant: Newman Lake Wash

NOTARY (Seal)

Subscribed and sworn to before me on: March 20th 1972
12. Signature of Notary: Paul K Cooney
13. Notary Commission expires: June 13 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother Age:64	Ray A. Bowen	Mar.4,1972	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.26,1920 / Shoshone County Kellogg, Idaho	Jessie Agnes Bowen	Robert L. Bowen	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate Reg.#2821	By whom issued and signed: Spokane County Health Dist. Washington	Date Issued: Mar.7,1972	Date Orig. Entry: child born Sep.22,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / Kellogg, Idaho	---	---	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: San Diego County, CA	Date Issued: ----	Date Orig. Entry: Mar.2,1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 23, 1972

MAR 23 1972
APR 11 1972

155-21-1024-597

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Helen Jenkins			2. Date of Birth (month) (day) (year): October 18, 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Glenn L. Jenkins			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Hazel Marie Erpelding			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Helen Jenkins Mustad		11. Present Address of Registrant: Wendell, Idaho 83355
NOTARY (Seal)	Subscribed and sworn to before me on: March 30th 1972	12. Signature of Notary: Clyde Petersen		13. Notary Commission expires: July 18, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Hazel M. Jenkins	Date Issued: Jan. 22, 1972	Date Orig. Entry:
	Date of Birth: Oct. 18, 1920	Birth Place: Wendell, Idaho Gooding County	Full Name of Mother: Hazel Marie Erpelding	Name of Father: Glenn L. Jenkins	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Benedict's Hospital, Inc. Jerome, ID, Sr. Mary Matthew,	Date Issued: Feb. 1, 1972	Date Orig. Entry: Nov. 21, 1966
	Date of Birth: Oct. 18, 1920	Birth Place: Wendell, Idaho	Full Name of Mother: Hazel Perpelding	Name of Father: Glen Jenkins	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Gooding County, Idaho	Date Issued: ---	Date Orig. Entry: Sept. 1936
	Date of Birth: Oct. 18, 1920	Birth Place: ---	Full Name of Mother: ----	Name of Father: G. L. Jenkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 11, 1972

FORM BH 56067

ICP fld rec # 31012

4-17-72

APR 1 2 1972

213-124-003-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-360

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jimmie Alex Katsilometes
2. Date of Birth (month) (day) (year): May 24 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Pocatello
a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Alex D. Katsilometes
7. State or Country of Father's Birth: Sparta Greece

MOTHER

8. Full Maiden Name of Mother: Panagota (Annas) Anagnastopoulos
9. State or Country of Mother's Birth: Greece

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jimmie Alex Katsilometes
11. Present Address of Registrant: 2439 Salix Way Sacto Calif

NOTARY (Seal)

Subscribed and sworn to before me on: March 28 1972

12. Signature of Notary: [illegible]
13. Notary Commission expires: May 11 1973

OFFICIAL SEAL
LEE [illegible]
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My Commission Expires May 11, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of honorable discharge	U. S. Army, Francis D. Glasheen Major Air Corps	discharged Nov.20,1945	inducted Mar.23,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 24,1920 / Pocatello, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of application for insurance policy	Pacific Mutual Life Ins. Co.	---	Oct.4,1951
	May 24,1920 / Pocatello, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by mother	Panagota Katsilometes	June 2,1972	---
	May 24,1920 / Pocatello, Idaho	(nee Anagnostopoulos) Panagota Katsilometes	Alex D. Katsilometes	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: June 9, 1972

FORM BH 56067

JUN 9 1972

747-201-016-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-418

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernetta Margaret Pugmire
2. Date Of Birth (month) (day) (year): April 1, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Cassia
   b. City or Town of Birth: Artesian

FATHER

6. Full Name of Father: Thomas William Pugmire
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Olive Farmer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernetta Margaret Alsop
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: June 17 1972

12. Signature of Notary:
13. Notary Commission expires: Nov 7 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment records (photocopy)	Washington Hospital, Fremont California, J.A. Jensen, Pers. Dir.	July 30, 1968	May 30, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1920	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of birth	Betty Webster Age:77	June 17, 1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1920	Artesian, Idaho	Oliver Farmer Pugmire	Thomas William Pugmire

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital record of own child's birth	Cottonwood Maternity Hosp., Murray, Utah	---	child born Apr. 11, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 1, 1920	Artesin, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 20, 1972

FORM BH 56067

JUN 21 1972

796-22-8014-7Fk

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72=506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Esther Groves			2. Date Of Birth (month) June (day) 28, (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: Charlie Earnest Groves			7. State or Country of Father's Birth: Idaho - Falk
MOTHER	8. Full Maiden Name of Mother: Mabel Claire Barnett March 11-1896			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Esther Holaday		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1972	12. Signature of Notary: Clive S. Walker		13. Notary Commission expires: Sept 5 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: Ontario, Oregon Holy Rosary Hospital	Date Issued: Dec. 28, 1949	Date Orig. Entry: Child born Dec. 28, 1949
	Date of Birth: Jun. 28, 1920 / Birth Place: New Plymouth	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 76	By whom issued and signed: Mabel Groves	Date Issued: July 19, 1972	Date Orig. Entry: ---
	Date of Birth: Jun. 28, 1920 / Birth Place: New Plymouth	Full Name of Mother: Mabel Claire Barnett	Name of Father: Charlie Earnest Groves	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 321028	By whom issued and signed: Royal Neighbors of America	Date Issued: Dec. 1, 1946	Date Orig. Entry: Oct. 29, 1946
	Date of Birth: Jun. 28, 1920 / Birth Place: New Plymouth	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

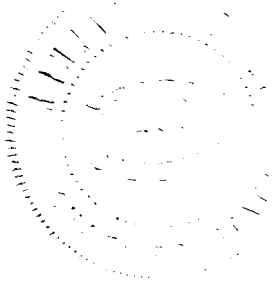
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Aug. 1, 1972

FORM BH 56067

AUG 2 1972

Holiday



434-117-010-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

OFFICIAL SEAL
PHYLLIS C. HUNTER
NOTARY PUBLIC - CALIFORNIA
State PRINCIPAL OFFICE IN DE 7-536
SACRAMENTO COUNTY

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd Vernon McDonald		2. Date Of Birth (month) (day) (year): 10 17 20
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: David James McDonald		7. State or Country of Father's Birth: Indiana Paoli Orange
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Yandell		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd V McDonald	11. Present Address of Registrant: 3117 Terry Way Carmichael Calif
NOTARY (Seal)	Subscribed and sworn to before me on: August 7 1972	12. Signature of Notary: Phyllis C Hunter	13. Notary Commission expires: 10-24 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Clair E. Gale, Supt. of Schools Idaho Falls, Class A Dist. #91	Date Issued: June 12,1953	Date Orig. Entry: Sept.2,1926
	Date of Birth: Oct.17,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Bonneville County, ID		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 25,1972	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: David McDonald	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: David J. McDonald	Date Issued: Jan.23,1957	Date Orig. Entry: ---
	Date of Birth: Oct.17,1920	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Jane Yandle McDonald	Name of Father: David James McDonald	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 14,1972

FORM BH 56067

AUG 1 4 1972

235-201-005-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Evelyn Stengar		2. Date Of Birth (month) 7 (day) 1 (year) 20
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Benewah Near Tensed, Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: Daniel Louis Stengar		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Ethel May Cawrse		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Stengar Robinson	11. Present Address of Registrant: 967 E 13th Spokane, WN.
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1972	12. Signature of Notary: Jeanne L. Farrell	13. Notary Commission expires: Oct. 1, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from administrative roll #535	By whom issued and signed: Daniel H. Olney, Acting Supt. Bureau of Indian Affairs, Lapwai, ID	Date issued: Jan. 24, 1966	Date Orig. Entry: Jan. 1957
	Date of Birth: July 1, 1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Federal Census record Benewah Co., Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date issued: Feb. 10, 1972	Date Orig. Entry: Apr. 1, 1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Ethel Stengar	Name of Father: Daniel Stengar
SUPPORTING RECORD 3.	Type of Document: Affidavit by person working for parents at time of birth	By whom issued and signed: Esta O. Gumm (bd. 9/29/1900)	Date issued: Oct. 5, 1972	Date Orig. Entry: ---
	Date of Birth: July 1, 1920	Birth Place: farm near Tensed, Benewah Co., Idaho	Full Name of Mother: Ethel May Stengar	Name of Father: Daniel L. Stengar
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 12, 1972

FORM BH 56067 1 copy pd

OCT 13 1972

¼ degree of Coeur d'Alene Indian Blood - supporting record #1

955-208-042-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Alice Reed			2. Date Of Birth (month) Sept. (day) 8 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls, Idaho ~~Ada~~	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Robert Louis Reed			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Wanda Beatrice Reed			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Alice Reed Yates		11. Present Address of Registrant: Route #4 Springdale, Ark.
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1972	12. Signature of Notary: Ora Couch		13. Notary Commission expires: MY COMMISSION EXPIRES AUGUST 1, 1975 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record		By whom issued and signed: Colorado Woman's College	Date Issued: Oct.30,1962	Date Orig. Entry: Sept.13,1939
	Date of Birth: Sept.8,1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: R. L. Reed	
SUPPORTING RECORD 2.	Type of Document: Passport #24106		By whom issued and signed: U.S. Dept. of State	Date Issued: July 21,1953	Date Orig. Entry: July 21,1953
	Date of Birth: Sept.8,1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #520681		By whom issued and signed: California Western States Life Insurance Co., Sacramento	Date Issued: July 12,1943	Date Orig. Entry: July 1,1943
	Date of Birth: Sept.8,1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	photocopy of application for Social Security number 518-18-1810 issued Sept. 30,1938 gives: born September 8, 1920 in Twin Falls, Idaho to Robert Louis Reed and Wanda Beatrice Hoag.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Welch		Evidence reviewed by: gml Glenda Larson		Date Filed: Nov. 27, 1972

FORM BH 56067

Write

NOV 27 1972

V19-212-005-581

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-776

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CAROLINE FERN MARTIN			2. Date of Birth (month) 2 (day) 12 (year) 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BENEWAH	b. City or Town of Birth	
FATHER	6. Full Name of Father: EARL LAURANCE MARTIN			7. State or Country of Father's Birth: OREGON	
MOTHER	8. Full Maiden Name of Mother: CAROLINE JESSIE CHAMPLIN			9. State or Country of Mother's Birth: SOUTH DAKOTA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Caroline Fern Martin Richle	11. Present Address of Registrant: Rt. 1, Box 56 Nine Mile Fall Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 27, 1972		12. Signature of Notary: [illegible]	13. Notary Commission expires: 12-16-1972	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal aunt & close neighbor at time of birth	By whom issued and signed: Esther L. Engelhart Age:71		Date Issued: Oct.22,1972	Date Orig. Entry: ---
	Date of Birth: Feb.12,1920	Birth Place: East of Tekoa,Wash. in Idaho,Benewah Co.	Full Name of Mother: Caroline Jessie Martin	Name of Father: Earl Laurance Martin	
SUPPORTING RECORD 2.	Type of Document: Family record sheet	By whom issued and signed: Family Records		Date Issued: Jan.18,1944	Date Orig. Entry: Jan.18,1944 & is obviously old
	Date of Birth: Feb.12,1920 Midnite	Birth Place: about 10 Mi.across Wash. line in Benewah Co., Idaho	Full Name of Mother: Caroline Jessie Champlin	Name of Father: Earl Laurance Martin	
SUPPORTING RECORD 3.	Type of Document: photocopy of federal census record - Latah Co., Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Nov.30,1971	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Caroline C. Martin	Name of Father: Earl L. Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 12, 1972

FORM BH 56067

NM "M" RUSH 6/2/72 gm

DEC 13 1972

Ruth (nee Martin)

DECEASED

695-201-010-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Adele Wren			2. Date Of Birth (month) (day) (year): August 1, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Conant Valley
FATHER	6. Full Name of Father: Theron Field Wren			7. State or Country of Father's Birth: Topeka, Kansas
MOTHER	8. Full Maiden Name of Mother: Eltha Marie Ricks			9. State or Country of Mother's Birth: Sugar City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Adele Wren		11. Present Address of Registrant: Gifford 1290 Carson St Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept 1 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Eltha M. Wren	Date issued: Aug.20,1972	Date Orig. Entry: ---
	Date of Birth: Aug.1,1920	Birth Place: Conant Valley, ID Bonneville County	Full Name of Mother: Eltha Maria Ricks	Name of Father: Theron Field Wren	
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of birth		By whom issued and signed: Fremont Stake, Sugar Ward, bir. & bless., page 1398 line 978	Date issued: Dec.13,1972	Date Orig. Entry: Dec.5,1920
	Date of Birth: Aug.1,1920	Birth Place: Conant, Idaho	Full Name of Mother: Ethel Ricks	Name of Father: Theron Wren	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Colleen Hadfield, ART, Idaho Falls, Idaho	Date issued: Jan.3,1972	Date Orig. Entry: Aug.7,1956
	Date of Birth: Aug.1,1920	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 5, 1973

FORM BH 56067

[illegible] 3372

10-19-92 [illegible]

JAN 5 1973

553104.010-159

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-73-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAVID MARVIN NELSON			2. Date Of Birth (month) DEC. (day) 4 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls Idaho	
FATHER	6. Full Name of Father: Charles Smith Nelson			7. State or Country of Father's Birth: Franklin Idaho	
MOTHER	8. Full Maiden Name of Mother: Rachel Emma ~~Hall~~ Jerman			9. State or Country of Mother's Birth: West Jordon Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David M Nelson		11. Present Address of Registrant: Park City Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: NOV 13 1972	12. Signature of Notary: J. Bloom		13. Notary Commission expires: April 7 1973	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Emma Lemon (bd. 6/22/11)		Date Issued: Nov.28,1972	Date Orig. Entry: ---
	Date of Birth: Dec.4,1920	Birth Place: ---	Full Name of Mother: Ratchel Emma Jerman	Name of Father: Charles Smith Nelson	
SUPPORTING RECORD 2.	Type of Document: photocopy of duplicate certificate of baptism & Confirmation	By whom issued and signed: LDS Church, Park City Ward, Fay Dearden, Bishop		Date Issued: Nov.22,1972	Date Orig. Entry: baptized Jan.12,1930
	Date of Birth: Dec.4,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Rachel Emma Jerman	Name of Father: Charles Smith Nelson	
SUPPORTING RECORD 3.	Type of Document: phtocopy of military discharge	By whom issued and signed: U.S. Army, James H. Potter, Col. Air Corps		Date Issued: discharged July 19,1945	Date Orig. Entry: enlisted Feb.7,1941
	Date of Birth: Dec.4,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: February 9,1973

FORM BH 56067

11-9-72

FEB 9 1973

269-201-217-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Sorensen			2. Date Of Birth (month) (day) (year): Feb. 1 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer County	b. City or Town of Birth: Leslie
FATHER	6. Full Name of Father: S. Edward Sorensen			7. State or Country of Father's Birth: Sand Peak County, Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Walker			9. State or Country of Mother's Birth: Layton, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Whiting		11. Present Address of Registrant: Route 3 Nampa, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 14th 1973	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childsbirth certificate	By whom issued and signed: State of Idaho File # 370451	Date Issued: -----	Date Orig. Entry: Child born Feb.7,1943	
	Date of Birth: Age 23 yrs	Birth Place: Leslie,Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: (Doctors Assistant at time of birth) Affidavit -- Age 82 yrs	By whom issued and signed: Melinda Wells	Date Issued: Feb.9,1974	Date Orig. Entry: -----	
	Date of Birth: Feb.1,1920	Birth Place: Leslie, Idaho	Full Name of Mother: Margaret Walker	Name of Father: Soren Edward Sorensen	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: LDS Church	Date Issued: -------	Date Orig. Entry: Blessed Mar.7,1920	
	Date of Birth: Feb.1,1920	Birth Place: Leslie, Idaho	Full Name of Mother: Margaret R.Walker	Name of Father: S. Edward Sorensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick	Evidence reviewed by: Sue Lowe	Date Filed: Feb. 14, 1973

FORM BH 56067

FEB 14 1973

893-117-033-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-124

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph L. Hillman
2. Date Of Birth (month) July (day) 17 (year) 1920
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Plano Madison
b. City or Town of Birth: (mail Rexburg)

FATHER

6. Full Name of Father: Russell Mayhew Hillman
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Hazel Bertha Lucas
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ralph L Hillman
11. Present Address of Registrant: R #2 Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 22 1973

12. Signature of Notary: Lynda Hamblin
13. Notary Commission expires: November 15 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Plano Ward, Fremont Stake, John Parkins, Clerk	Date Issued: ---	Date Orig. Entry: blessed Sept. 5, 1920
	Date of Birth: July 17, 1920 / Birth Place: Plano, Idaho Madison County	Full Name of Mother: Hazel Lucas	Name of Father: Russell Mayhew Hillman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Harriet Maria Lucas Rigby (more than 10 years older)	Date Issued: Feb. 1, 1973	Date Orig. Entry: --
	Date of Birth: July 17, 1920 / Birth Place: Rexburg, Idaho	Full Name of Mother: Hazel Bertha Lucas Hillman	Name of Father: Russell Mayhew Hillman	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-12569	Date Issued: ---	Date Orig. Entry: child born Oct. 5, 1950
	Date of Birth: Age: 30 / Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Feb. 22, 1973

FORM BH 56067

4-7-72

FEB 23 1973

442-218-042-447

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-175

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARIE MUSGRAVE			2. Date Of Birth (month) FEB. (day) 18 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: John Clyde Musgrave			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Ivy Claire Umphrey			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M Burns		11. Present Address of Registrant: 913 N. 16th, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 28, 1973	12. Signature of Notary: Wm Wennstrom		13. Notary Commission expires: December 9 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-2299		Date Issued: ----	Date Orig. Entry: child born Feb. 4, 1948
	Date of Birth: Age: 27	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age:69	By whom issued and signed: Frank A. Musgrave		Date Issued: Nov. 9, 1970	Date Orig. Entry: ---
	Date of Birth: Feb. 18, 1920	Birth Place: Twin Falls Co. Hospital	Full Name of Mother: Ivy Umphrey Musgrave	Name of Father: John Clyde Musgrave	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Farmers New World Life Ins. Co. of Seattle		Date Issued: ---	Date Orig. Entry: July 26, 1956
	Date of Birth: Feb. 18, 1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

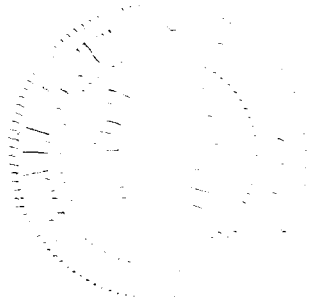
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 13, 1973

FORM BH 56067

MAR 14 1973



213-221-016-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-203

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Lillian Bates			2. Date Of Birth (month) January (day) 21 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Declo	
FATHER	6. Full Name of Father: Guy Frederick Bates			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Lillian Belle Olsen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Norma B. Risse	11. Present Address of Registrant: 4616 Vander Way, Sacramento, CA 95821	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1973		12. Signature of Notary: Lorette L. Thibault	13. Notary Commission expires: June 4 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 17-485-822		By whom issued and signed: New York Life Ins. Co.	Date Issued: Nov.14,1939	Date Orig. Entry: Nov.15,1939
	Date of Birth: Jan.21,1920	Birth Place: Declo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of blessing		By whom issued and signed: LDS Church, Declo Ward, Burley Idaho, Clark Darrington, Clerk	Date Issued: ---	Date Orig. Entry: blessed May 2,1920
	Date of Birth: Jan.21,1920	Birth Place: Declo, Cassia County, Idaho	Full Name of Mother: Lillian Olsen	Name of Father: Guy Bates	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #5646		By whom issued and signed: County Recorder's Office, Sacramento Co., California	Date Issued: Jan.30,1973	Date Orig. Entry: child born Sept.9,1955
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

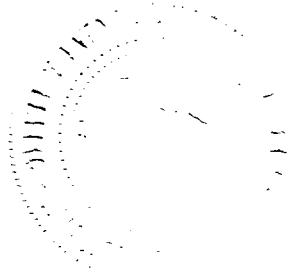
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 20, 1973

FORM BH 56067

MAR 21 1973



893209-042-049

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NEVA NADINE HICE			2. Date Of Birth (month) Aug. (day) 9 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: LESTER ROY HICE			7. State or Country of Father's Birth: COLORADO
MOTHER	8. Full Maiden Name of Mother: LOIS LUREE SMITH			9. State or Country of Mother's Birth: OKLAHOMA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Neva Nadine Wright	11. Present Address of Registrant: Montello, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: May 8th 19 68		12. Signature of Notary: Cleone M Schweer	13. Notary Commission expires: July 24, 19 71

CLEONE M. SCHWEER
Notary Public, State of Nevada
Elko County, Nevada
Commission Expires July 24, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #286420	Date Issued: ---	Date Orig. Entry: child born Oct.9,1939
	Date of Birth: Age: 19	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: State of Nevada, Contact Dist. Elko, NV	Date Issued: ---	Date Orig. Entry: Sept.25,1931
	Date of Birth: Age: 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age:62	By whom issued and signed: Robert L. McShane	Date Issued: Mar.15,1973	Date Orig. Entry: ----
	Date of Birth: Aug. 9,1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Lois Luree Smith Hice	Name of Father: Lester Roy Hice
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: March 29,1973

FORM BH 56067

MAR 2 9 1973

358-23-042-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-240

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carol Fredrick Lehmann
2. Date Of Birth (month) (day) (year): February 23, 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Amsterdam Twin Falls
b. City or Town of Birth:

FATHER

6. Full Name of Father: Fredrick William Lehmann
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Bessie Elizabeth Sligar
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carol F. Lehmann
11. Present Address of Registrant: Wendell Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 19 1973

12. Signature of Notary: Larry Paterson
13. Notary Commission expires: Jan 1, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Bessie E. Lehmann	Mar.19,1973	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.23,1920 / Amsterdam, Idaho	Bessie Elizabeth Lehmann	Fredrick William Lehmann	
SUPPORTING RECORD 2.	Marriage license and certificate	On file Idaho #48-6907	---	Feb.24,1948
	Age: 28 / Amsterdam, Idaho	----	- ----	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #50-4371	----	child born Apr.13,1950
	Age: 30 / Amsterdam, Idaho	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	April 10, 1973

FORM BH 56067 NM

3-6-73 gml

APR 1 1 1973

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June R. Schofield			2. Date Of Birth (month) June (day) 30 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Newdale	
FATHER	6. Full Name of Father: Leo O. Schofield			7. State or Country of Father's Birth: USA	
MOTHER	8. Full Maiden Name of Mother: Hazel Richman			9. State or Country of Mother's Birth: USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June R Schofield Smith	11. Present Address of Registrant: RFD 2, Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 19 73		12. Signature of Notary: Norma Dean	13. Notary Commission expires: May 10 19 75	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Fremont Stake, Newdale Ward, Bir.&Bless., pg 1326 line 552	Date Issued: Mar.20,1973	Date Orig. Entry: Aug.1,1920
	Date of Birth: June 30,1920	Birth Place: Newdale, Idaho Fremont County	Full Name of Mother: Hazel Richman	Name of Father: Leo O. Schofield	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Hazel Richman Schofield	Date Issued: Mar.13,1973	Date Orig. Entry: ---
	Date of Birth: June 30,1920	Birth Place: Newdale, Idaho	Full Name of Mother: Hazel Richman	Name of Father: Leo O. Schofield	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census marshal's report		By whom issued and signed: Madison County, Idaho, Dist. #16	Date Issued: Mar.5,1973	Date Orig. Entry: Sept. 1929
	Date of Birth: June 30, Age: 9 yrs.	Birth Place: ----	Full Name of Mother: ----	Name of Father: Leo Schofield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulrick	Evidence reviewed by: Glenda Larson	Date Filed: April 11, 1973

FORM BH 56067

APR 12 1973

536-20 Page 06-199

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Lloyd		2. Date Of Birth (month) Aug. (day) 7 (year) 1920	
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: X Alfred George Lloyd		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hazel Priest		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Lloyd Parham	11. Present Address of Registrant: 2302 Santa Anna Palo Alto, California 94303	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1973	12. Signature of Notary: Jean E. Thomas	13. Notary Commission expires: March 15 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Hazel Priest Lloyd	Date Issued: Mar.14,1973	Date Orig. Entry: ---
	Date of Birth: Aug.7,1920 / Birth Place: Goshen, Idaho Bingham County	Full Name of Mother: Hazel Priest Lloyd	Name of Father: Alfred George Lloyd	
SUPPORTING RECORD 2.	Type of Document: Transcript of school records	By whom issued and signed: Southern Branch, Univ.of Ida. Darold H. Chambers	Date Issued: Mar.14,1973	Date Orig. Entry: matriculated Sep.16,1938
	Date of Birth: Aug.7,1920 / Birth Place: Goshen, Idaho	Full Name of Mother: Hazel Priest Lloyd	Name of Father: Alfred G. Lloyd	
SUPPORTING RECORD 3.	Type of Document: Photocopy of application for insurance policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: June 20,1942	Date Orig. Entry: May 31,1942
	Date of Birth: Aug.7,1920 / Birth Place: Goshen, Idaho	Full Name of Mother: Hazel Priest Lloyd	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: April 12, 1973

FORM BH 56067

MAY 2 3 1973

353-201-010-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Telford			2. Date Of Birth (month) Sept. (day) 1 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Gilbert Hyrum Telford			7. State or Country of Father's Birth: Oklahoma, United State of America	
MOTHER	8. Full Maiden Name of Mother: Nettie Dayley Telford			9. State or Country of Mother's Birth: Idaho United State of America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita T. Bybee		11. Present Address of Registrant: Box 428, Ririe, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 19th day of April 19 73	12. Signature of Notary		13. Notary Commission expires: June 17, 1973 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Birth	By whom issued and signed: Bingham Stake, Idaho Falls 2nd Ward, bir.&bless.1920, pg.1240	Date Issued: ---	Date Orig. Entry: Nov.7,1920	
	Date of Birth: Sept.1,1920	Birth Place: Idaho Falls, Idaho Bonneville, County	Full Name of Mother: Nettie Dayley Brower	Name of Father: Gilbert H. Telford	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #58-14303	Date Issued: ---	Date Orig. Entry: child born Nov.20,1958	
	Date of Birth: Age: 38	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie Dayley Brower Telford	Date Issued: Apr. 19, 1973	Date Orig. Entry: ----	
	Date of Birth: Sept.1,1920	Birth Place: Idaho Falls	Full Name of Mother: Nettie Dayley Brower Telford	Name of Father: Gilbert H. Telford	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 18, 1973

FORM BH 56067

1 cp Pd Rec'd 14285

4-11-73

MAY 2 1 1973

105-13-64Y-361

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezra Hampton Jones			2. Date Of Birth (month) (day) (year): June 13, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: James Henderson Jones			7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Martha Margaret Coats			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ezra H Jones	11. Present Address of Registrant: 922 East Park - Weiser Ida POBox 405
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1973		12. Signature of Notary: Vera M. Anderson	13. Notary Commission expires: 8-15-73 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable military discharge		By whom issued and signed: U.S. Army, James S. Sweeney, Col, MC Commanding	Date Issued: discharged June 23,1945	Date Orig. Entry: inducted Nov.14,1941
	Date of Birth: June 13,1920	Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Washington County, Idaho	Date Issued: Aug.25,1971	Date Orig. Entry: Aug.30,1945
	Date of Birth: Age: 25	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Perrilla M. Jordan AGE: 67	Date Issued: May 14, 1973	Date Orig. Entry: ----
	Date of Birth: Jun.13,1920	Birth Place: Weiser, Idaho	Full Name of Mother: Martha Margaret Coats	Name of Father: James Henderson Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: June 8,1973

FORM BH 56067

JUN 1 1 1973

429-10-0112-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmo Alvin Morgan			2. Date Of Birth (month) (day) (year): February 7 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Shelton
FATHER	6. Full Name of Father: Alvin E. Morgan			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Anna Barnhart			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmo Morgan		11. Present Address of Registrant: Box 26 Menan
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 52-2716		Date Issued: ----	Date Orig. Entry: Child born Mar. 26,1952
	Date of Birth: Age 32	Birth Place: Shelton, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Anna Barnhart Morgan		Date Issued: May 14,1973	Date Orig. Entry: ---
	Date of Birth: Feb.7,1920	Birth Place: Shelton, Idaho	Full Name of Mother: Sarah Barnhart		Name of Father: Alvin E. Morgan
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of ordination as a Deacon	By whom issued and signed: LDS Church, Osgood Ward, Idaho Falls Stake, Wm. Montague, W.Clk		Date Issued: May 21,1973	Date Orig. Entry: ordained Jan.6,1935
	Date of Birth: Feb.7,1920	Birth Place: Shelton, Idaho	Full Name of Mother: Sarah Ann Barnhart		Name of Father: Alvin Morgan

QUALIFYING INFORMATION

Certified copy of honorable discharge from U.S. Army filed with Bonneville Co, Idaho. County Recorder's Office. Discharged 12/13/47 Inducted 4/18/45 copy issued 1/24/48 gives Elmo A. Morgan born Feb.7,1920 in Shelton, Idaho.

REGISTRAR'S CERTIFICATION (seal)

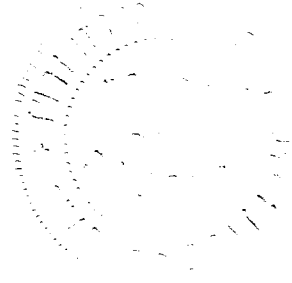
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Glenda Larson	June 19,1973

FORM BH 56067

5-1-73

JUN 20 1973



962-229-025 -755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-405

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Delsa Rose
2. Date of Birth (month) Oct. (day) 29 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Grangeville Ida.
b. City or Town of Birth: Grangeville Idaho

FATHER

6. Full Name of Father: Edward Franklin Rose
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Louise Pendell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Garris
11. Present Address of Registrant: 224 E Oak Walla Walla

NOTARY (Seal)

Subscribed and sworn to before me on April 23, 19 73

12. Signature of Notary: Violet Sinsbacher
13. Notary Commission expires: Dec. 10, 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	Own child's birth certificate	Age: 18	Grangeville, Idaho	On file Idaho #280237	-----	---	child born Apr. 11, 1939	----
SUPPORTING RECORD 2.	Affidavit by neighbor at time of birth	Oct. 29, 1920	Grangeville, Idaho	Mrs. R. S. Case	Louise Pendell	Apr. 19, 1973	----	Edward Franklin Rose
SUPPORTING RECORD 3.	Federal Census record Idaho County, Idaho	Age: 9	Idaho	U.S. Department of Commerce Bureau of the Census	Louise Rose	June 8, 1973	Apr. 1, 1930	Edward E. Rose

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: June 22, 1973

FORM BH 56067

2nd form sent 4-27-90 (R)

JUN 25 1973

154-226-070-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-421

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beth Andrus
2. Date Of Birth (month) (day) (year): Sept. 26 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Poplar, Ida. Bonneville
b. City or Town of Birth: Poplar, Idaho

FATHER

6. Full Name of Father: Newton Leslie Andrus
7. State or Country of Father's Birth: Idaho, Willow Creek

MOTHER

8. Full Maiden Name of Mother: Zina Alberta Allen
9. State or Country of Mother's Birth: Canada, Cardston, Alberta

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beth Andrus Anderson
11. Present Address of Registrant: 58 N 700 E St. George, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: June 22, 1973
12. Signature of Notary: Afton J. Nelson
13. Notary Commission expires: March 17 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Newton Leslie Andrus	June 20,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.26,1920	Poplar, Idaho Bonneville County	Zina Alberta Allen Andrus	Newton Leslie Andrus

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Lewisville, Idaho Herbert J. Morris, Clerk	---	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.26,1920	Poplar, Idaho Bonneville County	Zina Allen	N. Leslie Andrus

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #41131	Pacific National Life Assurance Co., Salt Lake City, UT	Aug.27,1943	Aug.11,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.26,1920	Poplar, Idaho	Zina A. Andrus	N. Leslie Andrus

QUALIFYING INFORMATION

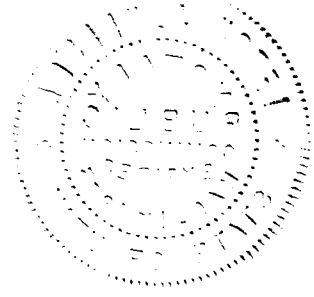
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 26, 1973

FORM BH 56067

JUN 2 7 1973



453-219-040-000

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 73-445

For: Patricia Ann Cooper

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Patricia Lola Detillian		2. Date Of Birth (month) 5 (day) 19 (year) 20
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Chas. E Detillian		7. State or Country of Father's Birth: —
MOTHER	8. Full Maiden Name of Mother: Frances —		9. State or Country of Mother's Birth: —
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Patricia G Bowles	11. Present Address of Registrant: P.O. Box 17 Wedderburn Ore
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1967	12. Signature of Notary: Mildred L Bynon	13. Notary Commission expires: 9-28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. *	Type of Document: copy of Court Order for Adoption	By whom issued and signed: Probate Court, Shoshone Co. Idaho	Date issued: -----	Date Orig. Entry: Aug.31,1923
	Date of Birth: Age 3	Birth Place: -----	Full Name of Mother: Frances Detillian	Name of Father: Chas. E. Detillian
SUPPORTING RECORD 2.	Type of Document: Statement by Children's Home Society of Washington	By whom issued and signed: Irene Sylvester, Caseworker	Date issued: May 26,1967	Date Orig. Entry: 1934
	Date of Birth: May 19,1920	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from U.S. Passport #H914307	By whom issued and signed: Office of the Secretary of the State's Office U.S.A.	Date issued: ----	Date Orig. Entry: June 15,1967
	Date of Birth: May 19,1920	Birth Place: Idaho, U.S.A.	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

*adopted by Willis A. and Hazel Baldwin and name changed to Betty Patricia Baldwin.
Affidavit by adoptive mother, Hazelle Anne Baldwin McIntyre, May 25, 1967 gives:
born May 19,1920 in Kellogg, Idaho to Charles Detillian and Frances Detillian

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	July 23, 1973

FORM BH 56067

1cp pd rec# 11819

5-4-67

JUL 24 1973

685-211-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-472

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jeannette Ellen Wynn
2. Date Of Birth: (month) Sept. (day) 11 (year) 1920
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Bingham, Idaho; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Jake Wynn
7. State or Country of Father's Birth: Rock Island Ill.

MOTHER

8. Full Maiden Name of Mother: Chisty Betty
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeannette Ellen Francisco
11. Present Address of Registrant: 2033 Oklahoma Davenport, Iowa

NOTARY (Seal)

Subscribed and sworn to before me on July 6 1973

12. Signature of Notary: DA Mack
13. Notary Commission expires: 9/30 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Mary Wynn Rice Age: 72	July 2,1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.11,1920	Blackfoot,Idaho	Christy Wynn	Jake Wynn

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate #58-55931	child born in State of Iowa	---	child born Nov.11,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 38	Blackfoot, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of U.S.Army Certificate of Service (as filed with County Recorder)	Scott County Recorder's Office,Iowa--Army Nurse Corps	Dec.8,1947	May 31,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.11,1920	Blackfoot, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

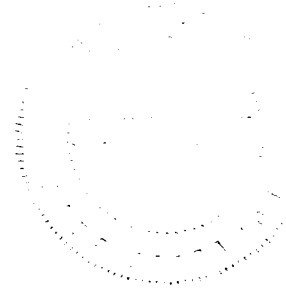
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	August 2, 1973

FORM BH 56067

6-27-73

AUG 3 1973



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Muriel Faye Harsch / Muriel Faye ~~Newkand~~ Harsch		2. Date of Birth (month) June (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise, Idaho Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Samuel W. Harsch		7. State or Country of Father's Birth: ~~Kansas~~ Kansas
MOTHER	8. Full Maiden Name of Mother: Alma Pearl Wolfkiel		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Muriel Faye Newland	11. Present Address of Registrant: 444 Mount St. Richmond, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1973	12. Signature of Notary: Donna L. Follmer	13. Notary Commission expires: June 18, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth	By whom issued and signed: State of Oregon Vital Statistics		Date Issued: June 14,1973	Date Orig. Entry: child born June 22,1939
	Date of Birth: Age: 19	Birth Place: Boise, Idaho	Full Name of Mother: ---		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records - Woodmere School	By whom issued and signed: Portland Public Schools, OR Marjory Curry, Secretary		Date Issued: Sep.18,1952	Date Orig. Entry: 1927-1928
	Date of Birth: June 12,1920	Birth Place: Boise, Idaho	Full Name of Mother: Alma Harsh		Name of Father: Samuel Harsh
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother's cousin & close friend	By whom issued and signed: Ada Slane (bd. 9/15/02)		Date Issued: June 18,1973	Date Orig. Entry: ----
	Date of Birth: June 12,1920	Birth Place: Boise, Idaho	Full Name of Mother: Alma Pearl Wolfkiel		Name of Father: Samuel Harsch
QUALIFYING INFORMATION					

DONNA L. FOLLMER NOTARY PUBLIC CALIFORNIA Contra Costa County My commission expires June 18, 1976

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: August 23, 1973

FORM BH 56067

AUG 24 1973

386-102-02652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Jay Thompson			2. Date Of Birth (month) Aug. (day) 2nd, (year) 1920
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Rigby, Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: Martin Wesley Thompson			7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Elva Sessions			9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Jay Thompson		11. Present Address of Registrant: 1228-D Hungkai St. Honolulu, Hawaii 96816
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1973	12. Signature of Notary: Eugenia F Brandt		13. Notary Commission expires: Notary Public, First Judicial Circuit State of Hawaii My Commission expires 11-15-73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military record		By whom issued and signed: Ft. Lewis, Washington, Separation center, CMP R. Munden, Capt.	Date Issued: separated 31, Aug. 45	Date Orig. Entry: inducted 1 Apr 41
	Date of Birth: Aug. 2, 1920	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Rexburg 1st Ward Fremont Stake	Date Issued: Jan. 7, 1934	Date Orig. Entry: ordained Jan. 7, 1934
	Date of Birth: Aug. 2, 1920	Birth Place: Rigby, Idaho	Full Name of Mother: Elva Sessions	Name of Father: Martin W. Thompson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #289650	Date Issued: ---	Date Orig. Entry: child born Jan. 24, 1940
	Date of Birth: Age: 19	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: gml Glenda Larson		Date Filed: August 23, 1973

FORM BH 56067

7-21-72

AUG 24 1973

659-227-014-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence S. Ferrell			2. Date Of Birth (month) (day) (year): March 27, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: George B. Ferrell			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Elizabeth Wake			9. State or Country of Mother's Birth: Willard, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence S. Goade		11. Present Address of Registrant: Eagle, Ida. RR#1 Box 450
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 2 1973	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 77 yrs	By whom issued and signed: Joel H. Wake		Date Issued: Aug. 17, 1970	Date Orig. Entry: --- --
	Date of Birth: Mar. 27, 1920	Birth Place: Nampa, Idaho	Full Name of Mother: Eliza Wake	Name of Father: George B. Ferrell	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. B. F. Hutchins-Minister The Methodist Church-Eagle, Idaho		Date Issued: ---	Date Orig. Entry: Baptized May 10, 1953
	Date of Birth: March 27, 1920	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Eagle Jr High School James F. Hoyle-Principal		Date Issued: Jan. 17, 1967	Date Orig. Entry: Graduated May 1937
	Date of Birth: Mar. 27, 1920	Birth Place: -----	Full Name of Mother: ------	Name of Father: George B. Ferrell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	"Sue" Nora Lowe	Oct. 2, 1973

FORM BH 56067

OCT 2 1973

414-22-7024-317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-598

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CANDIDA MADARIETA			2. Date Of Birth (month) April (day) 27 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: United States; a. County: Hagerman, Idaho Gooding	b. City or Town of Birth: Hagerman, Idaho	
FATHER	6. Full Name of Father: JOHN MADARIETA			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: VINCENTA TAPIA			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Candida Gabiola	11. Present Address of Registrant: P O Box 406, Grand Coulee, Wa 99133	
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1973		12. Signature of Notary: Marion G. Brady	13. Notary Commission expires: My Commission Expires January 15, 1976 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: Roman Catholic Church, O.L. of Good Counsel, Mtn. Home, ID	Date Issued: ---	Date Orig. Entry: baptized Nov. 6, 1920
	Date of Birth: Apr. 27, 1920	Birth Place: Hagerman, Idaho	Full Name of Mother: Vincenta Tapia	Name of Father: John Madarieta	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #62-13050	Date Issued: ----	Date Orig. Entry: child born Sept. 20, 1962
	Date of Birth: Age: 32	Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-10-2417		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Feb. 24, 1939
	Date of Birth: Apr. 27, 1920	Birth Place: Hagerman, Idaho	Full Name of Mother: Vincenta Tapia	Name of Father: John Madarieta	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

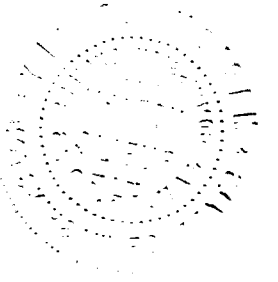
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 11, 1973

K FORM BH 56067

5-10-73

OCT 11 1973



DECEASED

318-106-610-854

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-618

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd Hemphill Taylor
2. Date Of Birth (month) (day) (year): February 6 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho — Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Floyd Orvile Taylor
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Clara Myrtle Hemphill
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd H. Taylor
11. Present Address of Registrant: 5243 E. Lake Mead Blvd. Las Vegas, Nevada 89110

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 12 1973

12. Signature of Notary: Glenna Hardman
13. Notary Commission expires: Sept 12 1976

Notary Public State of Nevada
COUNTY OF Clark
My Commission Expires Sept. 12, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for license to marry #2666	married in Tooele County,UT	---	Apr.28,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.6,1920	Idaho Falls,IDAHO	Clara Myrtle Hemphill	F. Orville Taylor

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable discharge	U.S. Army, J.Willard Wagner, LT COL AGD,Ft.Lewis,WA	discharged 30 MAR 46	inducted 21 MAY 42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 Feb 20	Idaho Falls,Idaho	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Clara M. Taylor	Mar.7,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.6,1920	Idaho Falls,Idaho	Clara M. Taylor (nee Hemphill)	Floyd Orvile Taylor

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067 (Revised 1972)

5-10-73 mc

OCT 18 1973

Marlow

844-213-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-664

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Inez Humphreys			2. Date Of Birth (month) (day) (year): March 13, 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Anderson Home 3 mi. So. of Shelley	
FATHER	6. Full Name of Father: William R. Humphreys			7. State or Country of Father's Birth: Paris, Idaho	
MOTHER	8. Full Maiden Name of Mother: Fontella Anderson			9. State or Country of Mother's Birth: Venice, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maxine Dombroski	11. Present Address of Registrant: 2300 Porter	
NOTARY (Seal)	Subscribed and sworn to before me on: October 26, 1973		12. Signature of Notary: Adela D. Sullivan	13. Notary Commission expires: June 30, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle		By whom issued and signed: James A. Anderson Age: 66	Date Issued: Oct.2,1973	Date Orig. Entry: ----
	Date of Birth: Mar.13,1920	Birth Place: Anderson Home 3 mi. So.of Shelley,ID	Full Name of Mother: Fontella Anderson Humphery	Name of Father: William R. Humphery	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #27324		By whom issued and signed: Silver Bow County, Montana County Recorder's Office	Date Issued: Oct.3,1973	Date Orig. Entry: child born May 24,1939
	Date of Birth: Age: 19	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census record		By whom issued and signed: Dist. Clerk's Office, Dist.#1 Butte, Montana	Date Issued: Oct.3,1973	Date Orig. Entry: 1926
	Date of Birth: Mar.13,1920	Birth Place: ---	Full Name of Mother: Fontell(Humphreys)	Name of Father: William (Humphreys)	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 20, 1973

FORM BH 56067

1 cp. pd rec. #23352

H 10-23-73 gml

NOV 21 1973

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168-11 8 10 10 -21 4

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-686

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarence Harold Ellis Johnson
2. Date Of Birth (month) (day) (year): August 18 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Falls Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: David Alfred Johnson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Esther Samuelson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence Johnson
11. Present Address of Registrant: Route #5 Box 204 I.F.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 1 19 73
12. Signature of Notary: Karen L Robinson
13. Notary Commission expires: Feb-6 1975 19—

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Duplicate of application for	National Service Life Ins.	---	Aug.26,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.18,1920	Idaho Falls,Idaho	Esther Samuelson Johnson	David Alfred Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of baptism	Walter F.Peterson,Pastor Idaho Falls, Idaho	---	July 8,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.18,1920	Idaho Falls,Idaho	Esther Johnson	David Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of confirmation	First Lutheran Church,Idaho Falls,ID, Reuben E.Carlson,Pastor	---	June 2,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.18,1920	---	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

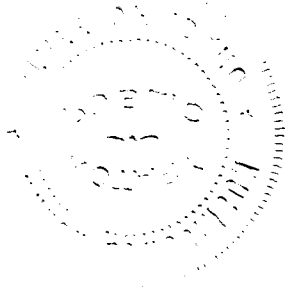
State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	NOV 29 1973

FORM BH 56067

Dep. Pd Rec # 2721

10-30-73

NOV 30 1973



693-204-001-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-695

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Pauline Williams			2. Date Of Birth (month) 11 (day) 4 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Eagle Ada	b. City or Town of Birth: Eagle	
FATHER	6. Full Name of Father: William Thomas Williams			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Izetta May Clark			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pauline Pittam	11. Present Address of Registrant: 2607 Chitwood Way, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: December 3 1973		12. Signature of Notary: Glenda Mae Larson	13. Notary Commission expires: September 15 1976	

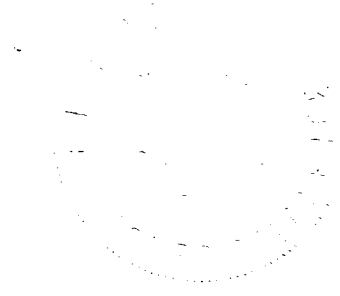
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #12-548-763		By whom issued and signed: The Prudential Ins. Co. of Amcerica	Date Issued: Aug.24,1943	Date Orig. Entry: Aug.3,1943
	Date of Birth: Nov.4,1920	Birth Place: Eagle, Idaho	Full Name of Mother: Izetta M. Williams	Name of Father: William T. Williams	
SUPPORTING RECORD 2.	Type of Document: Notarized photocopy of page from family Bible		By whom issued and signed: Family Records in Bible Franklin Jones, Notary	Date Issued: Oct.4,1967	Date Orig. Entry: appears old
	Date of Birth: Nov.4,1920	Birth Place: Near Eagle, Idaho	Full Name of Mother: Izetta May Clark	Name of Father: William Thomas Williams	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate 53-15435		By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: June 22,1966	Date Orig. Entry: child born May 28,1953
	Date of Birth: Age: 32	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 6 1973

FORM BH 56067

DEC 7 1973



238-21-8101-0-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARIE SCHEIDEGGER			2. Date Of Birth (month) JUNE (day) 18 (year) 1920	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: (IDAHO FALLS SPENCER HOSPITAL) BONNEVILLE	b. City or Town of Birth: IDAHO FALLS	
FATHER	6. Full Name of Father: HENRY ALFRED SCHEIDEGGER			7. State or Country of Father's Birth: NORTH DAKOTA	
MOTHER	8. Full Maiden Name of Mother: SADIE MAY WOLF			9. State or Country of Mother's Birth: PENNSYLVANIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Marie Scheidegger Ruggeri	11. Present Address of Registrant: 3471 CRESTMOOR DRIVE SANBRUNO, CALIF.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 29, 1973		12. Signature of Notary: Bruce R. Lang	13. Notary Commission expires: June 10, 1974	

OFFICIAL SEAL
BRUCE R. LANG
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LAKE COUNTY
My Commission Expires June 10, 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Henry Alfred Scheidegger	Date Issued: Apr.29,1973	Date Orig. Entry: ---
	Date of Birth: June 18,1920	Birth Place: Spencer Hospital Idaho Falls, Idaho	Full Name of Mother: Sadie May (Wolfe)Scheidegger	Name of Father: Henry Alfred Scheidegger	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-10-3958		By whom issued and signed: Social Security Adm.	Date Issued: Oct.2,1937	Date Orig. Entry: ---
	Date of Birth: June 18,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Sadie Mae Wolfe	Name of Father: Henry Alfred Scheidegger	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy (child's)		By whom issued and signed: Beneficial Life Ins. Co. #66723	Date Issued: ---	Date Orig. Entry: Sept.15,1926
	Date of Birth: June 18,1920	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ----	Name of Father: Henry A. Scheidegger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 7 1973

FORM BH 56067

7-5-71

DEC 7 1973

814-213-815-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-739

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Haderlie
2. Date Of Birth (month) (day) (year): June 13 1920
3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Home | a. County: Caribou | b. City or Town of Birth: Freedom

FATHER

6. Full Name of Father: John Joseph Haderlie
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha Lindholm
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Haderlie Jenkins
11. Present Address of Registrant: Freedom, Wyo. 83120

NOTARY (Seal)

Subscribed and sworn to before me on: May 11, 1973
12. Signature of Notary: Kenneth R. Jenkins
13. Notary Commission expires: June 1, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of application for license to marry #88695	Salt Lake County, Utah	July 16, 1973	June 12, 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 13, 1920 / Freedom, Idaho	Martha Lindholm	John J. (Haderlie)	
SUPPORTING RECORD 2.	photocopy of school record	Star Valley High School, Afton, Wyoming	----	1934-38
	June 13, 1920 / ---	---	John J. Haderlie	
SUPPORTING RECORD 3.	Affidavit by Maternal Aunt	Theda Spackman Age: 80	Nov. 21, 1973	---
	June 13, 1920 / Freedom, Idaho Caribou County	Martha Lindholm Haderlie	John Joseph Haderlie	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 13 1973

FORM BH 56067

5-9-73

DEC 14 1973

791-22-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-001

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maxine LaNell Gravatt
2. Date Of Birth (month) April (day) 22 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Sterling, Idaho

FATHER

6. Full Name of Father: Charles Wesley Gravatt
7. State or Country of Father's Birth: Iowa (Clinton, Missouri)

MOTHER

8. Full Maiden Name of Mother: Nellie E. Parsons
9. State or Country of Mother's Birth: Iowa (Clinton, Missouri)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine J. Tilcher
11. Present Address of Registrant: Rangely, Colo. 81648

NOTARY (Seal)

Subscribed and sworn to before me on December 26 1973

12. Signature of Notary: Thomas O. Martin
13. Notary Commission expires: Apr 7 1977

State of Colo
ss
County of Rio Blanco

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor of the Gravatt family who has known her all her life.	By whom issued and signed: T. T. Edwards Age:70	Date Issued: Dec.20,1973	Date Orig. Entry: ---	
	Date of Birth: Apr.22,1920	Birth Place: Sterling, Idaho	Full Name of Mother: Nellie E. Parsons	Name of Father: Charles W. Gravatt	
SUPPORTING RECORD 2.	Type of Document: certified copy of school record	By whom issued and signed: Blackfoot High School	Date Issued: Dec.20,1973	Date Orig. Entry: Sept.1935	
	Date of Birth: Apr.22,1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license application	By whom issued and signed: Washington,Yakima County	Date Issued: Oct.3,1942	Date Orig. Entry: Oct.3,1942	
	Date of Birth: Age: 22	Birth Place: Sterling, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

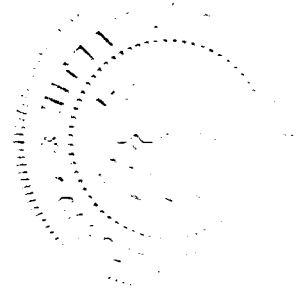
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	January 3,1974

FORM BH 56067

1 Copy Rec'd 22785 11-21-73

JAN 3 1974



3/3-21-C42-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Linda Lou Tate			2. Date Of Birth (month) 2 (day) 21 (year) 20
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Laverne Earl Tate			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: LaVida Cecelia Shawver			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Linda Lou Germon		11. Present Address of Registrant: 1310 N. Monterey St. Gonzales Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 19, 1973	12. Signature of Notary: Elizabeth E. Gordon		13. Notary Commission expires: November 9, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate Certified copy	By whom issued and signed: San Bernardino County, Recorder's office, Idaho		Date Issued: Jul.15,1958	Date Orig. Entry: child born Apr.11,1940
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (Age:65)	By whom issued and signed: Ruth Irene See		Date Issued: Nov.1,1973	Date Orig. Entry: ---
	Date of Birth: Feb.21,1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Lavida Cecelia Shawver	Name of Father: Laverne Earl Tate	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Yuma County, Arizona book 47 page 43 #1367		Date Issued: Jan.29,1974	Date Orig. Entry: March 18,1939
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: FEB 5 1974

K

FORM BH 56067

FEB 7 1974

764-224-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-071

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SHIRLEY MAE GODFREY
2. Date Of Birth (month) 11 (day) 24 (year) 1920
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: BASALT, IDAHO BINGHAM
b. City or Town of Birth: BASALT

FATHER

6. Full Name of Father: ORVILLE CLARENCE GODFREY
7. State or Country of Father's Birth: UTAH, USA

MOTHER

8. Full Maiden Name of Mother: MARY ELIZABETH THOMPSON
9. State or Country of Mother's Birth: IDAHO USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley M. Stanley
11. Present Address of Registrant: 417 PUEBLO BOISE IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: February 19 1974

12. Signature of Notary: [illegible]
13. Notary Commission expires: November 24 1975.

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Bishop LDS Church - William Dye	----	Blessed June 5, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 24, 1920	Basalt, Idaho	Mary E. Thompson	Orvil Godfrey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 17336	Sunset Life Insurance Co.	Dec. 1, 1951	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 24, 1920	Idaho	--------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File # 251999	------	Child born Feb. 16, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 16 yrs	Basalt, Idaho	------	---------

QUALIFYING INFORMATION

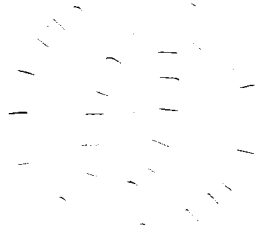
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Feb. 19, 1974

FORM BH 56067 Application 13345 12-10-63

FEB 19 1974



381-205-042-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA BELL CHAPMAN			2. Date Of Birth (month) JAN (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: TWIN FALLS	b. City or Town of Birth: SAME
FATHER	6. Full Name of Father: JOHN WILFRED CHAPMAN			7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: MARY ESTHER HOPKINS			9. State or Country of Mother's Birth: VIRGINIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Virginia B. Armstrong		11. Present Address of Registrant: BLISS IDAHO 83314 BOX 122
NOTARY (Seal)	Subscribed and sworn to before me on: 2-5- 1974	12. Signature of Notary: Lyle F. Lenker		13. Notary Commission expires: 4-15 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #270638	Date Issued: ---	Date Orig. Entry: child born Aug.22,1938
	Date of Birth: Age: 18	Birth Place: Twin Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible Leslie F.Lenker,Notary	Date Issued: - ---	Date Orig. Entry: obviously old
	Date of Birth: Jan.5,1920	Birth Place: ---	Full Name of Mother: Mary Esther Hopkins Chapman	Name of Father: John Wilfred Chapman	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census record		By whom issued and signed: Gooding County Recorder's Office, Donna Scott,Deputy	Date Issued: ---	Date Orig. Entry: Oct.16,1937
	Date of Birth: Jan.5,1920	Birth Place: ---	Full Name of Mother: ----	Name of Father: J. W. Chapman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAR 12 1974

FORM BH 56067

12-13-73

MAR 1 2 1974

715-201-003-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaRene Panter			2. Date Of Birth (month) (day) (year): March 1, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Perry*
FATHER	6. Full Name of Father: Wilford Panter			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Vinnie Elizabeth Nielsen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaRene P. Corbett		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 18 March 1974	12. Signature of Notary: Eddie Dean Panter		13. Notary Commission expires: 9 February 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative	By whom issued and signed: Ali Whitehead (Age:72)		Date Issued: Feb.13,1974	Date Orig. Entry: ---
	Date of Birth: Mar.1,1920	Birth Place: Bannock County,ID	Full Name of Mother: Vinnie Elizabeth Nielsen Panter	Name of Father: Wilford Panter	
SUPPORTING RECORD 2.	Type of Document: LDS Church certificate of birth	By whom issued and signed: Bannock Stake,Mound Valley Wd. bir.&bless.1920,pg.470,ln.201		Date Issued: Mar.7,1974	Date Orig. Entry: Apr.4,1920
	Date of Birth: Mar.1,1920	Birth Place: Perry, Bannock County, Idaho	Full Name of Mother: Vinnie Neilsen	Name of Father: Wilford Panter	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #159755	By whom issued and signed: Beneficial Life Ins. Co. of Utah		Date Issued: Aug.28,1936	Date Orig. Entry: Sept.18,1936
	Date of Birth: Mar.1,1920	Birth Place: Cleveland,Idaho*	Full Name of Mother: Vinnie Panter	Name of Father: Wilford Panter	

QUALIFYING INFORMATION

*The post office in Perry has been discontinued. Rand McNally's pocket map lists it as follows:"Perry, Bannock County, see Cleveland and Thatcher."

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 25, 1974

FORM BH 56067

MAR 25 1974

455-210-003-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Shirley Elizabeth Denny		2. Date Of Birth (month) (day) (year): May 10 1920
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth: Pocatello Ida. a. County: Bannock b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Cassie Clytie Denny		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lucille Bernice Garver		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Shirley Gibson	11. Present Address of Registrant: 148 N. 8th
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 - 1973	12. Signature of Notary: John C. Talenty	13. Notary Commission expires: August 24 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucille B. Denny	Date Issued: Jan. 25, 1974	Date Orig. Entry: ----
	Date of Birth: May 10, 1920 / Birth Place: Pocatello, Idaho	Full Name of Mother: Lucille B. Denny	Name of Father: Cassie Clytie Denny	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Central Christian Church, Pocatello, ID, Russell Houston, Pastor	Date Issued: ------	Date Orig. Entry: baptized May 15, 1938
	Date of Birth: May 10, 1920 / Birth Place: Alameda, Idaho*	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record of admission	By whom issued and signed: St. Anthony Mercy Hospital, Pocatello, ID	Date Issued: ---	Date Orig. Entry: Dec. 19, 1958
	Date of Birth: May 10, 1920 / Birth Place: Poc., Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	*Alameda is a branch of the Pocatello Post Office.			

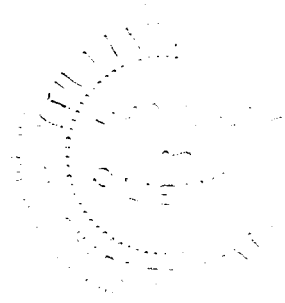
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	MAR 26 1974

FORM BH 56067

MAR 27 1974



315-208-039-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-191

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorene Beatrice Canfield
2. Date Of Birth: (month) 11 (day) 8 (year) 20
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: ~~Roy~~ Power; b. City or Town of Birth: Roy

FATHER

6. Full Name of Father: John Wesley Canfield
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Mary Jane Malcolm
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorene Beatrice Booth
11. Present Address of Registrant: Box 55, Parma, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 28 1974
12. Signature of Notary: B. J. Koehler, Jr.
13. Notary Commission expires: 10-21 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application card for social security Account Number	Application form SS-5 Treasury Dept., IRS	Oct.24,1957	Oct.24,1957
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.8,1920 / Roy, Idaho	Mary Jane Malcolm	John Wesley Canfield	
SUPPORTING RECORD 2.	photocopy of pages from family Bible & Notary's statement	Family Records/B.James Koehler,Jr.,Notary, Parma,ID	---	---
	Nov.8,1920 / ---	Mary Jane Malcolm	John Wesley Canfield	
SUPPORTING RECORD 3.	Insurance Policy #AOE 15167	Sterling Ins. Co., Chicago, IL	Jan.24,1950	Jan.24,1950
	Nov.8,1920 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: fc Glenda Larson
Date Filed: APR 16 1974

FORM BH 56067

APR 17 1974

249201-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-235

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Ethel Smith
2. Date Of Birth (month) (day) (year): April 1, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Francis Thomas Smith
7. State or Country of Father's Birth: Cedar Fork, Utah

MOTHER

8. Full Maiden Name of Mother: Myrtle Elvirna Andersen
9. State or Country of Mother's Birth: Spring City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Ethel Smith Schwabedissen
11. Present Address of Registrant: Route #1 Box 85 BLACKFOOT, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on April 12 1974

12. Signature of Notary: Marna M. Lewis
13. Notary Commission expires: Aug. 30 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of Certificate of Baptism and Confirmation
By whom issued and signed: LDS Church, Shelley Ward, Stanley Lawrence, Clerk
Date Issued: ---
Date Orig. Entry: baptized Oct.6,1928

Date of Birth: Apr.1,1920
Birth Place: Shelley, Idaho Bingham County
Full Name of Mother: Myrtle Anderson
Name of Father: Thos.Francis Smith

SUPPORTING RECORD 2.

Type of Document: photocopy of Marriage License and certificate
By whom issued and signed: Married in Bingham County, ID by Charles H. Wilkins, Bishop
Date Issued: married June 4,1948
Date Orig. Entry: license issued June 1,1948

Date of Birth: Age: 28
Birth Place: Shelley, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Affidavit by brother
By whom issued and signed: R. Lee Smith (Age:65)
Date Issued: Feb.13,1974
Date Orig. Entry: ---

Date of Birth: Apr.1,1920
Birth Place: Shelley, Idaho Bingham County
Full Name of Mother: Myrtle Elvirna Andersen
Name of Father: Francis Thomas Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

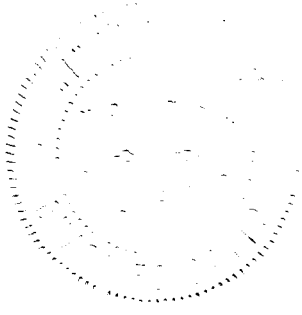
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: May 10, 1974

FORM BH 56067 DM

3-14-74 Jad

MAY 1 0 1974



552-203-010-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-298

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Nebel		2. Date Of Birth (month) april (day) 3 (year) 1920
	3. Color or Race: White	4. Sex: F M	5. Place of Birth a. County: Poplar Bonneville; b. City or Town of Birth
FATHER	6. Full Name of Father: John Nebel		7. State or Country of Father's Birth: Goshen Utah - Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Alvira Bassett		9. State or Country of Mother's Birth: Goshen Utah, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Nebel Sayer	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1966	12. Signature of Notary: Lynn P. Scott	13. Notary Commission expires: March 5 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 80		By whom issued and signed: Martha P. Bassett	Date issued: Aug.27,1968	Date Orig. Entry: -----
	Date of Birth: Apr.3,1920	Birth Place: Poplar, Idaho	Full Name of Mother: Elizabeth Alvira Bassett	Name of Father: John Nebel	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 279997	Date issued: -----	Date Orig. Entry: child born April 22, 1939
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date issued: -----	Date Orig. Entry: Baptized Sept.1,1934
	Date of Birth: April 3,1920	Birth Place: Idaho	Full Name of Mother: Elizabeth Bassett	Name of Father: John Nebel	
QUALIFYING INFORMATION					

J. F. Nebel

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Sue Lowe	June 10,1974

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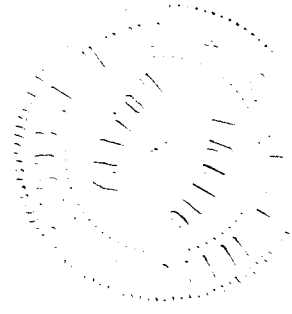
JUN 1 0 1974



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893208-016-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-304

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Della Hitt		2. Date Of Birth (month) June (day) 8 (year) 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Malta Cassia; b. City or Town of Birth
FATHER	6. Full Name of Father: James Russel Hitt		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Jane Hutchison		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Della Hitt Roberts	11. Present Address of Registrant: 2858 Almo Ave
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1973	12. Signature of Notary: Leland C. Hunter	13. Notary Commission expires: 4-22- 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #55-3063	Date issued: ---	Date Orig. Entry: child born Jan.26,1955
	Date of Birth: Age: 34	Birth Place: Malta, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Pete H. Wall, Chairman of Board 1st Christian Church, Burley, ID	Date issued: Feb.9,1973	Date Orig. Entry: baptized Apr.11,1949
	Date of Birth: June 8,1920	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Jane Hitt	Date issued: May 19,1974	Date Orig. Entry: ---
	Date of Birth: June 8,1920	Birth Place: Malta, Idaho	Full Name of Mother: Martha Jane Hitt	Name of Father: James Russel Hitt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JUN 11 1974

FORM BH 56067

JUN 12 1974

ID DEATH CERT #93-

532-210-006-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-336

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara Grace Elswood
2. Date Of Birth: (month) July (day) 10 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley, Bingham County, Idaho

FATHER

6. Full Name of Father: Alfred Ernest Francis Elswood
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Josephine Katherine Bolander
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara E Larsen
11. Present Address of Registrant: Rt 5 Box 33 Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 20 1974
12. Signature of Notary: E Gayle Williams
13. Notary Commission expires: 4-6 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	California-Western States Life Ins. Co., of Sacramento, CA	----	Dec.30,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 10,1920 / Idaho	Josephine Elswood	Alfred Ernest Elswood	
SUPPORTING RECORD 2.	photocopy of Certificate of Blessing	LDS Church, Shelley 2nd Ward, J.E.Kelley, Bishop	---	blessed Aug.1,1920
	July 10,1920 / Shelley, Idaho Bingham County	Josephine Bolander	Ernest Elswood	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #383718	---	child born Dec.8,1943
	Age: 23 / Shelley, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	JUN 25 1974

FORM BH 56067

JUN 2 6 1974

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bronson, Benjamin Basil		2. Date Of Birth (month) Feb. (day) 12 (year) 1920
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: Idaho Cassia; b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Bronson, George ~~Mason~~ Marsh		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Brackenbury, Emma Louise		9. State or Country of Mother's Birth: Almo, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin Basil Bronson	11. Present Address of Registrant: Ft. I Box 3298 - Florence Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1974	12. Signature of Notary: Marilyn O. McGeeen	13. Notary Commission expires: March 10 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by personal physician		By whom issued and signed: F.A.Bower,M.D.,Florence,OR	Date issued: June 6,1974	Date Orig. Entry: July 14,1958
	Date of Birth: Age: 38	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Emma L. Potts	Date issued: July 2,1969	Date Orig. Entry: ----
	Date of Birth: Feb.12,1920	Birth Place: Burley, Idaho	Full Name of Mother: Emma L. Brackenbury Richardson Potts	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Sep.Center Ft. Lewis, WA	Date issued: discharged Jan.13,1946	Date Orig. Entry: inducted Feb.12,1920
	Date of Birth: Feb.12,1920	Birth Place: Burley, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by sister, Ruth Doland, Age: 61 dated June 18, 1974, gives Benjamin Basil Bronson born February 12, 1920 in Burley, Idaho to Emma Louise Brackenbury Bronson and George Marsh Bronson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUL - 2 1974

FORM BH 56067

JUL 8 1974

581-10-910-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-381

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Joseph William Chapple, Jr.
2. Date of Birth (month) (day) (year): July 10, 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Garfield

FATHER

6. Full Name of Father: Joseph William Chapple
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Lilly Anna Loy
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph William Chapple Jr.
11. Present Address of Registrant: Aberdeen, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on July 22 1974

12. Signature of Notary: [signature]
13. Notary Commission expires: December 8 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church Garfield, Idaho	------	Blessed Sept.5,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 10,1920 Garfield, Idaho	Lilly Anna Loy	Joseph William Chapple	
SUPPORTING RECORD 2.	Certificate of Baptism	LDS Church Spanish Fork,Utah	------	Baptized Aug.3,1930
	July 10,1920 Garfield, Idaho	Lilly Anna Loy	Jos. W. Chapple	
SUPPORTING RECORD 3.	Own childs birth certificate	State of Idaho File # 364436	------	Child born Dec.13,1942
	Age 22 yrs Idaho	--------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hick
Evidence reviewed by: sl Sue Lowe
Date Filed: July 24, 1974

FORM BH 56067

JUL 2 4 1974

719-221-040-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-431

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delia Odelle Parsons McCoy
2. Date of Birth (month) July (day) 21 (year) 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Murray

FATHER

6. Full Name of Father: Charles Albert Parsons
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Odile Marie Lavergne
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delia O. McCoy
11. Present Address of Registrant: 621 E. Lanark P.O. Box 304 Osburn Idaho 83849

NOTARY (Seal)

Subscribed and sworn to before me on June 4, 1974
12. Signature of Notary: Wayne E. Johnson
13. Notary Commission expires: January 25, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #289755	---	child born Jan. 1, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Murray, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Church of St. Alphonsus, Wallace, Idaho Rev. Fr. Martin F. Hughes	June 7, 1973	baptized May 20, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 21, 1920	---	Odella LaVergne	Charles Parsons

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of marriage record #117745	Kootenai County, Idaho	---	Aug. 30, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	---	---	---

QUALIFYING INFORMATION

Affidavit by aunt, Alice M. Smith issued June 25, 1973 gives, Delia Odelle Parsons born July 21, 1920 in Murray, Shoshone County, Idaho to Odele Marie Lavergne and Charles Albert Parsons.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	AUG 29 1974

FORM BH 56067

AUG 2 9 1974

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
AUG 12 1974
Bureau of Vital Statistics

State File No. DE 74-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernal John Foster			2. Date Of Birth (month) Sept. (day) 6th (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (City or County): Victor (Chapin) Teton	b. City or Town of Birth: Victor (Chapin)	
FATHER	6. Full Name of Father: Thomas George Foster			7. State or Country of Father's Birth: Teton County, Idaho	
MOTHER	8. Full Maiden Name of Mother: Annabelle Nickell			9. State or Country of Mother's Birth: Sandpete County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vernal John Foster	11. Present Address of Registrant: Driggs, Idaho 83422	
NOTARY (Seal)	Subscribed and sworn to before me on: August 7, 19 74		12. Signature of Notary: Clerk of the District Court [illegible]	13. Notary Commission expires: Clerk of the District Court 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Chapin Ward, Henry C. Beesley, Clerk, LDS Church	Date Issued: ----	Date Orig. Entry: baptized Feb.24,1929
	Date of Birth: Sep.6,1920	Birth Place: Chapin, Idaho Teton County	Full Name of Mother: Annabell Nickell	Name of Father: Thomas G. Foster	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #245464		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Oct.14,1943	Date Orig. Entry: Oct.14,1943
	Date of Birth: Sep.6,1920	Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person living in same community & knows Registrant well		By whom issued and signed: Dwight C.Stone, (10 yrs. older)	Date Issued: Aug.7,1974	Date Orig. Entry: ---
	Date of Birth: Sep.6,1920	Birth Place: Victor (Chapin), Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

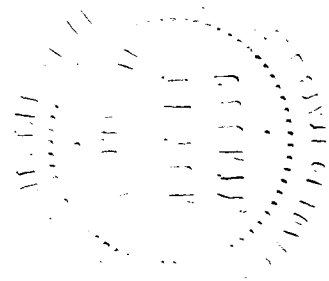
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	SEP 13 1974

FORM BH 56067

SEP 1 7 1974



239-12 2037-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-486

REGISTRANT (Person whose Birth is being Registered)

1. Registrant's Full Name at Birth: GARRY DEAN STRONG
2. Date Of Birth (month) (day) (year): JUNE 22, 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Wilson, Idaho-Owyhee
b. City or Town of Birth: Wilson, Idaho

FATHER

6. Full Name of Father: JOSEPH LESTER STRONG
7. State or Country of Father's Birth: ~~Missouri~~ 5/24/1880 Muskatine, Illinois

MOTHER

8. Full Maiden Name of Mother: MABLE ADELIA KENNISON OR KENISON
9. State or Country of Mother's Birth: 12/1886 KANSAS ? ~~Wisconsin~~

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Garry D Strong
11. Present Address of Registrant: 904 DAY DR, BOISE IDA 83705

NOTARY (Seal)

Subscribed and sworn to before me on: September 23 19 74
12. Signature of Notary: Ellen M Carstensen
13. Notary Commission expires: 8-18-76 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U.S. Marine Corps, Chas F. Brooks, Col., USMC, Klamath Falls	discharged 12/21/45	enlisted Aug. 18, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22, 1920	Wilson, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records bk 3, p. 6, line 27	Edmund B. Stanton, Pastor, Boise, ID Whitney United Methodist Ch.	Sep. 17, 1974	Feb. 27, 1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22, 1920	Wilson, Idaho	Mabel Strong	Joseph Strong

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #20 572 078	Metropolitan Life Insurance Co.	Aug. 1, 1950	July 10, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22, 1920	Wilson, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 25 1974

16

SEP 2 5 1974

381-209-029-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-507

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORIS LINDA CHANEY		2. Date Of Birth (month) 4 (day) 9 (year) 1920
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: VIOLA IDAHO LATAH; b. City or Town of Birth: VIOLA
FATHER	6. Full Name of Father: LEWIS CARL CHANEY		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: SARAH JOSEPHINE ROTHWELL		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Linda Chaney Corkill	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 16 1974	12. Signature of Notary: Carolyn D. Robinson	13. Notary Commission expires: July 1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 80Yrs	By whom issued and signed: Sarah Josephine R. Chaney	Date issued: Sept 18,174	Date Orig. Entry: ---------
	Date of Birth: April 9, 1920	Birth Place: Viola, Idaho	Full Name of Mother: Sarah Josephine Rothwell Chaney	Name of Father: Lewis Carl Chaney
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 297503	Date issued: -----	Date Orig. Entry: Child born July 20,1940
	Date of Birth: Age 20 yrs	Birth Place: Viola, Idaho	Full Name of Mother: --------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family	Date issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: April 9,1920	Birth Place: --------	Full Name of Mother: Sarah Josephine Rothwell Chaney	Name of Father: Lewis Carl Chaney
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Oct. 4, 1974

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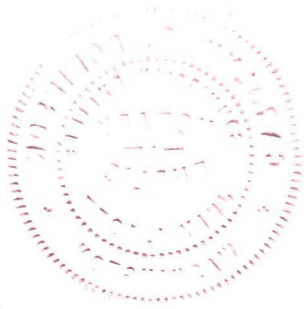
FORM BH 56067

OCT 4 1974

Cargill



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORMA VIRGINIA MOWLDS		2. Date Of Birth (month) Feb. (day) 14 (year) 1920
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: LATAH COUNTY; b. City or Town of Birth: POTLATCH, IDAHO
FATHER	6. Full Name of Father: LLOYD OTIS MOWLDS		7. State or Country of Father's Birth: LATAH COUNTY - IDAHO
MOTHER	8. Full Maiden Name of Mother: LORA ELIZABETH McFARLING		9. State or Country of Mother's Birth: GAGE COUNTY NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Berg	11. Present Address of Registrant: 3506 8th ST. LEWISTON, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 13th day of September 1974	12. Signature of Notary: Dinah A. Kiele	13. Notary Commission expires: May 10 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lora Elizabeth Buchanan	Date issued: Sept.4,1974	Date Orig. Entry: --------
	Date of Birth: Feb.14,1920	Birth Place: Potlatch,Idaho	Full Name of Mother: Lora Elizabeth Mowlds	Name of Father: Lloyd Otis Mowlds	
SUPPORTING RECORD 2.	Type of Document: Childs birth certificate		By whom issued and signed: Moscow, Idaho Gritman Memorial Hospital	Date issued: Feb.4,1949	Date Orig. Entry: ------
	Date of Birth: Feb.14,1920	Birth Place: Potlatch, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit		By whom issued and signed: County of Latah, Bessie Babcock	Date issued: 9-4-74	Date Orig. Entry: License issued Jan.31,1947
	Date of Birth: Age 26	Birth Place: Potlatch,Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Oct.7,1974

FORM BH 56067 nm. (B) 5-4-67 gml

Berg
Norma Virginia Mowlds
February 14, 1920
Potlatch, Idaho

OCT 7 1974

605

369-112-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Alvah Lords			2. Date Of Birth (month) June (day) 12 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Taylorville, Idaho (Taylor)	
FATHER	6. Full Name of Father: Joseph Alvah Lords			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Bertha Christiansen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wayne Lords	11. Present Address of Registrant: Rt 1, Ashton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 16 19 74		12. Signature of Notary: Bernadine L Quinton	13. Notary Commission expires: Aug 15 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Pacific National Life Assurance	Date Issued: Mar.29,1946	Date Orig. Entry: Feb.14,1946
	Date of Birth: Jun.12,1920	Birth Place: Taylorville,Ida.	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: L.D.S.Church - Taylor Ward	Date Issued: Sept.5,1920	Date Orig. Entry: Blessed Sept. 5, 1920
	Date of Birth: Jun.12,1920	Birth Place: Taylor, Idaho	Full Name of Mother: Bertha Christiansen	Name of Father: Joseph Alvah Lords	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Bertha C. Lords	Date Issued: Sept.16,1974	Date Orig. Entry: ----
	Date of Birth: Jun.12,1920	Birth Place: Taylorville (Taylor)	Full Name of Mother: Bertha Christiansen	Name of Father: Joseph Alvah Lords	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	October 7,1974

FORM BH 56067

9/12/74

Linda

OCT 8 1974

115

432-212-020-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Maxine McKinley		2. Date Of Birth (month) Feb. (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont County; b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Edwin John McKinley		7. State or Country of Father's Birth: Colorado USA.
MOTHER	8. Full Maiden Name of Mother: Sarah Rosser Jenkins		9. State or Country of Mother's Birth: Fremont County - Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Politis	11. Present Address of Registrant: 4747 Atherton Ave. San Jose, Calif #20
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19 74	12. Signature of Notary: [signature]	13. Notary Commission expires _____ 19 ___

OFFICIAL SEAL
DANIEL J. PAULSON
NOTARY PUBLIC-CALIFORNIA
STATE OF ARA COUNTY
My Commission Expires Mar. 25, 1977
19981 Stevens Creek Blvd., Cupertino, CA 95014

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Own childs birth certificate		By whom issued and signed: State of Idaho File 48-14771	Date issued: -------	Date Orig. Entry: Child born Dec.31,1948
	Date of Birth: Age 28 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Family friend at the time of birth Age 65		By whom issued and signed: Edwin Strange	Date issued: Aug.13,1974	Date Orig. Entry: ------
	Date of Birth: Feb.12,1920	Birth Place: St. Anthony, Idaho	Full Name of Mother: Sarah Rosser Jenkins McKinley	Name of Father: Edwin John McKinley	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Policy # 34534-E		By whom issued and signed: Gem State Mutual Life Assoc.	Date issued: Policy Oct.4,1944	Date Orig. Entry: Oct.4,1944
	Date of Birth: Feb.12,1920	Birth Place: St. Anthony, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Sue Lowe	Oct. 8, 1974

FORM BH 56067

Politics

OCT 8 1974

818-123-014-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-536

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MUIR L. HAHN
2. Date Of Birth: (month) MAY (day) 23 (year) 1920
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: NAMPA Ida. b. City or Town of Birth: NAMPA, IDAHO

FATHER

6. Full Name of Father: WALTER C. HAHN
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MAY MUIR
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Muir L Hahn
11. Present Address of Registrant: Box 4292 941 E. Bridger Pocatello Ida

NOTARY (Seal)

Subscribed and sworn to before me on Sept 27 1974
12. Signature of Notary:
13. Notary Commission expires: June 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #356286	---	child born Aug. 15, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Nampa, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of honorable military discharge	U.S. Army, Ft. Douglas, Utah Earl G. Linhart, Major ORD DEPT	discharged 24 Jan. 1946	inducted 20 Mar 44

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23, 1920	Nampa, Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Baptism and confirmation	LDS Church, Pocatello 1st Ward, Wm. H. Allen, Ward Clerk	---	baptized Apr. 14, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23, 1920	Nampa, Idaho	May Muir	Walter C. Hahn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	OCT 17 1974

FORM BH 56067

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OCT 18 1974

Hawaii

NAME AND
BIRTH DATE
CHANGE
FROM ORIGINAL
1920- 77608

DELAYED

DUP OF 20-77608

485-20-2006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-560

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Birdel — DYE
2. Date Of Birth (month) (day) (year): April 2 1920
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: ~~Idaho~~ Idaho Bingham
   b. City or Town of Birth: Goshen U.S.A.

FATHER

6. Full Name of Father: Richard DYE Jr.
7. State or Country of Father's Birth: Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother: MARIE Birdell Brookbush
9. State or Country of Mother's Birth: UTAH U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ~~Birdel~~ Birdel Wald
11. Present Address of Registrant: 924 Skyline Dr. Moses LAKE, WASH. 98837

NOTARY (Seal)

Subscribed and sworn to before me on: October 29 1974

12. Signature of Notary: Victoria A Trapp
13. Notary Commission expires: 1-30 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance Policy Contract # (W. L. E85) of America	Business Men's Assurance Co.	May 3,1946	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 2,1920	Goshen, Idaho	-------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church -Goshen, Idaho	------	Blessed May 2, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April,2,1920	Goshen, Idaho	Marie Brookbush	Richard Dye

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of marriage Certificate	State of Montana, Beaverhead County	----	Aug.8,1944

Date of Birth Age	Birth Place	Full Name of Mother	Name of Father
24 yrs	Goshean, Idaho	Marie Brookbush	Richard Dye,Jr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

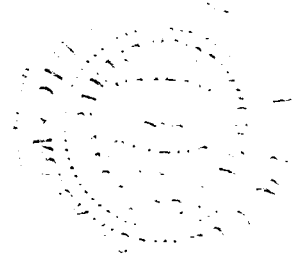
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Sue Lowe	Nov. 6, 1974

FORM BH 56067

5-3-74

NOV 6 1974



553-128-039-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Eugene Nelson		2. Date Of Birth (month) May (day) 28 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Reuben Chris Nelson		7. State or Country of Father's Birth: Rockland, Idaho
MOTHER	8. Full Maiden Name of Mother: Beatrice Perry		9. State or Country of Mother's Birth: Idaho, Power County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Eugene Nelson	11. Present Address of Registrant: Rockland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 29 - 1960.	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct. 22, 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Pocatello Stake, Rockland Ward Bir.&Bless., 1920, page 1192	Date issued: Oct.3,1974	Date Orig. Entry: Sept.5,1920
	Date of Birth: May 28,1920; Birth Place: Rockland, Idaho Power County	Full Name of Mother: Beatrice Perry	Name of Father: Ruben Nelson	
SUPPORTING RECORD 2.	Type of Document: Notice of Separation from U.S. Naval Service	By whom issued and signed: Stanley Thomson, Lt.(JG), USNR	Date issued: separated Nov.26,1945	Date Orig. Entry: enlisted Nov.24,1942
	Date of Birth: May 28,1920; Birth Place: Rockland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Notification of Personnel Action - employment record	By whom issued and signed: Edna L.Hughey, Acting Personnel Officer, Naval Ordinance Plant, Pocatello, ID	Date issued: 11/14/52	Date Orig. Entry: Nov.14,1952
	Date of Birth: May 28,1920; Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml PW Glenda Larson	NOV 26 1974

FORM BH 56067 1 copy pd Rec. 4026 9-30-60 8-18-60

NOV 2 6 1974

366-215-044-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-050

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ina Jean Towell
2. Date Of Birth (month) (day) (year): 1 15 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County:
b. City or Town of Birth: Midvale

FATHER

6. Full Name of Father: Orville Bland Towell
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Beulah Maud Snider
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina Jean Bailey
11. Present Address of Registrant: RT4 Box 179 Yakima

NOTARY (Seal)

Subscribed and sworn to before me on Dec 3 19 74

12. Signature of Notary: Dyke Modley
13. Notary Commission expires: 7/1 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by uncle Age:70	Warren William Towell	Dec.3,1974	---
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Jan.15,1920	Midvale, Idaho	Beulah Maude Snider	Orville Bland Towell
SUPPORTING RECORD 2.	Photocopy of Marriage Affidavit Record	June Buchanan, Deputy Auditor Yakima County, WA.	17 Jan 75	4 Nov. 1937
	Age 17	---	---	Orville B. Towell
SUPPORTING RECORD 3.	Minor's appl. for Employment Permit	Dept. of Labor & Industries State of Washington	---	Oct. 13, 1937
	Age 17	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Margaret Davis
Date Filed: JAN 28 1975

FORM BH 56067

JAN 23 1975

FEB 10 1975

712-208-006-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-090

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Vivian Paskett		2. Date Of Birth (month) May (day) 8 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Philip James Paskett		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Gena Emaline McCurdy		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred V.P. Meecham	11. Present Address of Registrant: Firth Idaho 83236	
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1974	12. Signature of Notary: Floyd H Hillman	13. Notary Commission expires: Jan 23 1978	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry #76031	By whom issued and signed: Salt Lake County, Utah	Date Issued: Mar.15,1974	Date Orig. Entry: ---	
	Date of Birth: May 8,1920	Birth Place: Basalt, Idaho	Full Name of Mother: Gena E. McCurdy	Name of Father: Phillip J. (Paskett)	
SUPPORTING RECORD 2.	Type of Document: certified photocopy of affidavit by parents	By whom issued and signed: Philip J. & Gena Paskett (filed in Salt Lake County,UT)	Date Issued: Mar.15,1974	Date Orig. Entry: Apr.22,1937	
	Date of Birth: May 8,1920	Birth Place: Basalt, Idaho	Full Name of Mother: Gena Paskett	Name of Father: Philip J. Paskett	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Certificate of Blessing LDS church	By whom issued and signed: Basalt Ward, Shelley Stake, Wm.M. Dye, Bishop	Date Issued: ---	Date Orig. Entry: July 4,1920	
	Date of Birth: May 8,1920	Birth Place: Basalt, Bingham, Idaho	Full Name of Mother: Gena McCurdy	Name of Father: Philip J. Paskett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	Feb. 7, 1975

FORM BH 56067

FEB 11 1975

255 202-03-631

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-153

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARMA BEE
2. Date Of Birth: (month) JUNE (day) 2 (year) 1920
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County MADISON; b. City or Town of Birth: REXBURG

FATHER

6. Full Name of Father: STEARNS PHILANDER BEE
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: HELENA ANN FLAMM
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carma Bee
11. Present Address of Registrant: 643 west Dana Mesa Arizona

NOTARY (Seal)

Subscribed and sworn to before me on Feb 27 1975

12. Signature of Notary: Bernice R Brown
13. Notary Commission expires: My Commission Expires Dec 19, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Alvin E. Peterson, Clerk Georgetown Ward, Montpelier Stake.	m ---	Feb. 25, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1920	Rexburg	Helena Flamm	Stearns P. Bee

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Own Child's birth certificate	State of Idaho #52-11702	--	Child born Sept. 6, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
32 years	Rexburg, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage license Application	State of Montana #4001	---	2 June 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 years	Rexburg, ID.	Helena Flamm	Sterns Bee

QUALIFYING INFORMATION

An Application to the Occidental Life Insurance Company, LOS Angeles, CA. shows birth date as June 2, 1920 and birthplace as Rexburg, Idaho Dated 20 April 1943

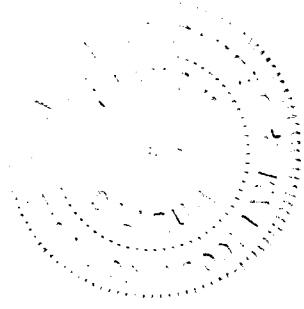
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR - 1975

FORM BH 56067

MAR 7 1975



284-212-033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-161

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Joyce Squires			2. Date Of Birth (month) April (day) 2 (year) 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: Laurence Bond Squires			7. State or Country of Father's Birth: Lyman, Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Burns			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila Joyce Byrne		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1975	12. Signature of ~~Notary~~ Clerk of District Court: Nelis N. Garner		13. Notary Commission expires: January 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of School Census Report	By whom issued and signed: School district #12 Nelis Garner, County Clerk.	Date Issued: Mar.6,1975	Date Orig. Entry: Sept. 1937
	Date of Birth: Apr.2,1920 / Birth Place: ---	Full Name of Mother: Minnie Squires	Name of Father: Lawrence Squires	
SUPPORTING RECORD 2.	Type of Document: Own Child's birth Certificate	By whom issued and signed: Madison Memorial Hospital Rexburg	Date Issued: ---	Date Orig. Entry: Child born 28 June 1959
	Date of Birth: Apr.2,1920 / Birth Place: Archer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Application (#10309559)	By whom issued and signed: Metropolitan Life Insurance Co. New York, N.Y.	Date Issued: ---	Date Orig. Entry: 30 April 194[illegible]
	Date of Birth: Apr.2,1920 / Birth Place: Archer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M Gillick	Evidence reviewed by: Margaret Davis	Date Filed: MAR [illegible]

FORM BH 56067

2-21-74

Byrne

MAR 1 2 1975

41423-028334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-172

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walter Romon Daub
2. Date Of Birth (month) October (day) 23 (year) 1920
3. Color or Race: White
4. Sex: male
5. Place of Birth: Worley, Idaho — a. County: Kootenai — b. City or Town of Birth: Worley, Idaho

FATHER

6. Full Name of Father: Romon St. Clair Daub
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: anne alpha cluphf
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter R Daub
11. Present Address of Registrant: 2811 Eldridge ave, Bellingham Washington

NOTARY (Seal)

Subscribed and sworn to before me on Jan 24 1975

12. Signature of Notary: Ardath A Olson
13. Notary Commission expires: May 2 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of school record Tacoma Public Schools	Angelo Giaudrone, Super. Tacoma Public Schools	3-6-70	Sept. 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1920	---	Anna Daub	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript from Voter Registration Files.	Wella Hansen, Auditor of Whatcom County, Washington	Feb.5,1975	Aug. 23, 1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1920	Worley, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 87	Clara M. Reed	5 Mar 1975	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1920	Worley, Idaho	Alpha Ann Cluphf	Romon St. Clair Daub

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	md Margaret Davis	MAR 17 1975

FORM BH 56067

1 cp Rd Receipt # 20679

12/21/5[illegible]

MAR 2 0 1975

366-222-026-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILE ELLEN LOWDER	2. Date Of Birth (month) (day) (year): April 22, 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: LABell Jefferson	b. City or Town of Birth: LABelle, IDAHO
FATHER	6. Full Name of Father: JAMES FRANK LOWDER	7. State or Country of Father's Birth: Feb 25, 1890 LABelle, IDAHO
MOTHER	8. Full Maiden Name of Mother: MARTHA ELIZA HUTCHINS	9. State or Country of Mother's Birth: OCT 23, 1894 LABelle, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Ellen Moss; 11. Present Address of Registrant: 657 Tandoy Dr IDAHO FALLS, IDA. 83401
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1975	12. Signature of Notary: Billy R Gneiting; 13. Notary Commission expires: April 10, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Baptism & Confirmation	By whom issued and signed: Jas. L. Lundquist, Bishop LaBelle Ward, LDS Church	Date issued: ---	Date Orig. Entry: May 6, 1928
	Date of Birth: 22 Apr.1920; Birth Place: LaBelle, Jefferson Idaho	Full Name of Mother: Martha E. Hutchens	Name of Father: James Frank Lowder	
SUPPORTING RECORD 2.	Type of Document: Official Transcript of School Record	By whom issued and signed: Rigby High School, Rigby, ID.	Date issued: ---	Date Orig. Entry: May 12, 1938
	Date of Birth: Apr.22/20; Birth Place: ---	Full Name of Mother: ---	Name of Father: Frank Lowder	
SUPPORTING RECORD 3.	Type of Document: Church Record of Births and Blessings	By whom issued and signed: LaBelle Ward, Rigby Stake	Date issued: ---	Date Orig. Entry: Church Record of 1920
	Date of Birth: 22 Apr.1920; Birth Place: LaBelle, Idaho	Full Name of Mother: Martha Hutchens	Name of Father: Frank Lowder	
QUALIFYING INFORMATION				

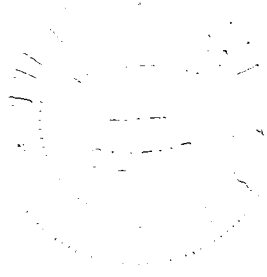
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAR 17 1975

FORM BH 56067 1 cp. Pd Receipt #00637 2-26-75

MAR 2 0 1975



815-213-022-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna EVA Hancock		2. Date Of Birth (month) 2 (day) 13 (year) 20
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: MARysville Fremont; b. City or Town of Birth: MARysville, Fremont, IdAho
FATHER	6. Full Name of Father: Ether Thomas Hancock JR.		7. State or Country of Father's Birth: St George, Washington, Utah
MOTHER	8. Full Maiden Name of Mother: Eva Elvira Poulsen Christensen		9. State or Country of Mother's Birth: Millville, Cash, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Eva Hancock Myers	11. Present Address of Registrant: 5526 N. 19 ave. Ph. Oz. 85015
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1975	12. Signature of Notary: Dixon M Kodimer	13. Notary Commission expires: My Commission Expires Aug 30, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate of Certificate of Baptism and Confirmation	By whom issued and signed: Phoenix Arizona West Stake Thirty Second Ward	Date issued: 2 Mar.1975	Date Orig. Entry: 3 Oct.1930 baptised
	Date of Birth: 13 Feb.1920	Birth Place: Marysville, Fremont Idaho	Full Name of Mother: Eva Elvira Poulsen Christensen	Name of Father: Ether Thomas Hancock, Jr.
SUPPORTING RECORD 2.	Type of Document: Duplicate of certificate of Blessing	By whom issued and signed: Thirty Second Ward Phoenis Arizona Stake, Aulvie K. Bourgeous	Date issued: 2 Mar.1975	Date Orig. Entry: Blessed 7 May 1920
	Date of Birth: 13 Feb.1920	Birth Place: Marysville, Fremont Idaho	Full Name of Mother: Eva Elvira Poulsen Christensen	Name of Father: Ether Thomas Hancock, Jr.
SUPPORTING RECORD 3.	Type of Document: Own childs' birth certificate	By whom issued and signed: State of Idaho #389227	Date issued: Mar.10,1969	Date Orig. Entry: Child born April 26,1944
	Date of Birth: 24 years.	Birth Place: Marysville, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 19 1975

FORM BH 56067

3-10-69

MAR 2 8 1975

593-209-033-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-185

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Hillman
2. Date Of Birth (month) (day) (year): July 9 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Madison
b. City or Town of Birth: Plano

FATHER

6. Full Name of Father: Robert K. Hillman
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Irene Hunter
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Hillman Smith
11. Present Address of Registrant: 178 Ash, Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 19 75

12. Signature of Notary: Rhea Fullmer
13. Notary Commission expires: June 25 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Uncle Age: 66
By whom issued and signed: Clifford Hillman
Date Issued: 18 Mar.1975
Date Orig. Entry: ---
Date of Birth: July 9,1920
Birth Place: Plano,Madison, Idaho
Full Name of Mother: Sarah Irene Hunter
Name of Father: Robert K. Hillman

SUPPORTING RECORD 2.

Type of Document: Copy of Temple Recommend
By whom issued and signed: Mark Peterson, Bishop Plano Ward, Rexburg Stake
Date Issued: 23 Jul.1942
Date Orig. Entry: Baptised 5 Aug. 1928
Date of Birth: July 9,1920
Birth Place: Plano, Madison, ID.
Full Name of Mother: Sarah Irene Hunter
Name of Father: Robert Hillman

SUPPORTING RECORD 3.

Type of Document: Photocopy of School Census
By whom issued and signed: Wanda Hall, Deputy Madison County Dist. Court.
Date Issued: 17 Mar.1975
Date Orig. Entry: Sept. 1928
Date of Birth: July9,1920
Birth Place: ---
Full Name of Mother: Sarah Hillman
Name of Father: Rob. Hillman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ellick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 20 1975

FORM BH 56067

MAR 2 1 1975

236-212-022-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Stoddard			2. Date Of Birth (month) 11 (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: ~~Parker~~ a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Leslie Marion Stoddard			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Olive Lucile Ingram			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Stoddard		11. Present Address of Registrant: 535 N. 5th W. St. Anthony Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1 April 19 75	12. Signature of Notary: [signature]		13. Notary Commission expires: February 6, 1976 ~~XXXXXXXXXXXXXXXXXXXXXX~~ April 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Olive Lucile Stoddard 81 yrs Leslie Marion Stoddard 82yrs	Date issued: 1 Apr.75	Date Orig. Entry: ---
	Date of Birth: Nov.12,1920 / Birth Place: Parker, Idaho	Full Name of Mother: Olive Lucile Stoddard	Name of Father: Leslie Marion Stoddard	
SUPPORTING RECORD 2.	Type of Document: Photocopy of own childs' birth certificate	By whom issued and signed: State of Idaho #52-14433	Date issued: ---	Date Orig. Entry: child born Nov. 21,1952
	Date of Birth: 32 years / Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of Affidavit for Marriage License	By whom issued and signed: State of Idaho, E.J. Rumsay, Recorder	Date issued: ---	Date Orig. Entry: 29 Dec. 1939
	Date of Birth: Nov.12,1920 / Birth Place: Parker	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: APR 2 1975

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FORM BH 56067

APR 3 1975

261-21-26-891

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Fern Boam			2. Date Of Birth (month) August (day) 19 (year) 1920	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Grant		b. City or Town of Birth: Grant, Idaho
FATHER	6. Full Name of Father: Ruben Boam			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Francis Hiatt			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Fern Fields		11. Present Address of Registrant: 420 Garfield St. Idaho Falls, ID. 83401	
NOTARY (Seal)	Subscribed and sworn to before me on: 19 Mar 1975	12. Signature of Notary: Jack R. Crumley		13. Notary Commission expires: 15 Oct 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

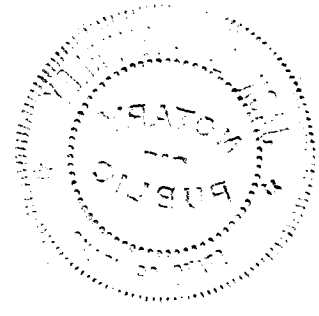
SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Blessing	By whom issued and signed: Samuel Chadburn, Sr. Clerk Grant Ward, Rigby Stake		Date Issued: ---	Date Orig. Entry: Blessed Nov. 7, 1920
	Date of Birth: Aug. 19, 1920	Birth Place: Grant, Jefferson Idaho	Full Name of Mother: Francis Hiatt		Name of Father: Ruben Boam
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Harold H. Holmes, Bishop Reno Branch Ward		Date Issued: ---	Date Orig. Entry: Baptised Dec. 6, 1931
	Date of Birth: Aug. 19, 1920	Birth Place: Grant, Idaho	Full Name of Mother: Francis Hiatt		Name of Father: Reuben George Boam
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister: born August 30, 1906	By whom issued and signed: Alberta Boam Deans		Date Issued: Mar. 28, 75	Date Orig. Entry: ---
	Date of Birth: Aug. 19, 1920	Birth Place: Grant, Idaho	Full Name of Mother: Sarah Frances Hiatt		Name of Father: Reuben George Boam
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: APR 3 1975

FORM BH 56067

3-14-75

APR 3 1975



631-229-C01-199

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-238

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Regina Marie Ocamica
2. Date Of Birth (month) December (day) 29 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Gabino Ocamica
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Florencia Arrizabalaga
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Regina M. Ocamica
11. Present Address of Registrant: 510 Dearborn, Caldwell, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 4-10 1975
12. Signature of Notary: Florence Curtright
13. Notary Commission expires 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	St. John's Cathedral	Oct.27,1971	Baptized Feb.9, 1921
	Date of Birth: Dec.29,1920 / Birth Place: ----	Full Name of Mother: Florencia Arrizabalaga	Name of Father: Gavino Ocamica	
SUPPORTING RECORD 2.	Application for Employment	Sears, Roebuck & Co.	Nov.16,1948	Dec.18,1947
	Date of Birth: Dec.29,1920 / Birth Place: Boise,Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Medical Record	Unit Control Sears, Roebuck & Co.	Jan.19,1949	----
	Date of Birth: Dec.29,1920 / Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

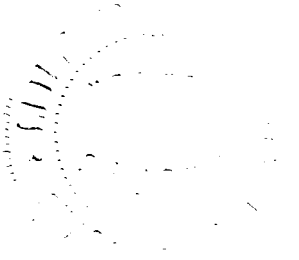
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	April 10,1975

FORM BH 56067

11-11-71

APR 1 0 1975



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555-26-0057-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE;75-254

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GEORGE FRANCIS VENNEAU
2. Date Of Birth: (month) 6 (day) 26 (year) 20
3. Color or Race: white
4. Sex: MALE
5. Place of Birth: a. County: St. Maries, Benawah; b. City or Town of Birth: St. Maries, Idaho

FATHER

6. Full Name of Father: FRED STANICLAUS VENNEAU
7. State or Country of Father's Birth: WISCONSON

MOTHER

8. Full Maiden Name of Mother: CLARA YOUNG
9. State or Country of Mother's Birth: WISCONSON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Francis Venneau
11. Present Address of Registrant: 543 TRAVERSE DR. Costa Mesa, Ca.

NOTARY SEAL — OFFICIAL SEAL — B. JEAN MARSHALL — NOTARY PUBLIC - CALIFORNIA — ORANGE COUNTY — My comm. expires NOV 29, 1978

Subscribed and sworn to before me on April 21 19 75

12. Signature of Notary: B. Jean Marshall
13. Notary Commission expires: Nov. 29 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Sister: 18 years at time of birth
By whom issued and signed: Blanche Odion
Date Issued: 8/19/74
Date Orig. Entry: ---
Date of Birth: June 26,1920
Birth Place: St. Maries, ID.
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Baptism Record
By whom issued and signed: Church of St. Maries, St. Maries Idaho
Date Issued: 8/11/74
Date Orig. Entry: Baptised July 25, 1920
Date of Birth: June 26, 1920
Birth Place: St. Maries, ID.
Full Name of Mother: Clara Young
Name of Father: Fred Veno (Venneau)

SUPPORTING RECORD 3.

Type of Document: Photocopy of Discharge papers.
By whom issued and signed: US Marine Corp. M.B. Naval Station, Seattle, WN.
Date Issued: Discharged 21 Sept. 45
Date Orig. Entry: Enlisted 8 July 1941
Date of Birth: 26 June 1920
Birth Place: St. Maries, ID.
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: APR 15 1975

FORM BH 56067

Vernau

APR 22 1975

363-21-025-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-255

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALTA MAY [redacted] TOTORICA
2. Date Of Birth (month) (day) (year): APRIL 19 1920
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County: IDAHO
b. City or Town of Birth: HOT SPRINGS

FATHER

6. Full Name of Father: JOSE TOTORICA
7. State or Country of Father's Birth: VISCAYA IBARRAGUELA - SPAIN (PROVINCE)

MOTHER

8. Full Maiden Name of Mother: HATTIE MAY BURKHART
9. State or Country of Mother's Birth: OKLAHOMA (CHATEAU COUNTY)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: same Alta May Totorica
11. Present Address of Registrant: 754 NORLES ST CALIF 94572 (Street or post office)

NOTARY (Seal)

Subscribed and sworn to before me on: April 9 19 75

12. Signature of Notary: Nancy E Kingsbury
13. Notary Commission expires: Sept. 10, 19 78 (Previous legal name)

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Certificate	St. John's Cathedral	Feb.21,1975	Baptized Aug 18,1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Apr. 19,1920 Hot Springs	Hattie May Burkhart	Jose Totorica	
SUPPORTING RECORD 2.	Marriage Certificate	Alameda Co, California	Feb.21,1975	Married June 1,1940
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 20 Idaho	-----	--------	
SUPPORTING RECORD 3.	School Record	Castlemont High School Oakland, Calif.	Jan.28,1938	Graduated Jan.28,1938
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 17 Hot Springs, Ida	----	----	

QUALIFYING INFORMATION

OFFICIAL SEAL
NANCY E. KINGSBURY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LAKE COUNTY
My Commission Expires September 10, 1978

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick,	Florence Curtright	April 16,1975

FORM BH 56067

1-21-

APR 1 7 1975

256-121-025-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-264
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Keough			2. Date of Birth (month) (day) (year): January 21, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Idaho	b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Thomas H. Keough			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Martha E. Owinges			9. State or Country of Mother's Birth: Nebraskia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Keough		11. Present Address of Registrant: 2104 Rockefeller LANE Redondo Beach Calif
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 14 1974	12. Signature of Notary: Truman W Robinson		13. Notary Commission expires: SEPTEMBER 21 1975

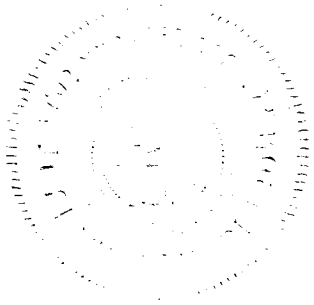
APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Security Life and Accident Co.	Date Issued: --	Date Orig. Entry: 18 July 1949
Class*	Date of Birth: Jan.21,1920. Birth Place: Idaho	Full Name of Mother: Martha Keough	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Discharge papers	By whom issued and signed: U.S. Army, Fort Lewis, Wn.	Date Issued: discharge 10 Oct.45	Date Orig. Entry: Induction 25 Oct.41
Class	Date of Birth: 21 Jan. 20 Birth Place: Kooskia, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of Baptism Record	By whom issued and signed: Joseph L. Zarssler, Pastor St. Catherine Laboure Church	Date Issued: 1/24/75	Date Orig. Entry: Baptised 5 June.1954
Class	Date of Birth: 21 Jan.20 Birth Place: Kooskia, Idaho	Full Name of Mother: Martha Owings	Name of Father: Thos. H. Keough	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis		Date Filed: APR 30 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 3 0 1975
DEC 2 7 2000



214-204-035-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-290

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Marie Baumgartner
2. Date Of Birth: (month) Nov. (day) 4 (year) 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Genesee, Idaho (on farm in NezPerce County near Genesee, Idaho) b. City or Town of Birth

FATHER

6. Full Name of Father: William J. Baumgartner
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Kathryn Frances Hasfurther
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene M. Baumgartner (Maybee)
11. Present Address of Registrant: Genesee, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 1, 19 75

12. Signature of Notary: Donald E. Springer
13. Notary Commission expires: Sept. 8 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother Age 81	Kathryn F. Baumgartner	1 May 75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.4,1920 / Genesee, Idaho	Kathryn Frances Hasfurther Baumgartner	William J. Baumgartner	
SUPPORTING RECORD 2.	Type of Document: Baptismal certificate	By whom issued and signed: St.Marys church, Genesee	Date Issued: 2 May 75	Date Orig. Entry: Baptised Nov. 24,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.4,1920 / Genesee, Idaho	Cath Hasfurther	Willian J. Baumgartner	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 411756	Date Issued: ---	Date Orig. Entry: child born Sept.21,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	24 years. / Genesee, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Margaret Davis
Date Filed: MAY 8 1975

FORM BH 56067 1 Cy Pd Receipt # 29114

4-29-75

MAY 8 1975

256-220-024-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floneta ~~Lael~~ LEAL Snodgrass		2. Date Of Birth (month) Sept (day) 20 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Harry Lee Snodgrass		7. State or Country of Father's Birth: USA (Kansas)
MOTHER	8. Full Maiden Name of Mother: Ina Mae Weber	Flora Leal Snodgrass	9. State or Country of Mother's Birth: USA (Kansas)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floneta Leal Fanse	11. Present Address of Registrant: 310 Hill Street Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1975	12. Signature of Notary: D. G. Emmers	13. Notary Commission expires: 11-28-1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend		By whom issued and signed: Hazel M. Jenkins Age 81	Date issued: 27 May 75	Date Orig. Entry: ---
	Date of Birth: Sept.20,1920	Birth Place: Wendell, ID.	Full Name of Mother: Ina Mae Weber Snodgrass	Name of Father: Harry Lee Snodgrass	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #409120	Date issued: 6/9/75	Date Orig. Entry: child born July 21,1945
	Date of Birth: 24 years	Birth Place: Wendell, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit of Application for Marriage License		By whom issued and signed: I.R.L. Kane, County Clerk Elko, Nevada	Date issued: 5 May 75	Date Orig. Entry: May 7,1944
	Date of Birth: 23 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 9 1975

FORM BH 56067 1 yr. Pl. Receipt # 26581 11-26-74

JUN 9 1975

893-212-029-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-361
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Maxine Hilgers		2. Date Of Birth (month) (day) (year): September 12 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: William Patrick Hilgers		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Christene Knipp		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Maxine Hilgers	11. Present Address of Registrant: 1302 Lexington Bend, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1975	12. Signature of Notary: Dale W. Robbins	13. Notary Commission expires: 8/31 1978	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother Age 48 Born Feb.22,1907	By whom issued and signed: George Hilgers	Date Issued: 31 Aug.55	Date Orig. Entry: ---
Class*_____	Date of Birth: 9/12/20 / Birth Place: Genesee, Idaho	Full Name of Mother: Christine Knipp	Name of Father: William Patrick Hilgers	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of Census	Date Issued: 9/23/55	Date Orig. Entry: April 1,1940
Class_____	Date of Birth: 19 years / Birth Place: Idaho	Full Name of Mother: Christine Hilgers	Name of Father: William P. Hilgers	
SUPPORTING RECORD 3.	Type of Document: School Transcript Phillips County Dist.#44	By whom issued and signed: David Van Dyke, Rudy H. Radloff, County Clerk	Date Issued: 23 Aug.55	Date Orig. Entry: July 1, 1937
Class_____	Date of Birth: 9,12,1920 / Birth Place: Kansas. ----	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Application for Social Security Number (540-20-0127) shows Irene Maxine Hilgers born Sept.12,1920 in Genesee, Idaho. Parents Christene Knipp and William Patrick Hilger

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	JUN 16 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 16 1975

434 - 205 - 010 - 451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-376

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ESTHER BELLE McDONALD
2. Date Of Birth (month) (day) (year): Sept. 5 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: DANIEL McDONALD
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: DELSA LOIS DEAL
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther M. Loachom
11. Present Address of Registrant: 1624 - 25th Longview, WA.

NOTARY (Seal)

Subscribed and sworn to before me on: June 18 1975

12. Signature of Notary: Ja Hamm
13. Notary Commission expires: August 12 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Delsa McDonald	18 June 75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.5,1920	Idaho Falls,ID.	Delsa Lois Deal	Daniel McDonald

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Admittance Form	St.John's Hospital mn Longview, Washington	10-27-66	10-27-66

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9-5-20	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate (Hospital)	Deaconess Hospital Spokane, Washington	18 June 75	child born 17 Jan.1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9-5-20	Idaho Falls,ID.	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 18 1975

FORM BH 56067

6-13-75

Harry Calborn, atty

JUN 2 0 1975

863-204-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-416

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Marie Holley			2. Date Of Birth (month) January (day) 4 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Lincoln James Holley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Julie Falkner			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellen Marie Holley Daniels	11. Present Address of Registrant: Lamoille, NV89828	
	NOTARY (Seal) ANNETTE FLOCK Notary Public - State of Nevada Elko County My Commission Expires Jan. 12, 1976	Subscribed and sworn to before me on 6-24 1975	12. Signature of Notary: Annette Flock	13. Notary Commission expires: Jan. 12 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Steptoe Valley Hospital East Ely, Nevada	Date Issued: ----	Date Orig. Entry: child born 21 July 51
	Date of Birth: 1-4-1920	Birth Place: Pocatello, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Bendon Rom.Cath.Church	Date Issued: 3/23/40	Date Orig. Entry: Baptised 23 Mar.1940
	Date of Birth: 4 January 1920	Birth Place: ---	Full Name of Mother: Julie Faulkner	Name of Father: Lincoln Holley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Julie Falkner Holley	Date Issued: 20 June 75	Date Orig. Entry: ---
	Date of Birth: Jan.4,1920	Birth Place: Pocatello,ID.	Full Name of Mother: Julie Falkner Holley	Name of Father: Lincoln James Holley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUL 8 1975

FORM BH 56067

JUL 14 1975

695-229-029-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia (Jenny) French		2. Date Of Birth (month) (day) (year): Jan. 29 1920	
	3. Color or Race: W	4. Sex: F M	5. Place of Birth a. County: Latah Idaho	b. City or Town of Birth: Rural ~~Not~~ Viola
FATHER	6. Full Name of Father: William Thomas French		7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Lilly Vallee Hunt		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Wetherell	11. Present Address of Registrant: Rt. 1 Box 1408 Libby, Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 20th 1975	12. Signature of Notary: Dennis O. Anderson	13. Notary Commission expires: Mar 4 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: 5/23/75	Date Orig. Entry: Document is Obviously Old
	Date of Birth: Jan. 29, 1920 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate	By whom issued and signed: The World for Christ, Moscow, Idaho	Date Issued: 5/23/75	Date Orig. Entry: April 1, 1923
	Date of Birth: Jan 29, 1920 / Birth Place: ---	Full Name of Mother: Lilly V. French	Name of Father: W.T. French	
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: M.K. Cline Clerk of District court, County of Latah, ID.	Date Issued: May 19, 1975	Date Orig. Entry: Sept. 1932
	Date of Birth: Jan. 29, 1920 / Birth Place:	Full Name of Mother: ---	Name of Father: W.T. French	
QUALIFYING INFORMATION	Affidavit by Sister 10½ years older gives Moscow, Idaho (Rural) as the birthplace of Virginia French. Affidavit dated July 2, 1975 before Sherry Davis, Notary			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JUL 9 1975	

FORM BH 56067

F-5-71

JUL 9 1975

389-228-021-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-438

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evah Dorthy Christensen
2. Date of Birth (month) March (day) 28 (year) 1920
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County
b. City or Town of Birth: Central, Idaho

FATHER

6. Full Name of Father: Christian Miller Christensen
7. State or Country of Father's Birth: Preston, Franklin, Idaho

MOTHER

8. Full Maiden Name of Mother: Pearl Eliza Jorgensen
9. State or Country of Mother's Birth: Ogden, Weber, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evah C. Smith
11. Present Address of Registrant: 441 E Hooper, Soda Springs, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: July 15, 1975
12. Signature of Notary: Helen B. Kingsford
13. Notary Commission expires: August 14, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #52-10034	8/18/52	child born Aug. 13, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
32 Yrs.	Central, Idaho.	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # Application #519-48=3736	Treasury Department Internal Revenue Service	8/8/1959	8/8/1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.28,1920	Central Idaho	Pearl Eliza Jorgenson	Christian Miller Christense

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for License to Marry	State of Utah, #905	17/6/1971	15/April/1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.28,1920	Central, ID.	Pearl Jorgensen	Christian M. Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUL 21 1975

K FORM BH 56067

JUL 2 5 1975

MAR 2 1 1995

731-223-014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-455

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara Lucille Plager
2. Date of Birth (month) (day) (year): 3 - 23 20
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Parma, Idaho Canyon
b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: John Henry Plager
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Miller
9. State or Country of Mother's Birth: New Foundland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara Lucille Kinman (Plager)
11. Present Address of Registrant: 28 Kenny Drive Yakima Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: July 10 19 75
12. Signature of Notary: Paul A. Washington
13. Notary Commission expires: Nov 26 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Plager	Date Issued: 22 July 75	Date Orig. Entry: ---	
	Date of Birth: Mar. 23, 1920	Birth Place: Parma, ID	Full Name of Mother: Sarah Plager	Name of Father: John Plager	
SUPPORTING RECORD 2.	Type of Document: Job Application	By whom issued and signed: State of Washington Personnel Board Seattle	Date Issued: 9/25/56	Date Orig. Entry: 9/25/56	
	Date of Birth: 3/23/20	Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Business Men's Assurance	Date Issued: 8/26/59	Date Orig. Entry: 8/4/59	
	Date of Birth: 39 years.	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUL 30 1975

FORM BH 56067

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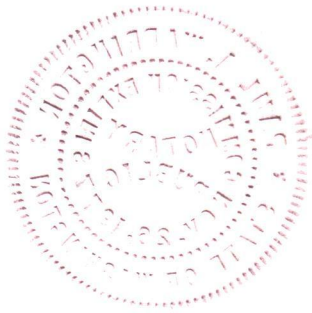
JUL 3 0 1975



314-21?-010-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-461

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Virginia Caughie
2. Date Of Birth: (month) 9 (day) 17 (year) 20
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Idaho Falls Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: LEroy Fredrick Caughie
7. State or Country of Father's Birth: Crested Butte Colorado 4/21/1889

MOTHER

8. Full Maiden Name of Mother: Edna Edith Richardson
9. State or Country of Mother's Birth: Baker Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Virginia Caughie
11. Present Address of Registrant: 2515 Sonoma ave. Santa Rosa Calif.

NOTARY (Seal) NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO PRINCIPAL OFFICE IN SONOMA COUNTY My Commission Expires May 13, 1979

Subscribed and sworn to before me on 10 1975

12. Signature of Notary: E. J. Osten
13. Notary Commission expires: May 13 1979

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Edna Edith Shurtliff	Date Issued: 15 July 75	Date Orig. Entry: --
	Date of Birth: Sept.17,1920 / Birth Place: Idaho Falls	Full Name of Mother: Edna Edith Richardson	Name of Father: Leroy Fredrich Caughie	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Church Record LDS Church of Idaho Falls	By whom issued and signed: Carl E. Holz, Notary	Date Issued: 22 July 75	Date Orig. Entry: 12 April 1918
	Date of Birth: 17 Sept.20 / Birth Place: Idaho Falls	Full Name of Mother: Edna Edith Richardson	Name of Father: Leroy Fredrick Caughie	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Sonoma County Hospital Santa Rosa, California	Date Issued: 1/17/49	Date Orig. Entry: child born Jan.17,1949
	Date of Birth: Sept.17,1920 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: AUG 4 1975

FORM BH 56067

1-9-74

AUG 4 1975

766-22 - 22-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Powell			2. Date Of Birth (month) Feb. (day) 21 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County IDAHO FREMONT	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: James Everett Powell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Susannah Frances Kearsley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Powell Johnson		11. Present Address of Registrant: Rt 2 Box 430 Chehalis, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 4 1975	12. Signature of Notary: Nancy Gold		13. Notary Commission expires: July 13 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Susannah Frances Powell		Date Issued: 6/10/74	Date Orig. Entry: ---
	Date of Birth: 21 Feb. 20	Birth Place: Ashton	Full Name of Mother: Susannah Frances Powell	Name of Father: James Everett Powell	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #285128		Date Issued: 8/12/75	Date Orig. Entry: child born Sept. 25, 1939
	Date of Birth: 19 years.	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Temple Recommend	By whom issued and signed: Idaho Falls Temple		Date Issued: 28 Aug. 57	Date Orig. Entry: Baptised June 30, 1928
	Date of Birth: Feb. 21, 1920	Birth Place: Ashto n	Full Name of Mother: Susanah Frances Kearsley	Name of Father: James E. Powell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Welch	Margaret Davis	AUG 12 1975

FORM BH 56067

K

2-11

AUG 1 3 1975

DECEASED

154-217-031-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-489

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLMA ZOLA ANDERSON			2. Date Of Birth (month) July (day) 17, (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Mohler, Idaho
FATHER	6. Full Name of Father: GROVER FREDERICK ANDERSON			7. State or Country of Father's Birth: NEBRASKA
MOTHER	8. Full Maiden Name of Mother: LELA MAY SMITH			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willma Zola Anderson		11. Present Address of Registrant: 915 North Junction, Grangeville, Idaho 83530
NOTARY (Seal)	Subscribed and sworn to before me on: July 30th 1975	12. Signature of Notary: Neil Fales		13. Notary Commission expires: 10-20-1977

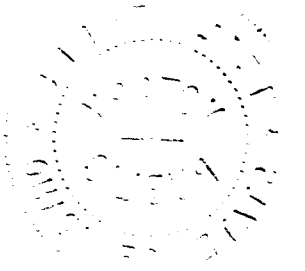
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Page from Bible	By whom issued and signed: Esther M. Anderson, Notary from Family Records		Date Issued: 8/6/75	Date Orig. Entry: Document Obviously old.
	Date of Birth: July 17, 1920	Birth Place: Craigmont, ID	Full Name of Mother: Lela May Smith	Name of Father: Grover Frederick Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #53-13061		Date Issued: 7/27/66	Date Orig. Entry: child born 9/2/53
	Date of Birth: 33 years.	Birth Place: Craigmont	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: The Wickes Corporation Group Insurance (Union Mutual)		Date Issued: 8/8/75	Date Orig. Entry: 10/1/68
	Date of Birth: 7/17/20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Craigmont is the mailing address for Mohler, Idaho. (Rand McNally pocket reference map.)				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Ulick	Evidence reviewed by: md Margaret Davis		Date Filed: AUG 12 1975	

FORM BH 56067 1 cp Pd Rec # 10563

7-11-75

AUG 13 1975



DELAYED

Dup of 1920-87593

813-221-026-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORIS HATHAWAY		2. Date Of Birth (month) JAN. (day) 21 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: Ririe Jefferson; b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Carl Benton Hathaway		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Violet Jeannette Muir Hathaway		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris H. Wilson	11. Present Address of Registrant: #6 Irene Dr. Novato, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10 1975	12. Signature of Notary: LaPreal Brinson	13. Notary Commission expires: May 2 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents; Mother Age 82yrs, Fathers Age 84yrs	By whom issued and signed: Carl Benton Hathaway, Violet M. Hathaway	Date issued: May 25, 1974	Date Orig. Entry: ----------
	Date of Birth: Jan.21,1920; Birth Place: Ririe, Idaho	Full Name of Mother: Violet Jeannette Muir	Name of Father: Carl Benton Hathaway	
SUPPORTING RECORD 2.	Type of Document: Own childs Hospital Birth Certificate	By whom issued and signed: Holy Cross Hospital, Salt Lake City, Utah	Date issued: -----	Date Orig. Entry: Child born Oct.22,1945
	Date of Birth: Jan.21,1920; Birth Place: Ririe, Idaho	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Patriarchial Blessing LDS Church	By whom issued and signed: Rodney S. Williams-Patriarch	Date issued: Jan.17,1957	Date Orig. Entry: --------
	Date of Birth: Jan.21,1920; Birth Place: Ririe, Idaho	Full Name of Mother: Violet Jeannette Muir	Name of Father: Carl Benton Hathaway	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

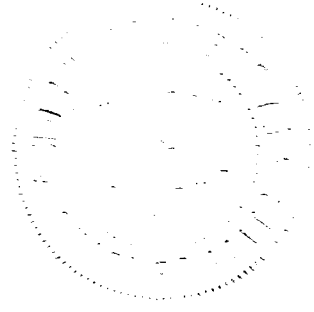
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Sept.12, 1975

FORM BH 56067

1 copy paid 9-29-61

SEP 1 2 1975
SEP 1975



845-221-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-559

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Lea Hunt
2. Date Of Birth: (month) Aug. (day) 21 (year) 1920
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Firth

FATHER

6. Full Name of Father: Warren Lee Hunt
7. State or Country of Father's Birth: Hooper, Utah

MOTHER

8. Full Maiden Name of Mother: Edna Hansen
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn L Ackerman
11. Present Address of Registrant: P.O. Box 767 Twin Falls Idaho 83301

NOTARY (Seal)

Subscribed and sworn to before me on May 19 1975

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership in LDS Church	J. Golden Jensen, Bishop Pocatello, Idaho	---	Baptised 9 Oct. 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 Aug.1920	Firth, Idaho	Edna Hansen	Warren Lee Hunt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File State of Idaho #264782	---	child born Mar.22,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
17 years.	Firth, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister Age 69	Olive Smith	15 Sept.75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.21,1920	Firth, Idaho	Edna Arave Hansen Hunt	Warren Lee Hunt

QUALIFYING INFORMATION

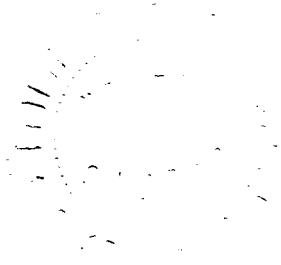
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: SEP 18 1975

FORM BH 56067

SEP 24 1975



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-572

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Grace Bassett		2. Date Of Birth (month) 6 (day) 20 (year) 20
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Wilder, Idaho
FATHER	6. Full Name of Father: Herbert William Bassett		7. State or Country of Father's Birth: Sherman County, Kansas
MOTHER	8. Full Maiden Name of Mother: Cloa Moore		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Grace Swikert	11. Present Address of Registrant: 560 W. Grant St., Lebanon Ore. 97355
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15 19 75	12. Signature of Notary: Clarissa A. Bjornsen	13. Notary Commission expires: 8-17-78 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Cloa Bassett	Date issued: 9/24/75	Date Orig. Entry:
	Date of Birth: June 20, 1920	Birth Place: Wilder	Full Name of Mother: Cloa Moore Bassett	Name of Father: Herbert William Bassett
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Washington State #42	Date issued: 9/24/75	Date Orig. Entry: child born 2/23/43
	Date of Birth: Age 22	Birth Place: Wilder	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Camas High, Camas, Idaho	Date issued: 6/3/38	Date Orig. Entry: 9/20/66
	Date of Birth: 6/20/20	Birth Place: Wilder	Full Name of Mother: Cloa Bassett	Name of Father: Herbert William Bassett
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 24 1975

FORM BH 56067 14-Pd Pa #14-73 9-13-75

Burkart

SEP 25 197

251-109-022-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas Siddoway Bean		2. Date Of Birth (month) Sept (day) 9 (year) 1920
	3. Color or Race: white	4. Sex: MALE	5. Place of Birth: Home; a. County: Fremont; b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: Lee Addison Bean		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edith Caroline Siddoway		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Douglas Siddoway Bean	11. Present Address of Registrant: Teton City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 19 75	12. Signature of ~~Notary~~ Clerk of the District Court: Darlene M Calange	13. Notary Commission expires: January 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of B ptism and Confirmation	By whom issued and signed: John Schwendiman, Bishop Newdale Ward	Date issued: 11/6/1928	Date Orig. Entry: Baptised 11/3/1928
	Date of Birth: Sept.9,1920; Birth Place: Teton	Full Name of Mother: Edith Siddoway	Name of Father: Lee A. Bean	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: The Idaho Farmer Accident Policy #I-1965-8N	Date issued: 7/28/58	Date Orig. Entry: 7/28/58
	Date of Birth: Age 37; Birth Place: Teton	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate	By whom issued and signed: State of Idaho	Date issued: 10/24/75	Date Orig. Entry: 7 Dec.1956
	Date of Birth: 36 years.; Birth Place: Teton	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 24 1975

FORM BH 56067

1 cp pd rec # 675

9-15-70

OCT 2 4 1975

559-118-006-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Carrol Neider		2. Date Of Birth (month) (day) (year): January 18 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Blackfoot, Id. Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Charles David Neider		7. State or Country of Father's Birth: Blackfoot, Bingham County, Id.	
MOTHER	8. Full Maiden Name of Mother: Annie Marie Leach		9. State or Country of Mother's Birth: Elkhart, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Carrol Neider	11. Present Address of Registrant: Route 2, Nampa, Idaho 83651	
NOTARY (Seal)	Subscribed and sworn to before me on: December 5 19 75	12. Signature of Notary: Portia Skaggs	13. Notary Commission expires: April 14 19 76	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: US Army Discharge	By whom issued and signed: M. F. Noyes Lt. Col. AGD	Date Issued: Discharged Oct.10,1945	Date Orig. Entry: Inducted Jan.23,1945
	Date of Birth: Jan.18,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: --------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 583291	By whom issued and signed: Brotherhood of Railroad Trainmen	Date Issued: Aug.1,1964	Date Orig. Entry: --------
	Date of Birth: Jan.18,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: --------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Elder's Certificate	By whom issued and signed: J.E. Stuart, President Pocatello Stake	Date Issued: 12/9/75	Date Orig. Entry: 25 April 1943
	Date of Birth: 18 Jan. 1920,	Birth Place: Blackfoot	Full Name of Mother: Anna Marie Leach	Name of Father: Charles David Neider
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Margaret Davis	DEC 9 1975

FORM BH 56067

12-3-75

Neider

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE:75-705
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lile Bertha Savage
2. Date of Birth (month) Feb. (day) 3 (year) 1920
3. Color or Race: Cauc.
4. Sex: Fe
5. Place of Birth a. County: Idaho - Cassia
b. City or Town of Birth: Declo

FATHER

6. Full Name of Father: Joseph William Savage
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Bertha Arilla Osterhout
9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lile Bertha Savage Williams
11. Present Address of Registrant: Box 658 McGill Nev.

NOTARY (Seal)

Subscribed and sworn to before me on: November 13 1975
12. Signature of Notary: Larry J Hunter
13. Notary Commission expires: February 5 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Recommend for Baptism & Confirmation	McGill 1st Ward, Ely, Nevada Stake	11/30/75	Baptised July 2, 1932
Class*	Date of Birth: Feb. 3, 1920 — Birth Place: Declo	Full Name of Mother: Bertha Osterout	Name of Father: Joseph William Savage	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Idaho #408446	11/Aug/45	Child born May 12, 1937
Class	Date of Birth: 17 years. — Birth Place: Declo	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Employment Record	Eastern Nevada Medical Group	10/5/75	4/9/62
Class	Date of Birth: Feb. 3, 1920 — Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: DEC 9 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

DEC 2 3 1975

863-101-021-694

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-735

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Lynn "O" Hollist
2. Date Of Birth (month) (day) (year): March 1 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Wilford — Fremont
b. City or Town of Birth: Wilford, Idaho

FATHER

6. Full Name of Father: William D. Hollist
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Cross Orme
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lynn O. Hollist
11. Present Address of Registrant: RFD Box 200 Monroe, Utah 84754

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 23 19 75
12. Signature of Notary: Ila D. Utley
13. Notary Commission expires: My Commission Expires May 7, 1977 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Sarah O. Hollist	3 June 68	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 1, 1920 / Wilford, Idaho	Sarah C. Orme	William D. Hollist	
SUPPORTING RECORD 2.	Transcript of Church Records	William D. Alexander, Bishop	10 May 66	3/1/20
	Mar. 1, 1920 / Wilford	Sarah Cross Orme	William D. Hollist, Sr.	
SUPPORTING RECORD 3.	Discharge Papers	Army of the United States Fort Logan Colorado	separation 16 Feb. 46	Inducted 18 June 42
	1 Mar. 1920 / Wilford	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Margaret Davis
Date Filed: DEC 30 1975

FORM BH 56067

Hoskins

DEC 30 1975

718-127-014-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-739

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Howard Warner Payne
2. Date Of Birth (month) (day) (year): March 27 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Middleton, Canyon
b. City or Town of Birth: Middleton

FATHER

6. Full Name of Father: James Leroy Payne
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Maud JARVIS
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard Warner Payne
11. Present Address of Registrant: 2305 N. 28th, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 30 1975
12. Signature of Notary: Mary M. Staples
13. Notary Commission expires: July 9 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible	Family	------	Obviously Old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 27,1920	Middleton,Idaho	Maud Lauris Jarvis	James Leroy Payne

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
US Army Discharge	Earl G. Linhart- Maj. ORD Dept	Discharged Dec. 6, 1945	Date of Induction Oct 24,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.27,1920	Middleton,Idaho	--------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Own child's birth certificate	State of Idaho File# 436952	-----	Child born May 7,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27 yrs	Middleton,Idaho	--------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

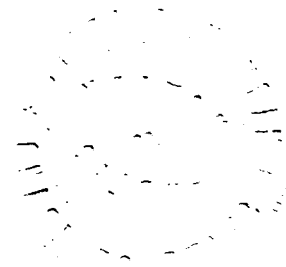
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrick	Sue Lowe	Dec. 31,1975

FORM BH 56067

11-4-15

DEC 3 1 1975



653-228-031-783

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-015

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Nellie Onthank
2. Date Of Birth (month) (day) (year): Sept. 28 1920
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Home Lewis
b. City or Town of Birth: Kamiah, Idaho

FATHER

6. Full Name of Father: William Elliot Onthank
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Nellie Margaret Gilmore
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Nellie Hendren
11. Present Address of Registrant: Box 38 Kamiah, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 24 1975
12. Signature of Notary: Edd D. Hancock
13. Notary Commission expires: April 5 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Nellie Margaret Onthank	24 Apr.75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.28,1920 / Kamiah,Lewis,ID	Nellie Margaret Gilmore Onthank	---	
SUPPORTING RECORD 2.	Own child's birth certificate	On File State of Idaho #378150	---	child born August 10,1943
	22 years / Kamaih, Idaho	---	---	
SUPPORTING RECORD 3.	Photocopy of Bible Page	Family Record, Edd D. Hancock, Notary Public	2/12/76	document is obviously old
	Sept.28,1920 / ---	Nellie Onthank	William Onthank	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: JAN 12 1976

FORM BH 56067

2-13-76

JAN 1 2 1976

286-109-035-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PERRY GORDON SHOEMAKER		2. Date Of Birth (month) (day) (year): MAY 9 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: NEZ PERCE; b. City or Town of Birth: LAPWAI
FATHER	6. Full Name of Father: CARL BENJAMIN SHOEMAKER		7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: JOSEPHINE MAE PHILLIPS		9. State or Country of Mother's Birth: OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Perry Gordon Shoemaker	11. Present Address of Registrant: 415-11th Clarkston, Wa
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1975	12. Signature of Notary: Jo Anne Vaughn	13. Notary Commission expires: Feb. 15 1978

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 67		By whom issued and signed: Emma Phillips Kerlee	Date issued: Jan.21,76	Date Orig. Entry: ---
	Date of Birth: May 9,1920	Birth Place: Lapwai	Full Name of Mother: Josephine Phillips	Name of Father: Carl B. Shoemaker	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: St. Joseph's Hospital, Lewiston	Date issued: 7/14/75	Date Orig. Entry: 7/9/51
	Date of Birth: 5/9/20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Discharge papers		By whom issued and signed: Army of the United States Lebanon, Tennessee	Date issued: Discharged 11/3/43	Date Orig. Entry: Inducted 2/22/42
	Date of Birth: 21-8/12 yrs at Induction	Birth Place: Lapwai, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 28 1976

FORM BH 56067 1 cp. Pd. Rec #07274 6-13-75

JAN 2 9 1976

993-220-035-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-078

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DONNA ELSIE RICE
2. Date Of Birth (month) (day) (year): APRIL 20 1920
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: NEZ-PERCE
b. City or Town of Birth: PECK

FATHER

6. Full Name of Father: ZACHARIAH RICE
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: GERTRUDE REBECCA JONES
9. State or Country of Mother's Birth: NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna Elsie Rice Lacey
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on January 30 1976

12. Signature of Notary: [illegible]
13. Notary Commission expires: 6/[illegible] 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle Age 82	Sol P. Jones	30 Jan.76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.20,1920 / Peck	Gertrude Rebecca Jones Rice	Zachariah Rice	
SUPPORTING RECORD 2.	Marriage License Application	State of Idaho, Nez Perce	22 Jan 76	11/9/39
	19 years / Peck	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #52-02163	2/4/76	child born 2/27/52
	31 years. / Peck	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	FEB - 4 1976

FORM BH 56067 (Revised) Rev. 11-6-75

1-9-76

FEB 9 1976

643-110-019-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lon Charles Fullmer			2. Date Of Birth (month) (day) (year): November 10, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Leslie
FATHER	6. Full Name of Father: Erastus Curtis Fullmer			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Delores Bruno			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lon C Fullmer	11. Present Address of Registrant: 334-34th St Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 19 76		12. Signature of Notary: Barbara Eckersley	13. Notary Commission expires: June 19, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Clyde Bromwell, President Forn West Stake	Date Issued: Dec.1,1949	Date Orig. Entry: Baptised Dec.1,1949
	Date of Birth: Nov.10,1920	Birth Place: Leslie	Full Name of Mother: Delores Bruno	Name of Father: Erastus Curtis Fullmer
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Mar.24,67	Date Orig. Entry: child born Mar. 21, 1949
	Date of Birth: 28 years.	Birth Place: Leslie	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S.Army, Ft.Douglas, Utah	Date Issued: discharged 22 Oct.46	Date Orig. Entry: Inducted 25 Jan.45
	Date of Birth: 10 Nov.20	Birth Place: Leslie,Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ellis	Evidence reviewed by: md Margaret Davis	Date Filed: FEB 11 1976

FORM BH 56067

FEB 11 1976

866-229-022-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-111

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy ELIZABETH HOOPS
2. Date Of Birth (month) (day) (year): MARCH 29
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: IDAHO FREMONT
b. City or Town of Birth: ST. ANTHONY

FATHER

6. Full Name of Father: CHARLES GARFIELD HOOPS
7. State or Country of Father's Birth: IOWA (WARREN COUNTY)

MOTHER

8. Full Maiden Name of Mother: EVA FLORENCE MILLER
9. State or Country of Mother's Birth: OHIO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Carroll
11. Present Address of Registrant: Box 6 Moody Idaho 83876

NOTARY (Seal)

Subscribed and sworn to before me on: February 11 1976

12. Signature of Notary: Adelaide Perry
13. Notary Commission expires: Life Commission 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Report	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: 1/2/76	Date Orig. Entry: Apr.1,1930
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Eva F. Hoops	Name of Father: Charles G. Hoops
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Deaconess Hospital Spokane, Washington	Date Issued: 12 Aug. 43	Date Orig. Entry: child born 12/Aug/43
	Date of Birth: Mar.29,1920	Birth Place: St. Anthony,	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St.Luke's Memorial Hosp. Spokane, Washington	Date Issued: 11/24/75	Date Orig. Entry: Aug. 11,1955
	Date of Birth: 3/29/20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Yllick.	Margaret Davis	FEB 18 1976

FORM BH 56067

11-19-75

Carroll

FEB 18 1976

693-2157-CVLBD

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONNA M. WILSON		2. Date Of Birth (month) (day) (year): February 15 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, Canyon
			b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: WILLIAM WILSON		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: CORA ELLA WILSON		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna M. Bowen	11. Present Address of Registrant: Route 6, Airport road Nampa, Idaho 83651
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1976	12. Signature of Notary: Dolores G. Jones	13. Notary Commission expires: February 15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth. Age 65	By whom issued and signed: Frank F. Kibler	Date Issued: 13 Jan.70	Date Orig. Entry: ---
	Date of Birth: Feb.15,1950 Birth Place: Nampa, ID.	Full Name of Mother: Cora Ella Evans Wilson	Name of Father: William Wilson	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S.Department of Commerce Bureau of the Census	Date Issued: 4/14/70	Date Orig. Entry: Apr.1,1930
	Date of Birth: 10 years. Birth Place: Idaho	Full Name of Mother: ---	Name of Father: William Wilson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho # 360833	Date Issued: 2/26/765	Date Orig. Entry: child born Oct.3,1942
	Date of Birth: 22 years. Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hlick	Evidence reviewed by: Margaret Davis	Date Filed: FEB 2 6 1976

FORM BH 56067

Encl

FEB 2 6 1976

493-206-035-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Earlene Miller			2. Date Of Birth (month) June (day) 6 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Pierce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Madison Earl Miller			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Myrtle Amelia Brust			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jean E. Reeves	11. Present Address of Registrant: N. 5128 Maple, Spokane, Wa. 99208	
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1976		12. Signature of Notary: Sandra M. Vaughn	13. Notary Commission expires: June 22 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Myrtle Miller	Date Issued: 14 Feb.76	Date Orig. Entry: ---
	Date of Birth: June 6,1920	Birth Place: Lewiston	Full Name of Mother: Myrtle Amelia Brust	Name of Father: Madison Earl Miller	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #50-04628	Date Issued: 2/27/76	Date Orig. Entry: child born 4/21/50
	Date of Birth: 29 years.	Birth Place: Lewiston	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit for Marriage License		By whom issued and signed: State of Washington	Date Issued: 13 Feb.76	Date Orig. Entry: 8/28/46
	Date of Birth: 26 years.	Birth Place: Lewiston, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M Wick	Evidence reviewed by: Margaret Davis	Date Filed: FEB 27 1976

FORM BH 56067

Issued Birth #5142

2-10-76

Received

MAR 1 1976

533-213-006-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-131

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joey B. ~~Murphy~~ Ellis
2. Date Of Birth (month) April (day) 13 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County ~~Bingham~~ Bingham; b. City or Town of Birth: Blackfoot Idaho
6. Full Name of Father: John George Ellis
7. State or Country of Father's Birth: Utah
8. Full Maiden Name of Mother: Blanche B. Jaggers
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Joey B. Murphy
11. Present Address of Registrant: X 35 N. Stout Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 27, 1976
12. Signature of Notary: Grace Williams
13. Notary Commission expires: Jan. 14 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Blanche B. Ellis	Date Issued: 7 Feb.76	Date Orig. Entry: ---
	Date of Birth: Apr.13,1920 / Birth Place: Blackfoot, ID.	Full Name of Mother: Blanche B. Ellis	Name of Father: John George Ellis	
SUPPORTING RECORD 2.	Type of Document: Own child's Birth Certificate	By whom issued and signed: State of Idaho #310338	Date Issued: 3/2/76	Date Orig. Entry: child born 3/4/41
	Date of Birth: 20 years. / Birth Place: Blackfoot, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Metropolitan Life Ins.	Date Issued: 18 May 59,	Date Orig. Entry: 18/May/59
	Date of Birth: Apr.13,1920 / Birth Place: Blackfoot,ID.	Full Name of Mother: Blanche Ellis	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 2 1976

FORM BH 56067

MAR 2 1976

753-208-203-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-140

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Rosa Peterson
2. Date Of Birth (month) (day) (year): Feb. 8 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Thatcher, Idaho Bannock
b. City or Town of Birth: Thatcher, Idaho

FATHER

6. Full Name of Father: Christian Peterson
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Hansine Hansen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Rosa Peterson
11. Present Address of Registrant: Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 24 February 1976
12. Signature of Notary: Venice A. Brown
13. Notary Commission expires: 26 Nov 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	ElRay James Young, Clerk Pocatello 33rd Ward	13 Jan. 76	Blessed 4/4/1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.8,1920 / Thatcher	Hansine Hansen	Christian Peterson	
SUPPORTING RECORD 2.	Certificate of Confirmation and Baptism	Leo N. Anderson, Elder Pocatello 33rd Ward	13 Jan.76	Baptised July 9, 1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.8,1920 / Thatcher	Hansine Hansen	Christian Peterson	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #298588	3/5/76	child born August 3,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	20 years. / Thatcher	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 5 1976

FORM BH 56067

12-22-75

MAR 5 1976

231-131-006-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-144

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Malvern Quick Blackburn
2. Date Of Birth (month) (day) (year): January 31 1920
3. Color or Race: White
4. Sex: m
5. Place of Birth: Home
   a. County: Bingham
   b. City or Town of Birth: Firth, Idaho

FATHER

6. Full Name of Father: Claude Blackburn
7. State or Country of Father's Birth: Taylorsville Utah

MOTHER

8. Full Maiden Name of Mother: Margaret Charlotte Stoddart
9. State or Country of Mother's Birth: Menan, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Malvern Quick Blackburn
11. Present Address of Registrant: Route 6, Box 182 Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 3 19 76

12. Signature of Notary: Donna Carter
13. Notary Commission expires: March 10 19 78

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co	Date Issued: 5/27/57	Date Orig. Entry: 5/27/57
	Date of Birth: 1/31/20 / Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: J. R. Donehoo Clerk of the Court	Date Issued: 6/29/46	Date Orig. Entry: 6/29/46
	Date of Birth: 1/31/20 / Birth Place: Firth, Idaho	Full Name of Mother: Margaret Stoddart Blackburn	Name of Father: Claud Blackburn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Margaret Charlotte Johnston	Date Issued: 3 Mar.76	Date Orig. Entry: ---
	Date of Birth: 1/31/20 / Birth Place: Firth, Idaho	Full Name of Mother: Margaret Charlotte Stoddart Blackburn	Name of Father: Claude Blackburn	

QUALIFYING INFORMATION

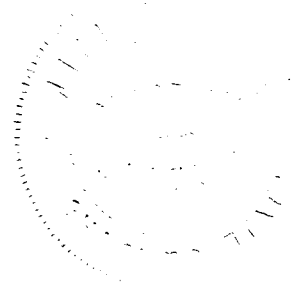
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulrich
Evidence reviewed by: Margaret Davis
Date Filed: MAR 9 1976

FORM BH 56067

MAR 9 1976



DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. DE:76-181

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernestine Willa Popkey			2. Date Of Birth (month) Feb. (day) 13 (year) 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Jerome, Idaho	
FATHER	6. Full Name of Father: William James Popkey			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Edith Louise Mason			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernestine Popkey		11. Present Address of Registrant: #825 State St	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1976	12. Signature of Notary: Dee Ray Olson		13. Notary Commission expires: Dec 14 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 68	By whom issued and signed: Dorothy L. March		Date Issued: 17 Mar. 76	Date Orig. Entry: ---
	Date of Birth: 2/13/1920	Birth Place: Jerome	Full Name of Mother: Edith Louise Popkey	Name of Father: William James Popkey	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #55-12532		Date Issued: 9/3/57	Date Orig. Entry: child born 10/17/55
	Date of Birth: 35 years.	Birth Place: Jerome	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Records	By whom issued and signed: Loyle V. Washam, Supv. Rec. Boise Public Schools		Date Issued: 3/15/76	Date Orig. Entry: 1931
	Date of Birth: 2/13/1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: W.J. Popkey	
QUALIFYING INFORMATION					

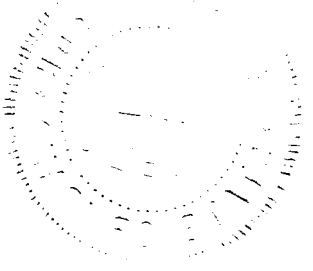
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 25 1976

FORM BH 56067

APR 1 1976



295-207.003-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDA PAULINE KREPS			2. Date Of Birth (month) 12 (day) 7 (year) 1920	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SODA SPRINGS, IDAHO	b. City or Tow: SODA SPRI	BANNOCK
FATHER	6. Full Name of Father: JAMES HARVEY KREPS			7. State or Country o: NEBRASKA	
MOTHER	8. Full Maiden Name of Mother: IDA BELL FORNEY			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ida Pauline Pollard	11. Present Address of Registrant: ROUTE 1: BOX 58 CASHMERE, WA	
NOTARY (Seal)	Subscribed and sworn to before me on FEB. 27, 19 76		12. Signature of Notary: J.M. Keller	13. Notary Commission expires: 5-21-76 19	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Wenatchee Ward, Grand Coulee Stake, LDS Church	Date Issued: 3/30/58	Date Orig. Entry: Baptised Mar.29,1958
	Date of Birth: Dec.7,1920 / Birth Place: Soda Springs	Full Name of Mother: Ida Bell Forney	Name of Father: James Harvey Kreps	
SUPPORTING RECORD 2.	Type of Document: Affidavit for License to Marry	By whom issued and signed: State of Washington	Date Issued: 4 Mar 76	Date Orig. Entry: 23 Aug.40
	Date of Birth: 19 years. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Born 8/13/1901 Affidavit by Brother	By whom issued and signed: Elmer G. Kreps	Date Issued: 29 Mar. 76	Date Orig. Entry: ---
	Date of Birth: Dec.7,1920 / Birth Place: Soda Springs	Full Name of Mother: Ida Bell Forney	Name of Father: James Harvey Kreps	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: APR 6 1976

FORM BH 56067

APR 7 1976

38H01-01X-39

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Edward Charlton			2. Date Of Birth (month) February (day) 1 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Charles Warren Charleton			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nannie Bell Crawford			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George Edward Charlton	11. Present Address of Registrant: 1413 Dogwood No. Las Vegas, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on _____ 1976		12. Signature of Notary: John F. Wall	13. Notary Commission expires: 4-21 1977

OFFICIAL SEAL
JOHN F. WALL
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Comm. Expires April 21, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Nannie B. Kershner	Date Issued: 11 July75	Date Orig. Entry: ---
	Date of Birth: Feb.1,1920	Birth Place: Caldwell, ID.	Full Name of Mother: Nannie Bell Crawford	Name of Father: Charles Warren Charleton	
SUPPORTING RECORD 2.	Type of Document: Job application		By whom issued and signed: U.S. Civil Service Commission	Date Issued: 3/25/76	Date Orig. Entry: 7/30/62
	Date of Birth: 2/1/20	Birth Place: Caldwell, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record of child's birth		By whom issued and signed: Caldwell Memorial Hospital	Date Issued: Aug.1951	Date Orig. Entry: child born Aug. 31,1951
	Date of Birth: Feb.1,1920	Birth Place: Caldwell,Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Florence Curtright	April 16, 1976

FORM BH 56067

242-209-027-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-0259

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Mae Buschhorn			2. Date Of Birth (month) Jan. (day) 9 (year) 1920	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho Jerome	b. City or Town of Birth: Hazelton	
FATHER	6. Full Name of Father: Henry F.F. Buschhorn			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Anna Almira Perkins			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Mae Buschhorn		11. Present Address of Registrant: Hansen, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on April 22 1976	12. Signature of Notary: A. Scott Dansett		13. Notary Commission expires 7-11 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: John R. Ellingford, Clerk Hazelton Ward		Date Issued: 8 Sept. 29	Date Orig. Entry: Baptised 4 Aug. 1929
	Date of Birth: 9 Jan. 1920	Birth Place: Hazelton	Full Name of Mother: Anna Almira Perkins	Name of Father: Henry F. Buschhorn	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Twin Falls County General Hospital		Date Issued: 3/11/40	Date Orig. Entry: child born 3/11/40
	Date of Birth: Jan. 9, 1920	Birth Place: Hazelton	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Age from Marriage Record	By whom issued and signed: Cassia County Recorder		Date Issued: 22 Apr. 76	Date Orig. Entry: 9/22/39
	Date of Birth: 1/9/20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

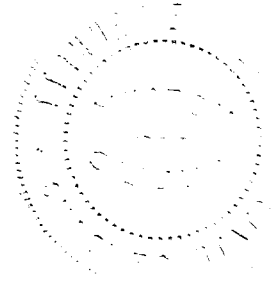
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	APR 30 1976

FORM BH 56067

FILE # CHANGED FROM DE76-260 5/31/12 KMC

MAY 3 1976



293-207-026-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-286

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Billman
2. Date Of Birth: (month) March (day) 7 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth:

FATHER

6. Full Name of Father: Mortimor Billman
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Cora Jane Bate
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen B. Cooper
11. Present Address of Registrant: P.O. Box 6 - Menan, Idaho 83434

NOTARY (Seal)

Subscribed and sworn to before me on: April 30 1976
12. Signature of Notary: Ladeen K. Wolz
13. Notary Commission expires: Nov. 6 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister born 6/12/11	Hazel Jane Clegg	30 Apr. 76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7 Mar. 20 / Garfield	Cora Jane Bate	Mortimer Billman	
SUPPORTING RECORD 2.	Church Transcript	Mark Berrett, Ward Clerk Menan first Ward	4/20/76	3/7/20
	Mar. 7, 1920 / Garfield	Cora Jane Bate Billman	Mortimer Billman	
SUPPORTING RECORD 3.	Marriage Application	State of Utah	5 May 76	6 April 38
	Mar. 7, 1920 / Rigby**	Cora Jane Bate	Mortimer Billman	

QUALIFYING INFORMATION

Rigby is the Post Office for Garfield

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: MAY 13 1976

FORM BH 56067

MAY 1 4 1976

276-21-023-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-318

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Coralie Clare Spoor		2. Date Of Birth (month) 8 (day) 16 (year) 20	
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Emmett, Idaho Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Robert Gideon Spoor		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mabel Clare Rule		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Coralie Clare Spoor	11. Present Address of Registrant: 5711 Dows Prairie Arcata, Calif	
NOTARY (Seal)	Subscribed and sworn to before me on June 7TH 19 76	12. Signature of Notary: Arlene D. de Cardona	13. Notary Commission expires: JULY 21, 19 79	

APPLICANT— DO NOT WRITE BELOW THIS LINE

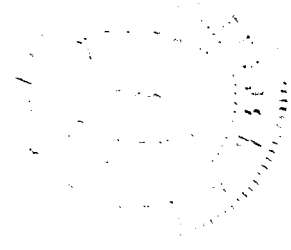
SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 67	By whom issued and signed: Haldeen S. Chapman	Date Issued: Jun.7,1976	Date Orig. Entry: ----
	Date of Birth: Aug.16,1920 / Birth Place: Emmett,Idaho	Full Name of Mother: Mabel Clare Spoor (Rule)	Name of Father: Robert Gideon Spoor	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug.16,1920 / Birth Place: Idaho	Full Name of Mother: Mabyl C. Rule Spoor	Name of Father: Gideon Spoor	
SUPPORTING RECORD 3.	Type of Document: Driver's License	By whom issued and signed: California Dept. of Vehicles	Date Issued: Jul.26,1971	Date Orig. Entry: Jul 26,1971
	Date of Birth: Aug. 16,1920 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet m. Wick	Evidence reviewed by: Florence Curtright	Date Filed: June 8, 1976

FORM BH 56067

6-2-76

JUN 8 1976



294-22-006-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Simpson			2. Date Of Birth (month) (day) (year): August 29, 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jameston Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Charles Francis Simpson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Lavon Cox			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Simpson Jensen		11. Present Address of Registrant: Rte. #2, Box 283, Shelley	
NOTARY (Seal)	Subscribed and sworn to before me on: June 1, 19 76	12. Signature of Notary: Drew O. Christensen		13. Notary Commission expires: May 4, 19 80	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Charles Francis Simpson		Date Issued: 29/12/75	Date Orig. Entry: ---
	Date of Birth: Aug.29,1920	Birth Place: Shelley	Full Name of Mother: Mary Lavon Cox	Name of Father: Charles Francis Simpson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Jameston Ward, Shelly Stake		Date Issued: 9/2/28	Date Orig. Entry: Baptised 9/1/28
	Date of Birth: Aug.29,1920	Birth Place: Jameston*	Full Name of Mother: Mary Cox	Name of Father: Charles Francis Simpson	
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: Shelley High School		Date Issued: 5/25/76	Date Orig. Entry: 1938
	Date of Birth: Aug.29,1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*Jameston is rural Shelley and gets its mail through Shelley

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wicks	Margaret Davis	JUN 10 1976

FORM BH 56067

Jensen

JUN 10 1976

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE: 76-402

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELIZABETH MARTHA RAYNE
2. Date Of Birth (month) (day) (year): APRIL 30 1920
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: CANYON
b. City or Town of Birth: CALDWELL

FATHER

6. Full Name of Father: GEORGE LAMONT RAYNE
7. State or Country of Father's Birth: FT. DODGE, IOWA

MOTHER

8. Full Maiden Name of Mother: EDA KATHRYN MULLIKIN
9. State or Country of Mother's Birth: HUNTING OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth M. Massey
11. Present Address of Registrant: 6140 LUCILY WAY SACRAMENTO CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: 7-26 19 76

12. Signature of Notary: Kathryn L. Phillips
13. Notary Commission expires: NOV 5 1975

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth Certificate	State of Idaho #377168	7/27/76	child born 4/14/42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 years.	Caldwell	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Eda K. Rayne	28 July 76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4/30/20	Caldwell	Eda Kathryn Mullikin	George LaMont Rayne

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Cradle Roll Certificate	Baptist Sunday School Caldwell, Idaho	9/25/20	9/25/20

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4/30/20	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUL 28 1976

FORM BH 56067

9-6

JUL 2 8 1976

545-206-001-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-470

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosabell LaNeal Emery		2. Date Of Birth (month) March (day) 6 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Carson Emery		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Medda Gladys Heater		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Marion Brogovitt	10. Signature of Registrant: Rosabell Vermillion 9/13/76	11. Present Address of Registrant: Rt. 3 Box 4744 La Grande, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: My Commission Expires Aug. 7, 1977 19	12. Signature of Notary: Marion Brogovitt	13. Notary Commission expires: Aug. 7 1977

MARION BROGOVITT
NOTARY PUBLIC OREGON

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State of Oregon	Date issued: Feb. 4, 1968	Date Orig. Entry: December 28, 1938
	Date of Birth: age 18	Birth Place: Meridian, Id	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: school records	By whom issued and signed: State of Washington School district #309 Mason County	Date issued: ---	Date Orig. Entry: Dec. 19, 1927
	Date of Birth: age 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Medda Gladys Vermillion	Date issued: Aug 6, 1979	Date Orig. Entry: Aug. 6, 1976
	Date of Birth: March 6, 1920	Birth Place: Meridian, Idaho	Full Name of Mother: Medda Gladys Heater	Name of Father: Carson Emery
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Sept. 15, 1976

FORM BH 56067 [illegible] #1564

SEP 1976

915-105-036-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De76-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eldon Leon Randol		2. Date Of Birth (month) 4 (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Oliver Wesley Randol		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Clara Randol		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eldon L. Randol	11. Present Address of Registrant: Rte #1 Excelsior Springs Mo.
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1976	12. Signature of Notary: Nancy Valkus	13. Notary Commission expires: MY COMMISSION EXPIRES MAR. 20, 1978 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: discharge papers	By whom issued and signed: US NAVY honoeable discharge N.E. Aubrey, JR. LCDR, USN	Date issued: ---	Date Orig. Entry: Oct. 2, 1951
	Date of Birth: Apr.5,1920	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Bible records	By whom issued and signed: Family	Date issued: --	Date Orig. Entry: obviously very old
	Date of Birth: Apr.5,1920	Birth Place: ---	Full Name of Mother: ---	Name of Father: Oliver Wesley Randol
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 70	By whom issued and signed: Veva L. Ficklin	Date issued: Oct.4,1976	Date Orig. Entry: --
	Date of Birth: Apr.5,1920	Birth Place: Malad, Idaho	Full Name of Mother: Clara Atchison	Name of Father: Oliver Wesley Randol
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Oct. 13, 1976

FORM BH 56067 1cp pl # 20919

OCT 1 4 1976

436205 1014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-550

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Helen Baker McWilliams		2. Date Of Birth (month) April (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caldwell Idaho Canyon; b. City or Town of Birth: Caldwell Idaho
FATHER	6. Full Name of Father: William Henry McWilliams		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Cora Alice Williams		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Helen Baker	11. Present Address of Registrant: 1123 Erickson St. Lake Oswego Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 30 1976	12. Signature of Notary: Irene A. Richardson	13. Notary Commission expires: 2-18 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Alta Hollrich	Date issued: Aug.15,1973	Date Orig. Entry: ---
	Date of Birth: April5,1920 / Birth Place: Caldwell, Idaho	Full Name of Mother: Cora Alice Williams	Name of Father: William Henry McWilliams	
SUPPORTING RECORD 2.	Type of Document: Bible	By whom issued and signed: Cora McWilliams	Date issued: ---	Date Orig. Entry: April 5, 1940
	Date of Birth: Apr. 5,1920 / Birth Place: ---	Full Name of Mother: Cora McWilliams	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: social security application	By whom issued and signed: Treasury Department Internal Revenue Service	Date issued: Oct1,1976	Date Orig. Entry: Jan. 22, 1937
	Date of Birth: Apr.5,1920 / Birth Place: Caldwell, Idaho	Full Name of Mother: Cora Alice Williams	Name of Father: William Henry McWilliams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Oct. 26, 1976

K FORM BH 56067 1CP pd rec# 04845 9-21-66

OCT 2 6 1976

619-221-022-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Ward			2. Date Of Birth (month) May (day) 21 (year) 1920
	3. Color or Race: caucasian	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Newdale
FATHER	6. Full Name of Father: Wilford N. Ward			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Jacobs			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Hammer		11. Present Address of Registrant: 945 E. Spruce Othello, WA 99344
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 19 76	12. Signature of Notary: George R. Huff		13. Notary Commission expires: June 4 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of blessing		By whom issued and signed: LDS Church	Date issued: June7,1920	Date Orig. Entry: June7,1920
	Date of Birth: May21,1950	Birth Place: Newdale, Idaho	Full Name of Mother: Ethel Jacobs	Name of Father: Wilford N. Ward	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date issued: June3,1928	Date Orig. Entry: June 2, 1928
	Date of Birth: May21,1920	Birth Place: Newdale, Idaho	Full Name of Mother: Ethel Jacobs	Name of Father: Wilford N. Ward	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: State of Idaho #51-13410	Date issued: --	Date Orig. Entry: child born Oct.26,1951
	Date of Birth: age 31	Birth Place: Newdale, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

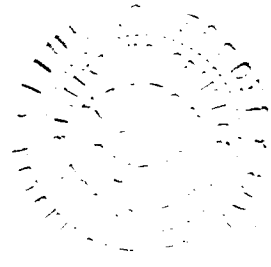
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.28,1976

FORM BH 56067 [illegible] RCC# 04987 9/24/76

Huff - Ward - Hammond



386-165-015-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-0577

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dell Louis Thompson			2. Date Of Birth (month) (day) (year): August 5, 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Grace, Ida.	b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: Clyde Melvin Thompson			7. State or Country of Father's Birth: Utah – U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ellen Irene Maxfield			9. State or Country of Mother's Birth: Utah – U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dell L. Thompson		11. Present Address of Registrant: 617 – 18th Street
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 19 76	12. Signature of Notary: Monte D. Thompson		13. Notary Commission expires: Lifetime 19 —

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of blessing		By whom issued and signed: LDS Church	Date Issued: --	Date Orig. Entry: Nov.7,1920
	Date of Birth: Aug.5,1920	Birth Place: Grace, Idaho	Full Name of Mother: Ellen Maxfield	Name of Father: Clyde Melvin Thompson	
SUPPORTING RECORD 2.	Type of Document: Veterans Administration certificate of Eligibility		By whom issued and signed: United States of America Veterans Administration	Date Issued: Feb.21,1951	Date Orig. Entry: Feb.20,1951
	Date of Birth: Aug.5,1920	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Discharge papers From the US Navy		By whom issued and signed: G.A. Marsh, Lieutenant Commander, USNR	Date Issued: Oct.23,1945	Date Orig. Entry: May5, 1944
	Date of Birth: Aug.5,1920	Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

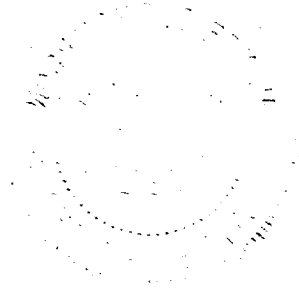
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov.12,1976

FORM BH 56067

FILE # CHANGED FROM DE76-580 5/31/12 KMC

NOV - 2 1976



553-204-010-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-597

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elvata Pearl Nelson
2. Date Of Birth (month) (day) (year): September 4 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Gilbert Hilman Nelson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Jennie Mitchell
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

OFFICIAL SEAL
CLERK LAMBERT
NOTARY PUBLIC-CALIFORNIA
SISKIYOU COUNTY
My Commission Expires Aug. 13, 1976

10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Signature of Registrant: Elvata P. Spearin
11. Present Address of Registrant: 30 Micah St. Dunsmuir Calif.

NOTARY (Seal)

Subscribed and sworn to before me on October 6 19 75
12. Signature of Notary: [illegible]
13. Notary Commission expires: August 13 19 75

5832 Dunsmuir Ave. Dunsmuir, CA. 96025

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Jennie Nelson	Apr.1,1975	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	4/9/20 / Iona	Jennie Mitchell	Gilbert Hilman Nelson	
SUPPORTING RECORD 2.	Census Report	U.S. Dept. of Commerce Bureau of Census	3/28/75	4/1/30
	9 yrs. / Idaho	Jennie Nelson	Gilbert H. Nelson	
SUPPORTING RECORD 3.	Affidavit of Application for Marriage License	State of Nevada #212342	28 Feb.75	13 May 1946
	25 yrs. / ---	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	NOV 19 1976

FORM BH 56067

12-2-76

NOV 1 9 1976

-- 693-20-5040-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File DE76-615

OFFICIAL SEAL
EDWIN I. BECKER
NOTARY PUBLIC - CALIFORNIA
State of California COUNTY OF ALAMEDA
My Commission Expires December 8, 1979

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Elizebeth Fite
2. Date Of Birth (month) (day) (year): May 5 1920
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Mullan

FATHER

6. Full Name of Father: Charles Wallace Fite
7. State or Country of Father's Birth: Charlotte, N. Carolina

MOTHER

8. Full Maiden Name of Mother: Nettie Kingsley
9. State or Country of Mother's Birth: Maramesco, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth E Carnalla
11. Present Address of Registrant: 3122 Ashbrook Ct.

NOTARY

Subscribed and sworn to before me on: Oct. 7 1976

12. Signature of Notary: Edwin I. Becker

13. Notary Commission expires: 12/8 1979

OFFICIAL SEAL EDWIN I. BECKER NOTARY PUBLIC - CALIFORNIA COUNTY OF ALAMEDA My Commission Expires December 8, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of registry of marriage	State of California	Sep.10,1976	Apr.21,1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May5,1920	Idaho	Nettie	C. W. Fite

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	State of Washington	July26,1976	child born Nov.10,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 34	Idaho	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by sister age 65	Ann Margaret Fite Erickson	Nov.19,1976	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May5,1920	Mullan, Idaho	Nettie Kingsley	Charles Wallace Fite

QUALIFYING INFORMATION

school records show birth place as Mullan, Idaho and father as Charles Fite.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook lc	Nov.29, 1976

FORM BH 56067

NOV 3 0 1976

142-104-028-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph June Austin			2. Date Of Birth (month) June (day) 4, (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lake Creek, Idaho (Kootenai)	b. City or Town of Birth: Lake Creek, Idaho
FATHER	6. Full Name of Father: Ross Everett Austin			7. State or Country of Father's Birth: Tennessee – USA
MOTHER	8. Full Maiden Name of Mother: Maude Lounsbury Austin			9. State or Country of Mother's Birth: Michigan – USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph J. Austin		11. Present Address of Registrant: Route #2 – Box 135, Orofino, Idaho 83544
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1970	12. Signature of Notary: Dorothy Hunter		13. Notary Commission expires: December 1 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Eva Stull, Co. Supt. of Schools, Walla Walla, WA-College Place Dist. 31		Date Issued: Apr. 25, 1967	Date Orig. Entry: May 1, 1930
	Date of Birth: June 4, 1920	Birth Place: ---	Full Name of Mother: Mrs. Ross Austin	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Maude Lounsbury Austin		Date Issued: Feb. 13, 1969	Date Orig. Entry: ---
	Date of Birth: June 4, 1920	Birth Place: Lake Creek, Idaho	Full Name of Mother: Maude Lounsbury Austin	Name of Father: Ross Everett Austin	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho		Date Issued: Mar. 7, 1969	Date Orig. Entry: child born Dec. 8, 1960
	Date of Birth: age 40	Birth Place: Lake Creek, Id.	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

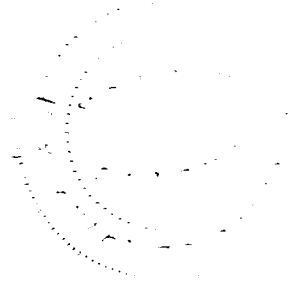
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
'Janet M. Wick	gm1 Linda Cook	Nov. 30, 1976

FORM BH 56067 ICP 77-07249

DEC 1 1976



293-22-010-519

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-007

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verna Killian
2. Date Of Birth: (month) Sept. (day) 21 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Poplar

FATHER

6. Full Name of Father: James Charles Killian
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Myrtle Almeda Vail
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna Killian Lee
11. Present Address of Registrant: Creston, Washington

NOTARY (Seal)

Subscribed and sworn to before me on December 1, 19 76

12. Signature of Notary: Harriet Haydon
13. Notary Commission expires: May 1, 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	on file-Idaho-#374798	---	Child born May22,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Poplar	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record	Superintendent, Public Instr. Olympia, Washington	Sep.13,1961	Sep.13,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1920	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 81	Myrtle Elmeda Vail Killian	Dec.30,1976	Dec.30,1976

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1920	Poplar, Idaho	Myrtle Elmeda Vail Killian	James Charles Killian

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JAN 11 1977

FORM BH 56067

JAN 12 1977

769-212-040-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Ellen Gordon		2. Date Of Birth (month) 8 (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone County; b. City or Town of Birth: Wardner ~~Kellogg~~, Idaho
FATHER	6. Full Name of Father: George Gordon		7. State or Country of Father's Birth: County Down, Ireland
MOTHER	8. Full Maiden Name of Mother: Catherine Ann Maguire		9. State or Country of Mother's Birth: County Down, Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose E. ~~Gordon~~ McCann	11. Present Address of Registrant: E.125 Everett Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 16 1977	12. Signature of Notary: Ellen S. Hagen	13. Notary Commission expires: 11-10 1979

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal certificate	By whom issued and signed: Roman Catholic Church	Date issued: Jan.24,1967	Date Orig. Entry: baptized Sep.12,1920
	Date of Birth: Aug.12,1920 / Birth Place: Wardner, Idaho	Full Name of Mother: Catherine McGuire	Name of Father: George Gordon	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #269186 MI	By whom issued and signed: Metropolitan Life Ins. Co. New York, New York	Date issued: July1,1937	Date Orig. Entry: July1,1937
	Date of Birth: Age: 17 next birthday / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Child's hospital birth certificate	By whom issued and signed: Wardner Hospital, Kellogg, Idaho	Date issued: ---	Date Orig. Entry: child born Feb.16,1944
	Date of Birth: Aug.12,1920 / Birth Place: Wardner, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 23 1977

FORM BH 56067

1 CC PO #13094

10-21-66

FEB 2 3 1977

955-207-001-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Pauline Reed		2. Date Of Birth: (month) November (day) 7 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kuna, Idaho Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: George Marion Reed		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Lizzie C. Carey		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma P. Cottle	11. Present Address of Registrant: 5435 South BLackcat Road Meridian, Idaho 83642	
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 19 77	12. Signature of Notary: Albert H. Vaughn	13. Notary Commission expires: Oct. 15 19 78	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate		By whom issued and signed: Idaho S.F.#319413	Date Issued: Dec.28,1976	Date Orig. Entry: child born Aug.5,1941
	Date of Birth: Age: 20	Birth Place: Kuna, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: High School record		By whom issued and signed: Kuna High School, Kuna, ID	Date Issued: Jan.19,1977	Date Orig. Entry: Sep.2,1935
	Date of Birth: Nov.7,1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 69		By whom issued and signed: Alice Colson	Date Issued: Feb.14,1977	Date Orig. Entry: Feb.14,1977
	Date of Birth: Nov.7,1920	Birth Place: Kuna, Idaho	Full Name of Mother: Lizzie Carey	Name of Father: George Marion Reed	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Jean M. Wicks	Evidence reviewed by: cc Colleen Cunningham	Date Filed: MAR 9 3 1977

FORM BH 56067

1-4-77

MAR 4 1977

795121-035-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louie (Luigi) Greco			2. Date Of Birth (month) MARCH (day) 21 (year) 1920
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: Lewiston - Idaho
FATHER	6. Full Name of Father: Joseph Greco			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: MARY (MARIA) PECORA GRECO			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louie Greco		11. Present Address of Registrant: 705 Park Ave Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26 January 1977	12. Signature of Notary: Dralyn M. Vance		13. Notary Commission expires: July 15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 66		By whom issued and signed: Teresa Raspone	Date Issued: Feb.24,1977	Date Orig. Entry: Feb.24,1977
	Date of Birth: Mar.21,1920	Birth Place: Lewiston, Idaho	Full Name of Mother: Mary Pecora Greco	Name of Father: Joseph Greco	
SUPPORTING RECORD 2.	Type of Document: Marriage license application/affidavit		By whom issued and signed: Nez Perce County, Idaho	Date Issued: Dec.2,1976	Date Orig. Entry: Jan.14,1947
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Military discharge papers		By whom issued and signed: U.S. Army	Date Issued: Dec.20,1945	Date Orig. Entry: inducted July25,1942
	Date of Birth: Mar.21,1920	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

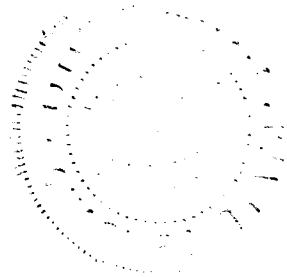
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Colleen Cunningham	Date Filed: MAR 08 1977

FORM BH 56067

cpy. Dd.# 06949

11/30/76

MAR 22 1977



493-201-003 · 493

BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Miller			2. Date of Birth (month) August (day) 1 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace	
FATHER	6. Full Name of Father: Angus Boyd Miller			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Inez Mickelson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Trigg		11. Present Address of Registrant: Rt. #1 Fruitland, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 19 72	12. Signature of Notary: Mary M. Staples		13. Notary Commission expires: 8-15 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho #46-12012		Date Issued: ----	Date Orig. Entry: child born Sept.21,1946
	Date of Birth: Age 26	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Union Life. Ins. Co.		Date Issued: Nov. 1957	Date Orig. Entry: Oct. 10,1957
	Date of Birth: Aug.1,1920	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 84	By whom issued and signed: F. G. Miller		Date Issued: Mar.7,1977	Date Orig. Entry: Mar.7,1977
	Date of Birth: Aug.1,1920	Birth Place: Grace, Idaho	Full Name of Mother: Mary Inez Mickelson	Name of Father: Angus B. Miller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Colleen Cunningham	MAR 15 1977

FORM BH 56067

MAR 1 6 1977

JUN 1 2 2003

619-230-042-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Ruth Ward			2. Date Of Birth (month) June (day) 30 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: George James Ward			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lennie Durfee			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva Ruth Ward	11. Present Address of Registrant: 928 Morningside Dr. Twin Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on March 12 1977		12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date Issued: Dec.29,1976	Date Orig. Entry: Aug.1,1920
	Date of Birth: June30,1920	Birth Place: Twin Falls, ID	Full Name of Mother: Lennie Durfee	Name of Father: George J. Ward	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: Idaho S.F.#48-14838	Date Issued: Jan.19,1977	Date Orig. Entry: child born Dec.19,1948
	Date of Birth: Age: 28	Birth Place: Twin Falls	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 67		By whom issued and signed: Leone Ward Anderson	Date Issued: Mar.12,1977	Date Orig. Entry: Mar.12,1977
	Date of Birth: June30,1920	Birth Place: Twin Falls	Full Name of Mother: Lennie Durfee	Name of Father: George James Ward	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 18 1977

FORM BH 56067

3-9-73

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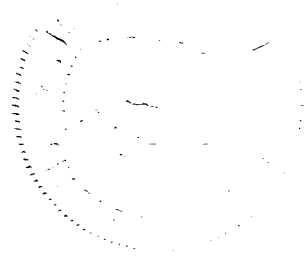
MAR 2 1 1977



914-231-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Ramsay		2. Date of Birth (month) July (day) 31 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Lester Esli Ramsay		7. State or Country of Father's Birth: New Mexico
MOTHER	8. Full Maiden Name of Mother: Lillian Elizabeth Johnston		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Ramsay Farnsworth	11. Present Address of Registrant: 281 Aztec, Henderson, Nev.
NOTARY (Seal) on back	Subscribed and sworn to before me on: March 11 1977	12. Signature of Notary: See back	13. Notary Commission expires: June 12 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 80	By whom issued and signed: Lillian Elizabeth Ramsay	Date Issued: Mar.11,1977	Date Orig. Entry: Mar.11,1977
	Date of Birth: July31,1920 / Birth Place: Ashton, Idaho	Full Name of Mother: Lillian Elizabeth Johnston	Name of Father: Lester Esli Ramsay	
SUPPORTING RECORD 2.	Type of Document: Marriage license	By whom issued and signed: Payette county, Idaho	Date Issued: Mar.21,1977	Date Orig. Entry: May29,1948
	Date of Birth: Age: 27 / Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Holy Rosary Hospital Own child's hospital certificate	By whom issued and signed: Holy Rosary Hospital Ontario, Oregon	Date Issued: Mar.21,1977	Date Orig. Entry: child born May11,1949
	Date of Birth: July31,1920 / Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

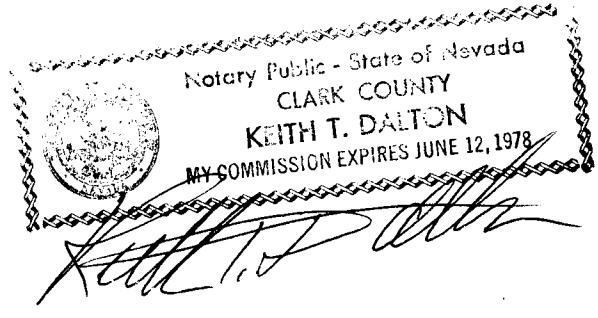
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 24 1977

FORM BH 56067

MAR 3 5 1977


Notary Public - State of Nevada
CLARK COUNTY
KEITH T. DALTON
MY COMMISSION EXPIRES JUNE 12, 1978

369-101-003-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-219

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CORNIA, DAVID PARLEY
2. Date Of Birth (month) (day) (year): MAY 1, 1920
3. Color or Race: CAUC
4. Sex: M
5. Place of Birth a. County: IDAHO, BANNOCK
b. City or Town of Birth: IVINS

FATHER

6. Full Name of Father: ENOCH VIRGIL CORNIA
7. State or Country of Father's Birth: WOODRUFF, UTAH

MOTHER

8. Full Maiden Name of Mother: EDNA JANE WELCH
9. State or Country of Mother's Birth: LOGAN, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David Cornia
11. Present Address of Registrant: 22572 CHARWOOD CR. EL TORO, CA.

NOTARY (Seal)

Subscribed and sworn to before me on: 02 MAY 1977

12. Signature of Notary: Judith A. Rigby
13. Notary Commission expires: 17 NOV. 1977

OFFICIAL SEAL JUDITH A. RIGBY NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Commission Expires Nov 17, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	LDS Church, Logan, Utah	Feb.23,1941	child born May1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May1,1920 / Ivins, Idaho	Edna Jane Welch	Enoch Virgil Cornia	
SUPPORTING RECORD 2.	Affidavit by mother	Edna Welch Cornia	Feb.10,1977	Feb.10,1977
	May1,1920 / Ivins, Idaho	Edna Welch Cornia	------	
SUPPORTING RECORD 3.	Military discharge	U.S. Armed Services	Nov.13,1942	inducted May4,1942
	Age: 22 / Ivins, Idaho	------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 06 1977

FORM BH 56067

MAY 6 1977

666-209-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Bernice Woodworth			2. Date Of Birth (month) May (day) 9 (year) 1920	
	3. Color or Race: Caucasian	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Harold Gordon Woodworth			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Laura Anna Christensen			State or Country of Mother's Birth: Idaho Falls, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frances Bernice Hatfield	11. Present Address of Registrant: 216 East Morgan, Rialto, Calif. 92376	
NOTARY (Seal) attached	Subscribed and sworn to before me on: Dec. 15 19 76		12. Signature of Notary: William Kenneth Kopp	13. Notary Commission expires: May 2 19 79	

OFFICIAL SEAL
WILLIAM K. KOPP
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My Commission Expires MAY 2, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 83		By whom Issued and Signed: Peter J. Christensen	Date Issued: Nov.29,1976	Date Orig. Entry: Nov.29,1976
	Date of Birth: May9,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Laura Anna Christensen	Name of Father: Harold Gordon Woodworth	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom Issued and Signed: on file Idaho #48-14506	Date Issued: on file	Date Orig. Entry: child born Dec.14,1948
	Date of Birth: Age: 28	Birth Place: Idaho Falls,	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Contract for Purchase of Cemetary Plot		By whom Issued and Signed: Green Acres Memorial Gardens Fontana, CA	Date Issued: June13,1977	Date Orig. Entry: Jan.10,1968
	Date of Birth: May9,1920	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Weick	cc Colleen Cunningham	JUN 13 1977

FORM BH 50067

TO 447 C

(Individual)

TI

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF San Bernardino } SS.

On Dec. 15, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared Frances Bernice Hatfield,

_____,

_____,

_____, known to me

to be the person _____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature William Kenneth Kopp

William Kenneth Kopp

Name (Typed or Printed)

OFFICIAL SEAL
WILLIAM K. KOPP
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My comm. expires MAY 2, 1979

(This area for official notarial seal)

JUN 1 3 1977

168-203-010-25T

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aaltje Marr Johannessen		2. Date Of Birth (month) (day) (year): April 3, 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho, Falls Bonneville Idaho	b. City or Town of Birth: Idaho Falls Idaho
FATHER	6. Full Name of Father: George Henry Johannessen		7. State or Country of Father's Birth: Logan, Utah U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Edith Arvilla Beardsley		9. State or Country of Mother's Birth: Tomah Wisconsin U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aaltje Marr Johannessen (Ellis)	11. Present Address of Registrant: 833 Havana Aurora Colo 80010	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1977	12. Signature of Notary: Donna J Reppo	13. Notary Commission expires: Sept. 2 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy United States passport	By whom issued and signed: U.S. Government	Date Issued: Jan12,1977	Date Orig. Entry: Nov.8,1954
	Date of Birth: Apr.3,1920	Birth Place: Idaho Falls	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Military discharge papers	By whom issued and signed: U.S. Army	Date Issued: Mar.22,1946	Date Orig. Entry: entered service Aug.12,1943
	Date of Birth: Apr.3,1920	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Application for SS#518149827	By whom issued and signed: Treasury Dept., IRS	Date Issued: June21,1977	Date Orig. Entry: July12,1938
	Date of Birth: Apr.3,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Edith Arvilla Beardsley	Name of Father: George Henry Johannessen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JUN 28 1977

FORM BH 56067

12-21-76

JUN 29 1977

415-213-043-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BONITA MERYL DAVIS			2. Date Of Birth (month) (day) (year): 12 - 13 - 1920
	3. Color or Race: CAUC-	4. Sex: F	5. Place of Birth a. County: DONNELLY VALLEY	b. City or Town of Birth: DONNELLY
FATHER	6. Full Name of Father: OSCAR DELL DAVIS			7. State or Country of Father's Birth: IDAHO - VALLEY Co.
MOTHER	8. Full Maiden Name of Mother: DOVIE CAROL SANFORD			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bonita M. Swift		11. Present Address of Registrant: BOX 486 RIGGINS, IDA.
NOTARY (Seal)	Subscribed and sworn to before me on: 24 August 1977	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife	By whom issued and signed: Mary Willey	Date Issued: Aug.19,1977	Date Orig. Entry: Aug.19,1977
	Date of Birth: Dec.13,1920 / Birth Place: near Donnelly,ID	Full Name of Mother: Dovie Carol Sanford	Name of Father: Oscar Dell Davis	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #51-12251	Date Issued: Sep.10,1975	Date Orig. Entry: child born Sep.23,1951
	Date of Birth: Age: 30 / Birth Place: Donnelly	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Family bible page	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Sept.23,1951
	Date of Birth: Dec.13,1920 / Birth Place: -------	Full Name of Mother: Dovie Carol Sanford Davis	Name of Father: Oscar Dell Davis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 24 1977

FORM BH 56067 10 Rd. Rec # 15637

8-25-77

AUG 24 1977

113-129-010-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Agustus JACOBSON			2. Date Of Birth (month) (day) (year): February 29, 1920
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls, Bonneville, Idaho
FATHER	6. Full Name of Father: Gustus JACOBSON			7. State or Country of Father's Birth: Hyrum, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane OAKDEN			9. State or Country of Mother's Birth: Menan, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Agustus Jacobson		11. Present Address of Registrant: Box 68 Swan Valley, Idaho 83449
NOTARY (Seal)	Subscribed and sworn to before me on: 8 September 1977	12. Signature of Notary: Zora Miller		13. Notary Commission expires: 1 March 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge		By whom issued and signed: U.S. Armed Services	Date issued: Sep9,1945	Date Orig. Entry: enlisted Jan.3,1942
	Date of Birth: Feb.29,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination		By whom issued and signed: LDS Church	Date issued: Sep.7,1977	Date Orig. Entry: ordained Sep.12,1937
	Date of Birth: Feb.29,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Elizabeth Oakden	Name of Father: Gustus Jacobson	
SUPPORTING RECORD 3.	Type of Document: Marriage license and certificate		By whom issued and signed: State of California	Date issued: Sep.7,1977	Date Orig. Entry: Jan.3,1946
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 08 1977

FORM BH 56067 1CC #5310 9-2-77

Jacobson

SEP 9 1977

795-211-010-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-463

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara Ann Pierce
2. Date of Birth: (month) 4 (day) 11 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: William Henry Pierce
7. State or Country of Father's Birth: Lucas Co. Iowa

MOTHER

8. Full Maiden Name of Mother: Ida Percilla Hathaway
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara Ann Steele
11. Present Address of Registrant: 7775 Lilac Way 95014 Cupertino, Calif 94087

NOTARY (Seal)

Subscribed and sworn to before me on 9-8 1977

OFFICIAL SEAL
JAMES E. MCDONALD
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN SANTA CLARA COUNTY
My Commission Expires April 22, 1980

12. Signature of Notary: James E McDonald
13. Notary Commission expires: 4-22 1980

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate Baptism	LDS Church	June28,1966	baptized Oct.7,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.11,1920 / Idaho Falls, ID	Percella Hathaway	Wm. H. Pierce	
SUPPORTING RECORD 2.	Own child's birth certificate	California	Aug.18,1964	child born Mar.3,1944
	Age: 23 / Idaho	---------	--------	
SUPPORTING RECORD 3.	Affidavit by sister, age 81	Elizabeth Havens	Oct.4,1977	Oct.4,1977
	Apr.11,1920 / Idaho Falls, ID	Ida Percilla Pierce	William Henry Pierce	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 14 1977

FORM BH 56067

ICC#8775

5-20-66

OCT 17 1977

491-130-010-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-465

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES THOMAS DRAKE
2. Date of Birth (month) (day) (year): SEPT 30 1920
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: BONNEVILLE
b. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: DEWITT TALMAGE DRAKE
7. State or Country of Father's Birth: Goodletsville, TENN.

MOTHER

8. Full Maiden Name of Mother: MYRTLE LEVONE BOREN
9. State or Country of Mother's Birth: WALLSBURG, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Thomas Drake
11. Present Address of Registrant: RT 1 HOTCHKISS, Colorado

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 6 1977
12. Signature of Notary: Hazel Stanom
13. Notary Commission expires: Jan 29 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism and conf. LDS Church		Aug.28,1977	baptized Aug.25,1929
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Sep.30,1920 / Idaho Falls, ID	Myrtle Boren	DeWitt Talmage Drake	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School census report, 1935	Roy Faries, Delta County, Colorado	Oct.5,1977	May6,1935
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Sep.30,1920 / Idaho	---------	D. T. Drake	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by uncle, age 74	Suel Boren	Sep.21,1977	Sep.21,1977
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Sep.30,1920 / Idaho Falls, ID	Myrtle Levone Boren Drake	DeWitt Talmage Drake	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: OCT 21 1977

FORM BH 56067

OCT 24 1977

Dunk

795-210-010-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-482

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aza Prestwich		2. Date Of Birth (month) (day) (year): January 10, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Clarence Prestwich		7. State or Country of Father's Birth: Lehi, Utah
MOTHER	8. Full Maiden Name of Mother: Abigail Steele		9. State or Country of Mother's Birth: Panguitch, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aza P. Fears	11. Present Address of Registrant: Rt 2 Box 742 Marianna Fla. 32446
NOTARY (Seal)	Subscribed and sworn to before me on: October 24, 1977	12. Signature of Notary: RAYMOND R. BRUNER, Clerk Circuit Court Jackson County, Florida By Connie S. McCord Dep.	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: June5,1928	Date Orig. Entry: baptized June2,1928
	Date of Birth: Jan.10,1920	Birth Place: Lincoln, Idaho	Full Name of Mother: Abigail Steele	Name of Father: Clarence Prestwich	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, born;1902		By whom issued and signed: Fay S. Prows	Date Issued: Oct.18,1977	Date Orig. Entry: Oct.18,1977
	Date of Birth: Jan.10,1920	Birth Place: Lincoln, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Hospital admission card		By whom issued and signed: Jackson Hosp.,Marianna,FL	Date Issued: Oct.3,1977	Date Orig. Entry: Feb.15,1957
	Date of Birth: Jan.10,1920	Birth Place: ------	Full Name of Mother: ---------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 28 1977

FORM BH 56067 1 cp Pd Receipt #14968 11-18-77

OCT 31 1977

753-226-003-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE PETTY		2. Date Of Birth (month) JUNE (day) 26 (year) 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Swan Lake; a. County: Bannock; b. City or Town of Birth: Swan Lake
FATHER	6. Full Name of Father: LEWIS JAMES PETTY, JR.		7. State or Country of Father's Birth: CACHE COUNTY, UTAH
MOTHER	8. Full Maiden Name of Mother: EDITH CHELLA HOWELL		9. State or Country of Mother's Birth: ONEIDA COUNTY, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Petty Condie	11. Present Address of Registrant: Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 16, 1977	12. Signature of Notary: Grace Williams	13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license application		By whom issued and signed: Cache County, Utah	Date issued: Nov.17,1977	Date Orig. Entry: Oct.28,1942
	Date of Birth: June26,1920	Birth Place: Swan Lake, Idaho	Full Name of Mother: Edith Chella Howell	Name of Father: Lewis James Petty	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother, born; 6/23/10		By whom issued and signed: Cluff Howell Petty	Date issued: Nov.10,1977	Date Orig. Entry: Nov.10,1977
	Date of Birth: June26,1920	Birth Place: Swan Lake, Idaho	Full Name of Mother: Edith Chella Howell	Name of Father: Lewis James Petty, Jr.	
SUPPORTING RECORD 3.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date issued: Aug.19,1974	Date Orig. Entry: Aug.1,1920
	Date of Birth: June26,1920	Birth Place: Swan Lake, Idaho	Full Name of Mother: Edith Chella Howell	Name of Father: Lewis J. Petty, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 18 1977

FORM BH 56067 ICC # 10347 11

NOV 21 1977

493-127-015-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-517

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HOWARD Edwin MILLER
2. Date Of Birth (month) JAN (day) 27 (year) 1920
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: CARIBOU; b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: FRANK DAVID MILLER
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: MARY JANE BEWS
9. State or Country of Mother's Birth: CALIF.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard Edwin Miller
11. Present Address of Registrant: 1895 Chambers St.

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1977
12. Signature of Notary: [illegible]
13. Notary Commission expires: Feb. 14 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's Hospital birth certificate	Walker Clinic, Eugene, Oregon	Oct.11,1943	child born Oct.11,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.27,1920 / Soda Springs	----	----	
SUPPORTING RECORD 2.	Military discharge papers	US Navy	Oct.2,1945	enlisted Nov.7,1942
	Jan.27,1920 / Soda Springs	----	----	
SUPPORTING RECORD 3.	Affidavit by uncle, age 80	Harold H. Miller, Sr.	Nov.17,1977	Nov.17,1977
	Jan.27,1920 / Soda Springs, ID	Mary Jane Bews	Frank David Miller	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: NOV 23 1977

FORM BH 56067

NOV 25 1977

653.224-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Estella Welker			2. Date Of Birth: (month) April (day) 24 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Idaho a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Roy Welker			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Elsie Ada Gardner			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace E Barstad		11. Present Address of Registrant: E4014-3rd ave, Spokane, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 26 1977	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19 99202	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from hospital	By whom issued and signed: St. Joseph's Hosp., Lewiston	Date Issued: Aug. 22, 1974	Date Orig. Entry: child born Apr. 24, 1920	
	Date of Birth: Apr. 24, 1920	Birth Place: Lewiston, Idaho	Full Name of Mother: Elsie Welker	Name of Father: Roy Welker	
SUPPORTING RECORD 2.	Type of Document: Hospital statement of own child's birth	By whom issued and signed: Idaho St. Joseph's Hospital, Lewiston	Date Issued: Aug. 22, 1974	Date Orig. Entry: child born June 17, 1942	
	Date of Birth: Age: 22	Birth Place: ------	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 74	By whom issued and signed: Viola Maude Curtis	Date Issued: Nov. 17, 1977	Date Orig. Entry: Nov. 17, 1977	
	Date of Birth: Apr. 24, 1920	Birth Place: Lewiston, Idaho	Full Name of Mother: Elsie Ada Gardner	Name of Father: Roy Welker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	NOV 30 1977

FORM BH 56067

Acc # 7481

DEC 1 1977

294-217-029-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-537

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDNA LAURA KIMBLEY
2. Date Of Birth (month) (day) (year): APRIL 17 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: LATAH; b. City or Town of Birth: SOUTHWICK

FATHER

6. Full Name of Father: ISAAC TALBERT KIMBLEY
7. State or Country of Father's Birth: REDFIELD KANSAS

MOTHER

8. Full Maiden Name of Mother: ANNA MARIE DORENDORF
9. State or Country of Mother's Birth: FAIRMONT MINNESOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Kimbley Magee
11. Present Address of Registrant: 1314 ALDER AVE LEWISTON IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: November 14 1977
12. Signature of Notary: Janet E. Wagner
13. Notary Commission expires: 12-6 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor, age 81	Frances Fry	July17,1974	July17,1974

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.17,1920	-------	Anna Marie Dorendorf	Isaac Talbert Kimbley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record, LATAH County	Crescent School Dist. #58	Nov.18,1977	Sep.8,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10	-----	Anna Kimbley	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #368702	on file	child born Feb.24,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Southwick, Idaho	------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: DEC 07 1977

FORM BH 56067

DEC 8 1977

155-201-033-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-539

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Madge Louise Jenkins
2. Date Of Birth (month) 8 (day) 1 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Madison
b. City or Town of Birth: Thornton

FATHER

6. Full Name of Father: Charles Evan Jenkins
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Emma Neolia Anderson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Madge J. Nelson
11. Present Address of Registrant: P.O.Box 5285 Jacksonville, N. C.

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 7 1977
12. Signature of Notary: Linda R. Whaley
13. Notary Commission expires: May 24 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	North Carolina Board of Health	Sep.7,1946	child born Aug.11,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Thornton, ID	--------	------	
SUPPORTING RECORD 2.	Type of Document: certified copy Family record	By whom issued and signed: Family record book	Date Issued: Nov.21,1977	Date Orig. Entry: 1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1920 / -------	Emma N. Anderson	Charles E. Jenkins	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Reserve Life Ins. Co. Dallas,TX	Date Issued: Dec.5,1977	Date Orig. Entry: Apr.3,1969
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.1,1920 / Idaho	------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	DEC 09 1977

FORM BH 56067

Nelson

DEC 12 1977

335-109-010-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLEVERLY, DONALD HENRY	2. Date of Birth (month) 8 (day) 9 (year) 1920
	3. Color or Race: WHITE; 4. Sex: M; 5. Place of Birth a. County: SHELTON BONN.	b. City or Town of Birth: SHELTON, IDAHO
FATHER	6. Full Name of Father: CLEVERLY, JOHN DANIEL	7. State or Country of Father's Birth: SALT LAKE CITY, UTAH
MOTHER	8. Full Maiden Name of Mother: PAGE, MAHALIA	9. State or Country of Mother's Birth: BOUNTIFUL, DAVIS, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Henry Cleverley; 11. Present Address of Registrant: 1785 Whispering Pine Drive, Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 3- 1977	12. Signature of Notary: Wallace Hoffman; 13. Notary Commission expires: 8-18- 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho 57-4200	Date issued: on file	Date Orig. Entry: child born Apr.23,1957
	Date of Birth: Age: 36	Birth Place: Shelton, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Church record of membership		By whom issued and signed: LDS Church	Date issued: Sep.2,1942	Date Orig. Entry: Feb.6,1921
	Date of Birth: Aug.9,1920	Birth Place: Shelton, Idaho	Full Name of Mother: Mahalia Page	Name of Father: John D. Cleverly	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date issued: Aug.29,1928	Date Orig. Entry: baptized Aug.12,1928
	Date of Birth: Aug.9,1920	Birth Place: Shelton, Idaho	Full Name of Mother: Mahalia Page	Name of Father: John D. Cleverley	
QUALIFYING INFORMATION					

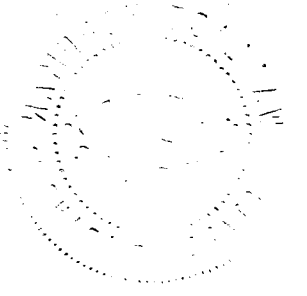
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 14 1977

FORM BH 56067 1 CPY. [illegible] 7261

DEC 15 1977



312-224-042-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY CABRERA		2. Date Of Birth (month) (day) (year): JUNE 24 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: TWIN FALLS, IDAHO
FATHER	6. Full Name of Father: YNOCENSIO CABRERA		7. State or Country of Father's Birth: MEXICO
MOTHER	8. Full Maiden Name of Mother: JULIA GARCIA		9. State or Country of Mother's Birth: MEXICO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary C Cabrera	11. Present Address of Registrant: 1080 CALIFORNIA AV
NOTARY (Seal)	Subscribed and sworn to before me on: December 19, 1977	12. Signature of Notary: Julia A Seaver	13. Notary Commission expires: Sept. 1, 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Aug.22,1974	Date Orig. Entry: child born Aug.27,1943
	Date of Birth: Age: 23	Birth Place: Twin Falls, ID	Full Name of Mother: ---------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Julia Cabrera	Date Issued: Dec.15,1977	Date Orig. Entry: Dec.15,1977
	Date of Birth: June24,1920	Birth Place: Twin Falls, ID	Full Name of Mother: Julia Garcia Cabrera	Name of Father: Ynocensio J. Cabrera
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: Board of Education Salt Lake City, Utah	Date Issued: Dec.20,1977	Date Orig. Entry: Sep.22,1937
	Date of Birth: June24,1920	Birth Place: ------	Full Name of Mother: Julia	Name of Father: John Cabrera
QUALIFYING INFORMATION				

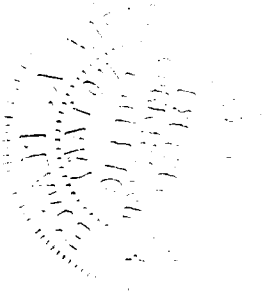
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 22 1977

FORM BH 56067

DEC 22 1977



814-229-010-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:78-044

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annie Laura Hammon
2. Date Of Birth (month) (day) (year): September 29 1920
3. Color or Race: Cauc
4. Sex: Female
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: OZONE

FATHER

6. Full Name of Father: Daniel Rasmus Hammon
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Waters
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daniel L. Cummings
11. Present Address of Registrant: 9537 N. Blvd.

NOTARY (Seal) 10-20-81

Subscribed and sworn to before me on January 25 1978

12. Signature of Notary: John C Andersen
13. Notary Commission expires: 10-20- 1981

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Osgood Ward, Alma Williams Elder	Date Issued: 17 Dec.33	Date Orig. Entry: Baptised 17 Dec.33	
	Date of Birth: 29 Sept 20	Birth Place: Ozone, Idaho	Full Name of ~~Mother~~ Father: Daniel R. Hammon	Name of ~~Father~~ Mother: Sarah Ann Waters	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Ozone Ward Bingham Stake	Date Issued: 1/2/21	Date Orig. Entry: 1/2/21 Blessed	
	Date of Birth: Sept. 29, 1920	Birth Place: Ozone, ID.	Full Name of Mother: Sarah Ann Waters	Name of Father: Daniel R. Hammon	
SUPPORTING RECORD 3.	Type of Document: Own Child's birth Certificate	By whom issued and signed: State of Idaho #290381	Date Issued: 1/31/78	Date Orig. Entry: Child born 2/2/40	
	Date of Birth: 19 yrs.	Birth Place: Ozone, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal) 10-20-81

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

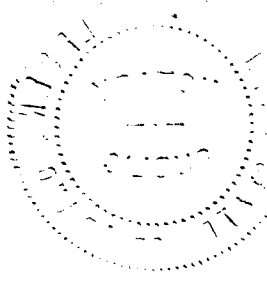
State Registrar	Evidence reviewed by	Date Filed
Grant M. Ulrich	Margaret D. Davis	JAN 31 1978

FORM BH 56067

12-12-77

Cummings

JAN 31 1978



165-202-042-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-049

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helene Tamzy Jones
2. Date Of Birth (month) (day) (year): 1 2 20
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Twin Falls, Idaho
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Thomas O. Jones
7. State or Country of Father's Birth: Twin Falls, Idaho

MOTHER

8. Full Maiden Name of Mother: Olga Brose
9. State or Country of Mother's Birth: Twin Falls Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Tamzy Jones
11. Present Address of Registrant: Beowawe, NV.

NOTARY (Seal)

Subscribed and sworn to before me on JANUARY 30 1978

12. Signature of Notary: Margarite Calzacorta
13. Notary Commission expires: OCTOBER 17 1979

MARGARITE CALZACORTA
Notary Public - State of Nevada
Elko County, Nevada
Commission Expires Oct. 17, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: sister's affidavit		By whom issued and signed: Clara Brose, age 90	Date Issued: Feb.1,1978	Date Orig. Entry: Feb.1,1978
Date of Birth: Jan. 2,1920	Birth Place: Twin Falls, Idaho	Full Name of Mother: Olga Brose Jones	Name of Father: Thos. O. Jones	
SUPPORTING RECORD 2. Type of Document: Federal census report		By whom issued and signed: U.S. Department of Commerce	Date Issued: Jan.25,1978	Date Orig. Entry: Apr.1,1930
Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Olga Jones	Name of Father: T. O. Jones	
SUPPORTING RECORD 3. Type of Document: School record		By whom issued and signed: University of Nevada	Date Issued: Feb.1,1978	Date Orig. Entry: Aug.29,1938
Date of Birth: Jan.2,1920	Birth Place: -----	Full Name of Mother: --------	Name of Father: Thomas O1 Jones	

QUALIFYING INFORMATION

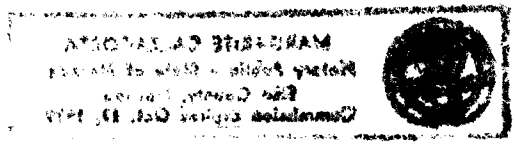
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham	FEB 07 1978

FORM BH 56067

FEB 8 1978
APR 0 7 2008



462-20?-014-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Moss			2. Date Of Birth (month) June (day) 7, (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Harris Morton Moss			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hackett			9. State or Country of Mother's Birth: Louisiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June G. Cedoms	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 8, 1978		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 1-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Grace Hillis	Date Issued: June 5,1958	Date Orig. Entry:
	Date of Birth: Jun 7,1920	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Elizabeth Moss	Name of Father: Harris Morton Moss	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: Missouri # 30338 on file - Vital Statistics	Date Issued: May 10,1951	Date Orig. Entry: Child born July 26,1937
	Date of Birth: Age 17	Birth Place: Nampa, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Continental Life & Acc. Co.	Date Issued: 1972	Date Orig. Entry: ----
	Date of Birth: Jun.7,1920	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

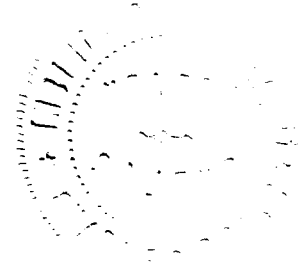
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.8,1978

FORM BH 56067

SEP 21 2006



NSO

595-214-019-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Priscilla Nielson		2. Date Of Birth (month) (day) (year): August 14, 1920
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Custer; b. City or Town of Birth: Chilly
FATHER	6. Full Name of Father: N. Christian Nielson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Daisy D. Nielson (no relation)		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Priscilla Conklin / Mary P. Conklin	11. Present Address of Registrant: E. 2909 Gordon
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6 1978	12. Signature of Notary: Ethel G Adams	13. Notary Commission expires: Dec 10 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #342117	Date Issued: on file	Date Orig. Entry: child born Mar.6,1942
	Date of Birth / Age: 21	Birth Place: Chili, Idaho	Full Name of Mother: ---------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Federal census report	By whom issued and signed: U.S. Department of Commerce	Date Issued: Sep.22,1976	Date Orig. Entry: Apr.1,1930
	Date of Birth / Age: 9	Birth Place: Idaho	Full Name of Mother: Daisy D. Nielson	Name of Father: Christian Nielson
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: Lemhi County, Idaho	Date Issued: Nov.3,1976	Date Orig. Entry: Oct.19,1927
	Date of Birth / Age: 7 7rs. born: 1920	Birth Place: ------	Full Name of Mother: --------	Name of Father: Chris Nielson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 10 1978

FORM BH 56067

1cp Pd Rec #09558

4-28-76

Conklin

795-211-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel June Marie Green		2. Date Of Birth (month) 1 (day) 11 (year) 20
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Cleveland Green		7. State or Country of Father's Birth: Fuson, Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Tennessee Barr		9. State or Country of Mother's Birth: Fuson Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Seibert	11. Present Address of Registrant: 178 Warren Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: 28 February 1978	12. Signature of Notary: John A. Gushman	13. Notary Commission expires: Feb 9 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 89	By whom issued and signed: Mary Barr Green	Date Issued: Feb.28,1978	Date Orig. Entry: Feb.28,1978
	Date of Birth: Feb.11,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Barr Green	Name of Father: Charles Cleveland Green
SUPPORTING RECORD 2.	Type of Document: Marriage license affidavit	By whom issued and signed: Bonneville County, Idaho	Date Issued: Mar.2,1978	Date Orig. Entry: May31,1941
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho on file #374698	Date Issued: on file	Date Orig. Entry: child born June29,1943
	Date of Birth: Age: 23	Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 06 1978

K FORM BH 56067 100 # 17345 10-22-77

dbc file

MAR 7 1978

364-205-028-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eileen Frances Touraille		2. Date Of Birth (month) July (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Coeur d'Alene (Kootnia) Ida; b. City or Town of Birth: Coeur d'Alene, Idaho.
FATHER	6. Full Name of Father: Alexander Joseph Touraille		7. State or Country of Father's Birth: Lille, France
MOTHER	8. Full Maiden Name of Mother: Lona Eva Pearson.		9. State or Country of Mother's Birth: Willow Hill — Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eileen F. McClenny	11. Present Address of Registrant: 2815 E Melrose, Walla Walla Wn
NOTARY (Seal)	Subscribed and sworn to before me on: DEC 27 1977 19	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible] JUNE 16, 1978 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: Roman Catholic Church	Date issued: June5,1961	Date Orig. Entry: baptized Feb.9,1923
	Date of Birth: July5,1920	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Lona Pearson	Name of Father: Alexander Touraille
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Beneficiary Membership in the Independent Order of Foresters	Date issued: Jan.12,1978	Date Orig. Entry: Sep.6,1962
	Date of Birth: July5,1920	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Federal census report	By whom issued and signed: U.S. Department of Commerce	Date issued: Feb.27,1978	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Lona E. Touraille	Name of Father: Alexander J. Touraille
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

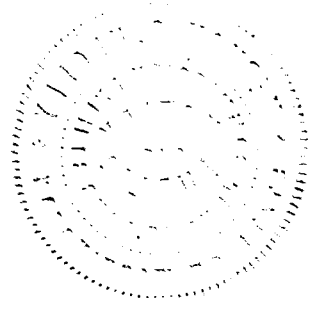
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 13 1978

FORM BH 56067

ICC # 19979

2 28 77

MAR 13 1978



796-211-010-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Blanche Grow		2. Date Of Birth (month) March (day) 11 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Jesse Michael Grow		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Christie Edith Empey		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Blanche Grow, Cole	11. Present Address of Registrant: Rt. 1 Box 238 Salmon, ID.
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 19 78	12. Signature of Notary: Laura E. Kane	13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 87		By whom issued and signed: Hazel A. Empey	Date Issued: Mar.23,1978	Date Orig. Entry: Mar.23,1978
	Date of Birth: Mar.11,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Christie Edith Empey Grow	Name of Father: Jesse Michael Grow	
SUPPORTING RECORD 2.	Type of Document: Own child's hospital birth certificate		By whom issued and signed: Park Hosp., Livingston, Montana	Date Issued: Oct.27,1942	Date Orig. Entry: child born Oct.27,1942
	Date of Birth: Mar.11,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: May2,1920	Date Orig. Entry: blessed May2,1920
	Date of Birth: Mar.11,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Edith Empey	Name of Father: Jesse Grow	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	MAR 28 1978

FORM BH 56067 1cp Pd. Rec # 01282 12-2-7

MAR 2 9 1978

ISS-122-021-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-161

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Keith Eugene Jensen
2. Date Of Birth (month) 10 (day) 22 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Franklin (Preston Home)
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: James W. Jensen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Valate Bawden
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Keith E. Jensen
11. Present Address of Registrant: R#1 Preston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 21 19 78

12. Signature of Notary: LaRae C. Johnson
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	Preston High School, Preston	Apr.18,1978	Sep.,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.22,1920 Preston, Idaho	Mary	James W. Jensen	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Apr.18,1978	Dec.5,1920 (blessed)
	Oct.22,1920 Preston, Idaho	Mary V. Bawden	James W. Jensen	
SUPPORTING RECORD 3.	Certificate of ordination	LDS Church	Apr.18,1978	Jan.17,1933
	Oct.22,1920 Preston, Idaho	Mary B. Bawden	James W. Jensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 21 1978

FORM BH 56067 ICC Pd Rec# 17286

2-24-78

Jensen

APR 21 1978

595-204-003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Nielson			2. Date Of Birth (month) (day) (year): August 4, 1920
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Cleveland
FATHER	6. Full Name of Father: Edgar O. Nielson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Catherine Bevins			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora N Rasmussen		11. Present Address of Registrant: 241 Park ave Preston Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1978	12. Signature of Notary: Kent L Kunkel		13. Notary Commission expires: 11-24 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism and conf. LDS Church		By whom issued and signed: LDS Church	Date Issued: May10,1978	Date Orig. Entry: baptized ~~Aug.4,1928~~
	Date of Birth: Aug.4,1920	Birth Place: Cleveland, Idaho	Full Name of Mother: Catherine Bevins	Name of Father: Edgar O. Nielson	
SUPPORTING RECORD 2.	Type of Document: Marriage license application		By whom issued and signed: Cache County, Utah	Date Issued: May26,1978	Date Orig. Entry: Nov.17,1939
	Date of Birth: Aug.4,1920	Birth Place: Cleveland, Idaho	Full Name of Mother: Catherine Bevins	Name of Father: Edgar Nielson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 92		By whom issued and signed: Catherine B. Hansen	Date Issued: May19,1978	Date Orig. Entry: May19,1978
	Date of Birth: Aug.4,1920	Birth Place: Cleveland, Idaho	Full Name of Mother: Catherine Bevins	Name of Father: Edgar O. Nielson	
QUALIFYING INFORMATION					

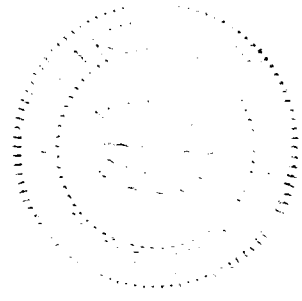
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JUN 12 1978

FORM BH 56067

ICC # 5582

5-16-78

JUN 12 1978



618-220-002-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Clare Waymire		2. Date Of Birth (month) August (day) 20 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Adams; b. City or Town of Birth: New Meadows
FATHER	6. Full Name of Father: Arthur Preston Waymire		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Beaulah Dell Longmire		9. State or Country of Mother's Birth: Gloster, Amite Co., Miss.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel C. Burnham	11. Present Address of Registrant: Rte 1 Box 231 Gloster Miss. 39638
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1978	12. Signature of Notary: Carol M. Dalzen	13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 9 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Certified by Co. Judge Perry E. Wells, Florida	Date issued: Mar. 14, 1978	Date Orig. Entry: obviously old
	Date of Birth: 8/20/1920	Birth Place: New Meadows, Idaho	Full Name of Mother: Beaulah Dell Longmire	Name of Father: Arthur Preston Waymire
SUPPORTING RECORD 2.	Type of Document: Social Security No. Record Inf. from Applic.	By whom issued and signed: Bureau of Data Processing	Date issued: 5/9/78	Date Orig. Entry: 1954
	Date of Birth: 8/20/1920	Birth Place: New Meadows, Idaho	Full Name of Mother: Beulah D. Longmire	Name of Father: Arthur P. Waymire
SUPPORTING RECORD 3.	Type of Document: Application for Employment	By whom issued and signed: Georgia-Pacific Corp.	Date issued: ---	Date Orig. Entry: 8/16/1966
	Date of Birth: 8/20/1920	Birth Place: -------	Full Name of Mother: --------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 16 1978

FORM BH 56067 ICC H 8778 2-1-78

JUN 19 1978

819-120-017-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-245

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Allen Dudley Harmon
2. Date Of Birth (month) (day) (year): March 20 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Clark; b. City or Town of Birth: Idmon Idaho

FATHER

6. Full Name of Father: Parley Allen Harmon
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Eva May Tucker
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: P. D. Harmon
11. Present Address of Registrant: 2306 MADISON

NOTARY (Seal)

Subscribed and sworn to before me on: June 18 1978
12. Signature of Notary: Becky Hassin
13. Notary Commission expires: September 03 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	July 13,1928	Baptized June 17,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1920	Idmon,Idaho	Eva Mae Tucker	Parley A. Harmon

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Eva May Tucker Harmon	Aug.2,1957	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1920	Idmon, Idaho	Eva May Tucker	Parley Allen Harmon

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy 0241424	Security Life and Accident Co	Aug.14,1958	Aug 11, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1920	Idmon, Idaho	----------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	June 19,1978

FORM BH 56067

JUN 2 0 2000

214-118-015-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-318

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DAVID TED BADHAM
2. Date Of Birth (month) JULY (day) 18 (year) 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: CARIBOU
b. City or Town of Birth: SODA SPRINGS, IDAHO.

FATHER

6. Full Name of Father: JOHN VICKERY BADHAM
7. State or Country of Father's Birth: UTAH - U.S.A.

MOTHER

8. Full Maiden Name of Mother: DELLA DEON QUIGLEY
9. State or Country of Mother's Birth: UTAH - U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David J. Badham
11. Present Address of Registrant: 3697 BISHOP STREET S.L.C. UTAH 84119

NOTARY (Seal)

Subscribed and sworn to before me on April 15 19 77

12. Signature of Notary: Anna Mae Badham
13. Notary Commission expires: March 31 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge paper	U.S. Naval Service	Sep,19,1945	entered service Oct,28,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July18,1920	----	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah	Apr.20,1977	child born Dec.15,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Soda Springs, ID	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father, age 83	John V. Badham	May3,1978	May3,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July18,1920	Soda Springs, ID	Della Deon Quigley	John V. Badham

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: AUG 04 1978

FORM BH 56067

AUG 7 1978

295703-005693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-354

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wesley Rubin Kinney
2. Date Of Birth: (month) Oct. (day) 3 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Benewah
   b. City or Town of Birth: Desmit

FATHER

6. Full Name of Father: Rubin Frank Kinney
7. State or Country of Father's Birth: Wash. Walla Walla County

MOTHER

8. Full Maiden Name of Mother: Ida Mae Withers
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wesley R. Kinney
11. Present Address of Registrant: 275 Rogue River Hwy. Gold Hill Oregon 97525

NOTARY (Seal)

Subscribed and sworn to before me on 4-25 1977

12. Signature of Notary: R.A. James
13. Notary Commission expires: 12-22 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage affidavit	Benewah county, Idaho	May2,1977	May1,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	------	------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
California Civil Service Exam record	California State Personnel Board	May2,1977	Mar.28,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.3,1920	-----	------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized Statement by birth attendant	Mrs. Alberta Wannen	Aug.21,1978	Aug.21,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.3,1920	Desmit, Idaho	Ida Withers Kinney	Rubin Franklin Kinney

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 24 1978

FORM BH 56067

Kinney

AUG 25 1978

113-207-010-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Phoebe Jacobsen			2. Date Of Birth (month) Dec. (day) 7 (year) 1920	
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: William S. Jacobsen			7. State or Country of Father's Birth: LaCross, Wisconsin, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Phebe M. Waddoups			9. State or Country of Mother's Birth: Swan Lake, Idaho, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Martha P Jacobsen	11. Present Address of Registrant: 627 Giltner Lane, Edmonds, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 21 19 78		12. Signature of Notary: Meryl R. Medina	13. Notary Commission expires: March 15 19 81.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: William S. Jacobsen	Date Issued: July15,1977	Date Orig. Entry: July15,1977
	Date of Birth: Dec.7,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Phebe M. Waddoups	Name of Father: William S. Jacobsen	
SUPPORTING RECORD 2.	Type of Document: Own child's hospital birth cert.		By whom issued and signed: St. Anthony Mercy Hosp. Pocatello, Idaho	Date Issued: June6,1949	Date Orig. Entry: child born June6,1949
	Date of Birth: Dec.7,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Federal Census report		By whom issued and signed: U.S. Department of Commerce	Date Issued: Apr.4,1977	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Phoebe M. Jacobsen	Name of Father: William S. Jacobsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: AUG 30 1978

FORM BH 56067

AUG 3 1 1978

515-206-008-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-374

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarice Adell Vance
2. Date Of Birth (month) (day) (year): August 6 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho — Boise
b. City or Town of Birth: Banks, Idaho

FATHER

6. Full Name of Father: Luther Arlington Vance
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Lucile Ellen Conkle
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarice Adell Vance Lowry
11. Present Address of Registrant: 3044 Wildwood Ln. Bremerton Wa 98310

NOTARY (Seal)

Subscribed and sworn to before me on: September 6 1978
12. Signature of Notary: Ella Rubens
13. Notary Commission expires: June 2 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Bankers Life and Casualty Co.	May18,1971	May18,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.6,1920	-----	------	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho #59-13945	on file	child born Oct.15,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 39	Banks, Idaho	----------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Granite County, Montana	May27,1939	May27,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Banks, Idaho	Lucille Conklin	L. A. Vance

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

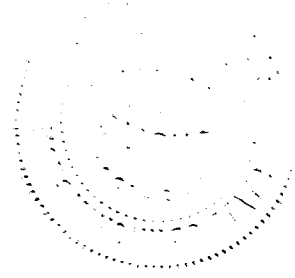
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 11 1978

FORM BH 56067

CC # 5131

SEP 12 1978



294-13-005-397

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-378

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donald Eugene Bruce
2. Date Of Birth (month) May (day) 13 (year) 1920
3. Color or Race: white
4. Sex: male
5. Place of Birth: Idaho
   a. County: Benewah
   b. City or Town of Birth: Star Route Idaho

FATHER

6. Full Name of Father: Albert B. Bruce
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Irene Lipp
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donald Eugene Bruce
11. Present Address of Registrant: Tekoa, WA

NOTARY (Seal)

Subscribed and sworn to before me on August 21 1978

12. Signature of Notary: Claudia Heaton
13. Notary Commission expires: May 1, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Family bible page	Family bible	Jan.3,1978	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May13,1920	Benewah County,ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voter Registration record	Benewah County, Idaho	Dec.15,1977	Dec.1,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May13,1920	-----	------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present	Anna E. Spalding, age 74	Feb.9,1978	Feb.9,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May13,1920	Benewah County,ID	Irene Lipp Bruce	Albert Byron Bruce

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	c- Colleen Cunningham	SEP 22 1978

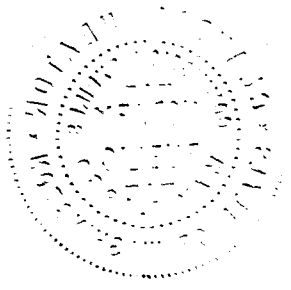
FORM BH 56067

lcc # 17157

12-2-77

Bruce (dbc) Dinner 4.

SEP 22 1978



613-1152010-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Johnny John David Walker	2. Date Of Birth (month) July (day) 15 (year) 1920	
	3. Color or Race: Cau; 4. Sex: male; 5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Solmon John Walker	7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Susan Estell Billman	9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John David Walker	11. Present Address of Registrant: 1125 Bear Ave Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 29 1975	12. Signature of Notary: E. T. Walker	13. Notary Commission expires: 3-23 1982

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's hosp. birth cert.	By whom issued and signed: Idaho Falls LDS Hosp., ID Falls	Date issued: July20,1978	Date Orig. Entry: child born Nov.2,1939
	Date of Birth: July15,1920; Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: US Armed Services	Date issued: Feb.17,1946	Date Orig. Entry: child born Aug.25,1944
	Date of Birth: July15,1920; Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 69	By whom issued and signed: Margarite P. Foster	Date issued: Sep.19,1978	Date Orig. Entry: Sep.19,1978
	Date of Birth: July15,1920; Birth Place: Idaho Falls,ID	Full Name of Mother: Susan Billman Walker	Name of Father: Solmon John Walker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 13 1978

FORM BH 56067

OCT 1 6 1973

V49-209-033-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennett Murdock		2. Date Of Birth (month) Aug (day) 9 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Thornton a. County: Madison b. City or Town of Birth: Thornton
FATHER	6. Full Name of Father: William Lewis Murdock		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ivie		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Jennett Murdock Hooper	11. Present Address of Registrant: 810 Shelley St Idaho Falls Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 20 1978	12. Signature of Notary: Don L. Jodson	13. Notary Commission expires: 8-1 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license		By whom issued and signed: Bonneville County, Idaho	Date issued: on file	Date Orig. Entry: May25,1948
	Date of Birth: Age: 27	Birth Place: Thornton, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #52-11224	Date issued: on file	Date Orig. Entry: child born Sep.6,1952
	Date of Birth: Age: 32	Birth Place: Thornton, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date issued: Sep.5,1928	Date Orig. Entry: Sep.2,1928 baptized
	Date of Birth: Aug.9,1920	Birth Place: Idaho	Full Name of Mother: Elizabeth Ivie	Name of Father: William Lewis Murdock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 16 1978

K

FORM BH 56067

orr. corr. on file in corr. files. 5-19-60. (M). NM Search made in Madison Co. ICC # 18233

OCT 1 7 1978

653-125-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-450

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fay Lyle Welker
2. Date Of Birth (month) (day) (year): January 25 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: ~~St. Anthony~~ Fremont
b. City or Town of Birth: St. Anthony Ida

FATHER

6. Full Name of Father: Amos Lisle Welker
7. State or Country of Father's Birth: Rocksprings Wyoming

MOTHER

8. Full Maiden Name of Mother: Loretta Smith
9. State or Country of Mother's Birth: Wilford Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fay Welker
11. Present Address of Registrant: Targhee Trl. #18 St. Anthony, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 30 1978
12. Signature of Notary: Faye Jackson
13. Notary Commission expires: Life 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Beaverhead County, Montana	Nov.2,1978	Jan.28,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	St. Anthony, Idaho	Loretta Smith	Amos Welker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 68	Venna Secrist	Oct.30,1978	Oct.30,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1920	St. Anthony, Idaho	Loretta Smith	Amos Lisle Welker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U. S. Marine Corps	Aug.5,1945	entered ~~Jan.23,1942~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1920	St. Anthony, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 06 1978

K FORM BH 56067 ICC#19193 N-24-78

Walker

NOV 7 1978

942-218-P25-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-461

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: NATALIE LOUISE RUSTEMEYER
2. Date of Birth: (month) JAN (day) 18 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: George Rustemeyer
7. State or Country of Father's Birth: Uniontown, Washington

MOTHER

8. Full Maiden Name of Mother: Mary Agnes Moynagh
9. State or Country of Mother's Birth: Keystone S. Dak.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: M. L. Flanigan
11. Present Address of Registrant: P O Box 1059-228 MemoryLane Brookings Or 97415

NOTARY (Seal)

Subscribed and sworn to before me on October 24 19 78

12. Signature of Notary: Mary E. Zuber
13. Notary Commission expires: July 9, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Roman Catholic Church	Nov.5,1978	baptized Jan.25,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1920	--------	Mary Maynough	George Rustemeyer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 84	Mary A. Rustemeyer	Oct.24,1978	Oct.24,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1920	Cottonwood, Idaho	Mary Agnes Moynagh Rustemeyer	George Rustemeyer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Navy	Feb.8,1946	entered service Nov.12,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1920	Cottonwood, Idaho	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 15 1978

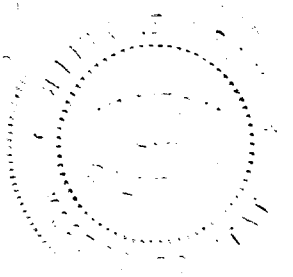
FORM BH 56067

2 C # 18[illegible]

1-16-78

Flanigan

NOV 16 1978



693-227-017-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Pearl Wilson		2. Date Of Birth (month) (day) (year): 8 - 27 - 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Spencer Ida. Clark	b. City or Town of Birth: Spencer Ida
FATHER	6. Full Name of Father: Sterling Price Wilson		7. State or Country of Father's Birth: Chantilly Missouri	
MOTHER	8. Full Maiden Name of Mother: Fannie Jane Pollard		9. State or Country of Mother's Birth: Chantilly Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. E. L. Sanders	11. Present Address of Registrant: Box 234 Huntington Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1978	12. Signature of Notary: Anthony Guerrie	13. Notary Commission expires: May 1 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: Oregon Portland Cement	Date Issued: Nov. 1978	Date Orig. Entry: Employed Oct. 25, 1945	
	Date of Birth: Aug. 27, 1920	Birth Place: Spencer, Idaho	Full Name of Mother: Fannie Pollard	Name of Father: Sterling Price Wilson	
SUPPORTING RECORD 2.	Type of Document: Certificate of birth of twin	By whom issued and signed: # 256464 Bureau of Vital Statistics	Date Issued: Aug. 11, 1937	Date Orig. Entry: Twin born Aug 27, 1920	
	Date of Birth: Aug. 27, 1920	Birth Place: Spencer, Idaho	Full Name of Mother: Fannie Jane Pollard	Name of Father: S. P. Wilson	
SUPPORTING RECORD 3.	Type of Document: Statement from hospital records	By whom issued and signed: Holy Rosary Hospital Ontario, Oregon	Date Issued: Nov. 21, 1978	Date Orig. Entry: Apr. 27, 1954	
	Date of Birth: Aug. 27, 1920	Birth Place: ---	Full Name of Mother: - ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

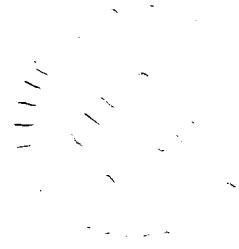
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Colleen Cunningham	NOV 28 1978

K FORM BH 56067 Acc #21081 11-14-78

Sanders

NOV 2 8 1978



DECEASED

815-126-003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dewey B. Hansen		2. Date Of Birth (month) Nov (day) 24 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Bannock Kanow Canbow; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Hans ~~Hendrick~~ Peter Hansen		7. State or Country of Father's Birth: Sanderso Odense Denmark
MOTHER	8. Full Maiden Name of Mother: Nel Sina Bergquist		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dewey B Hansen	11. Present Address of Registrant: Grace Idaho Box 228
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 7 19 78	12. Signature of Notary: Roger M. Facer	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of blessing		By whom issued and signed: LDS Church	Date Issued: Nov.27,1978	Date Orig. Entry: blessed Mar.6,1921
	Date of Birth: Nov.26,1920	Birth Place: Grace, Idaho	Full Name of Mother: Nelsina Bergquist	Name of Father: Hans. P. Hansen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time		By whom issued and signed: Harold T. Peterson, age 72	Date Issued: Nov.13,1978	Date Orig. Entry: Nov.13,1978
	Date of Birth: Nov.26,1920	Birth Place: Grace, Idaho	Full Name of Mother: Ne Sina Berquist	Name of Father: Hans Peter Hansen	
SUPPORTING RECORD 3.	Type of Document: Employment application		By whom issued and signed: Monsanto	Date Issued: July15,1954	Date Orig. Entry: July15,1954
	Date of Birth: Nov.26,1920	Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 28 1978

K FORM BH 56067 ICC#19253 10-25-78

Hansen

NOV 29 1978

318-122-026-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-492

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eugene Doyle Taylor
2. Date Of Birth (month) (day) (year): March 22 1920
3. Color or Race: white
4. Sex: M.
5. Place of Birth a. County: Grant - Jefferson
   b. City or Town of Birth: Grant

FATHER

6. Full Name of Father: Lyman Taylor Jr.
7. State or Country of Father's Birth: Smithfield, Utah

MOTHER

8. Full Maiden Name of Mother: Rachel Sevina Field
9. State or Country of Mother's Birth: Stateville, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Doyle Taylor
11. Present Address of Registrant: Lewisville - Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 27 1978

12. Signature of Notary: Robert J. Barnes
13. Notary Commission expires: May 26 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by relative, age 69	Glen Ellis	Nov.20,1978	Nov.20,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.22,1920 / Grant, Idaho	Rechel Sevina Field	Lyman Taylor Jr.	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Sep.6,1928	baptized Sep.2,1928
	Mar.22,1920 / Grant, ID	Rachel Field	Lyman Taylor Jr.	
SUPPORTING RECORD 3.	Certificate of blessing	LDS Church	May2,1920	blessed May2,1920
	Mar.22,1920 / Grant, ID	Rachel Field	Lyman Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: DEC 07 1978

FORM BH 56067

11-15-78

Taylor

DEC 1 1 1978

613-230-010-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Ethel Watson			2. Date Of Birth (month) Dec (day) 30 (year) 1920
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Idaho Falls, Ida. Bonneville	b. City or Town of Birth: Idaho Falls, Ida.
FATHER	6. Full Name of Father: Farrell Thain Watson			7. State or Country of Father's Birth: Mesan Idaho.
MOTHER	8. Full Maiden Name of Mother: Icie Vergine Bailey			9. State or Country of Mother's Birth: Pocatello Idaho. W. Va.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Ethel Watson		11. Present Address of Registrant: Lewisville - Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 27 1978	12. Signature of Notary: Robert J Barnes		13. Notary Commission expires: May 26 1981

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Glenn L. Watson	By whom issued and signed: Glenn L. Watson, uncle, age	Date Issued: 78 Nov.20,1978	Date Orig. Entry: Nov.20,1978	
	Date of Birth: Dec.30,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Icie Vergine Bailey	Name of Father: Farrell Thain Watson	
SUPPORTING RECORD 2.	Type of Document: Church record of membership	By whom issued and signed: LDS Church	Date Issued: June18,1974	Date Orig. Entry: Dec.20,1921	
	Date of Birth: Dec.30,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Icie Virginia Bailey	Name of Father: Farrell Thain Watson	
SUPPORTING RECORD 3.	Type of Document: Own child's hospital birth certificate	By whom issued and signed: Idaho Falls L.D.S. Hospital, Idaho Falls, Idaho	Date Issued: Apr.30,1941	Date Orig. Entry: child born Apr.30,1941	
	Date of Birth: Dec.30.1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: DEC 07 1978

FORM BH 56067

11-15-78

Taylor

DEC 11 1975

255/28-033-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Max Snedaker			2. Date Of Birth (month) March (day) 28 (year) 1920
	3. Color or Race: caucasian	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Jedediah LeRoy Snedaker			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Permilla Bybee			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Max Snedaker		11. Present Address of Registrant: Rt. # Box 106 Rexburg
NOTARY (Seal)	Subscribed and sworn to before me on: October 3 1978	12. Signature of Notary: Glen Pond		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S.Armed Services	Date Issued: Feb.8,1946	Date Orig. Entry: inducted July2,1945
	Date of Birth: Mar.28,1920 Birth Place: Rexburg, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend neighbor at time of birth	By whom issued and signed: Earl P. Sharp, age 83	Date Issued: Oct.3,1978	Date Orig. Entry: Oct.3,1978
	Date of Birth: Mar.28,1920 Birth Place: Rexburg, Idaho	Full Name of Mother: Permilla Bybee Snedaker	Name of Father: Jedediah LeRoy Snedaker	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Aug.14,1978	Date Orig. Entry: June6,1920
	Date of Birth: Mar.28,1920 Birth Place: Idaho	Full Name of Mother: Permilla Bybee	Name of Father: Jedidiah L. Snedaker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: DEC 18 1978

FORM BH 56067

Snowlake

DEC 19 1973

383-209-039-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Leone Tyler			2. Date Of Birth (month) Oct. (day) 9 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland, Idaho	
FATHER	6. Full Name of Father: Marvin Tyler			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma E. Hunter			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Leone Tyler		11. Present Address of Registrant: Rockland, Idaho 83271	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 18 19 78	12. Signature of Notary: Janet Cammack		13. Notary Commission expires: April 20 19 81	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Sep.8,1929	Date Orig. Entry: child baptized Sep.7,1929
	Date of Birth: Oct.9,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Emma E. Hunter	Name of Father: Marvin Tyler	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Mar.6,1921	Date Orig. Entry: blessed Mar.6,1921
	Date of Birth: Oct.9,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Emma Hunter	Name of Father: Marvin Tyler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 72	By whom issued and signed: Elsie Tyler Barnard		Date Issued: Dec.18,1978	Date Orig. Entry: Dec.18,1978
	Date of Birth: Oct.9,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Emma E. Hunter Tyler	Name of Father: Marvin Tyler	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham		Date Filed: DEC 22 1978	

FORM BH 56067

201

11-7-78

DEC 2 2 1978

457-123-027-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Calvin Monroe De Graw			2. Date Of Birth (month) 8 (day) 23 (year) 1920	
	3. Color or Race: Anglo	4. Sex: M	5. Place of Birth a. County: JEROME	b. City or Town of Birth: Jerome	
FATHER	6. Full Name of Father: Moroni Jacob De Graw			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: Mabel Alice Van Natta			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Calvin Monroe DeGraw		11. Present Address of Registrant: 414 E. Colter, Phx. Az.	
NOTARY (Seal)	Subscribed and sworn to before me on July 24 1978	12. Signature of Notary: Elizabeth Baker		13. Notary Commission expires: July 20 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California		Date Issued: Aug.29,1978	Date Orig. Entry: child born Sep.10,1956
	Date of Birth: Age: 36	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 90	By whom issued and signed: Moroni Jacob DeGraw		Date Issued: July3,1978	Date Orig. Entry: July3,1978
	Date of Birth: Aug.23, 1920	Birth Place: Jerome, Idaho	Full Name of Mother: Mabel Alice Van Natta	Name of Father: Moroni Jacob DeGraw	
SUPPORTING RECORD 3.	Type of Document: Church record of membership	By whom issued and signed: LDS Church		Date Issued: June20,1978	Date Orig. Entry: blessed
	Date of Birth: Aug.23,1920	Birth Place: Jerome, Idaho	Full Name of Mother: Mabel Alice Van Natta	Name of Father: Sep.5,1920 Moroni Jacob DeGraw	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JAN 04 1979

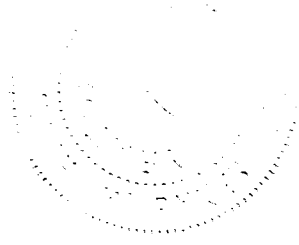
FORM BH 56067

ACC # 8657

6-19-78

DeGraw

JAN 5 1979



358-06-026-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-010

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Howard Malon Lehman
2. Date Of Birth: (month) 3 (day) 6 (year) 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Ririe, Idaho

FATHER

6. Full Name of Father: William Christipher Lehman
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Jennie Waldren (No Middle Name)
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard M. Lehman
11. Present Address of Registrant: Fallon, Nevada 5705 Reservoir Road

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 8 1978
12. Signature of Notary: Dora Staats
13. Notary Commission expires: May 3 1981

DORA STAATS Notary Public State of Nevada County of Churchill My commission expires May 3, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Nevada	Sep.15,1978	child born Apr.20,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 30	Idaho	--------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census report, 1930	U. S. Department of Commerce	Aug.22,1978	Apr.1, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10	Idaho	Jennie Lehman	William C. Lehman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for social security #	Treasury Dept. IRS	Dec.18,1978	Dec.22,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.6,1920	Ririe, Idaho	Jennie Waldren	William Christopher Lehman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JAN 11 1979

FORM BH 56067

CC # 1079

7-14-79

Gonzales

JAN 11 1979

719-129-004-785

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GAIL ASH TON PARKER		2. Date Of Birth (month) May (day) 29 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Montpelier a. County: Bear Lake b. City or Town of Birth: Montpelier, Idaho
FATHER	6. Full Name of Father: William Charles Parker		7. State or Country of Father's Birth: Weber County, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Phelps		9. State or Country of Mother's Birth: Bear Lake County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gail A. Parker	11. Present Address of Registrant: 260 West Third South Tooele, Utah 84074
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 6 1979	12. Signature of Notary: [signature]	13. Notary Commission expires: 6-25- 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S. Navy	Date issued: Feb.16,1946	Date Orig. Entry: entered service June21,1944
	Date of Birth: May29,1920	Birth Place: Montpelier, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: July1920	Date Orig. Entry: blessed July 1920
	Date of Birth: May29,1920	Birth Place: Montpelier, ID	Full Name of Mother: Mary A. Phelps	Name of Father: Wm. C. Parker
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date issued: Sep.1,1929	Date Orig. Entry: baptized Aug.24,1929
	Date of Birth: May29,1920	Birth Place: Montpelier, Idaho	Full Name of Mother: Mary A. Phelps	Name of Father: Wm. C. Parker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 12 1979

FORM BH 56067

1-29-79

Parker

FEB 13 1979

853-214-022-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VEVA HELM			2. Date Of Birth (month) (day) (year): August 14, 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Chester, ID Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: ORIAH HELM			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: ELSIE MATILDA BUSBY			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Vera Clark		11. Present Address of Registrant: Challis, Idaho 83226
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 19 79	12. Signature of Notary: Dianne Springer		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: July21,1929	Date Orig. Entry: baptized July16,1929
	Date of Birth: Aug.14,1920 / Birth Place: Chester, Idaho	Full Name of Mother: Elsie Busby	Name of Father: Oriah Helm	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Oct.3,1920	Date Orig. Entry: blessed Oct.3,1920
	Date of Birth: Aug.14,1920 / Birth Place: Chester, Idaho	Full Name of Mother: Elsie Busby	Name of Father: Orihah Helm	
SUPPORTING RECORD 3.	Type of Document: East Ely, Nevada Own child's hospital birth record	By whom issued and signed: Steptoe Valley Hospital	Date Issued: Dec.26,1942	Date Orig. Entry: child born Dec26,1942
	Date of Birth: Aug14,1920 / Birth Place: Chester, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 13 1979

FORM BH 56067 ICC. Order #1906 1-25-79

FEB 14 1979

295-107-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dewey R Bingham			2. Date Of Birth: (month) Aug (day) 7 (year) 1920	
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County Bingham	b. City or Town of Birth: FIRTH	
FATHER	6. Full Name of Father: Alfred R. Bingham			7. State or Country of Father's Birth: Arizona U.S.A. May 4 1895	
MOTHER	8. Full Maiden Name of Mother: Margery Alice Hansen			9. State or Country of Mother's Birth: Idaho U.S.A. March 28 1895	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dewey R. Bingham	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 3, 1978		12. Signature of Notary: Eugene V Bush	13. Notary Commission expires: July 20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record		By whom issued and signed: Idaho Falls High School, ID	Date Issued: Feb.20,1979	Date Orig. Entry: Sep.13,1937
	Date of Birth: Aug.7,1920	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: A.R. Bingham	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: Oct.3,1920	Date Orig. Entry: blessed ~~Oct.3,1920~~
	Date of Birth: Aug.7,1920	Birth Place: Firth, Idaho	Full Name of Mother: Margery Hansen	Name of Father: Alfred R. Bingham	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 84		By whom issued and signed: Margery A. Hansen Bingham	Date Issued: Feb.12,1979	Date Orig. Entry: Feb.12,1979
	Date of Birth: Aug.7,1920	Birth Place: Firth, Idaho	Full Name of Mother: Margery A. Hansen Bingham	Name of Father: Alfred R. Bingham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	FEB 23 1979

FORM BH 56067 (B) 11-10-61. 1 Copy Pd. rec. #3614. Search Made in Bingham Co.

FEB 2 3 1979

764-209-009-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-108

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Nellie Violet Gould			2. Date Of Birth (month) April (day) 9 (year) 1920
	3. Color or Race: Cau.	4. Sex: female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Meadow Creek
FATHER	6. Full Name of Father: George William Gould			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Clara Ellen Stephens			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Violet Gould		11. Present Address of Registrant: Box 311 Col. Falls, Mt. 59912
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 19 79	12. Signature of Notary: Albert R Davenport		13. Notary Commission expires: 7-26-81 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Montana		Date Issued: May23,1978	Date Orig. Entry: child born Oct.14,1949
	Date of Birth: Age: 29	Birth Place: Meadow Creek, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 66	By whom issued and signed: Sue E. Coburn		Date Issued: July14,1977	Date Orig. Entry: July14,1977
	Date of Birth: Apr.9,1920	Birth Place: Meadow Creek, ID	Full Name of Mother: Clara Ellen Stephens Gould	Name of Father: George William Gould	
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Montana Hospital#21551		Date Issued: Mar.23,1979	Date Orig. Entry: Jan.6,1959
	Date of Birth: Apr.9,1920	Birth Place: Meadow Creek, ID	Full Name of Mother: Clara Stephens	Name of Father: George Gould	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: MAR 26 1979

FORM BH 56067

MAR 2 7 1979

795-223-040-512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-152

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Mary Grennan
2. Date Of Birth (month) (day) (year): 5 23 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho
   a. County: Shoshone
   b. City or Town of Birth: Kellogg

FATHER

6. Full Name of Father: Dennis P.A. Patrick Grennan
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Estella Pearl Easterly
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice M. Hall
11. Present Address of Registrant: 15320 SE 272 Kent, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1977
12. Signature of Notary: [illegible]
13. Notary Commission expires: July 20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism	Roman Catholic Church	Aug.1,1938	baptized Dec.9,1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May23,1920 / Kellogg, Idaho	Pearl Easterly	Denis Grennan	
SUPPORTING RECORD 2.	Affidavit by aunt, age 80	Sylvia A. Grennan	Mar.4,1977	Mar.4,1977
	May23,1920 / Kellogg, Idaho	Estella Pearl Easterly	Dennis Patrick Grennan	
SUPPORTING RECORD 3.	School record	Sequim Senior High School	Dec.21,1977	Sep.4,1935
	May23,1920 / Kellogg, Idaho	----------	Dennis Grennan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: APR 27 1979

FORM BH 56067

APR 30 1979

OCT 22 1997

212-201-034-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-165

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Cuella Babbitt
2. Date Of Birth: (month) NOV (day) 1 (year) 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County ACEQUIA, IDA. MINIDOKA b. City or Town of Birth ACEQUIA

FATHER

6. Full Name of Father: LORENZO BABBITT
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: HANNAH ELIZABETH STOKES
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Doman
11. Present Address of Registrant: Burley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on APRIL 3rd 19 79

12. Signature of Notary: Jean Doman
13. Notary Commission expires: life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism	LDS Church	June2,1929	baptized June1,1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.1,1920 Acequia , ID	Hannah Stokes	Lorenzo Babbitt	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 79	By whom issued and signed: Inez May Harris	Date Issued: Apr.9,1979	Date Orig. Entry: Apr.9,1979
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.1,1920 Acequia, ID	Hannah Stokes Babbitt	Lorenzo Babbitt	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #443189	Date Issued: on file	Date Orig. Entry: child born Sep.4,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Acequia, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: MAY 11 1979

FORM BH 56067

3-9-79

OCT 25 2001

MAY 11 1979

OCT

731-220-016-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-168

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Velda Platts
2. Date Of Birth (month) July (day) 20 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Cassia
b. City or Town of Birth: Bridge

FATHER

6. Full Name of Father: Parley Roy Platts
7. State or Country of Father's Birth: Utah Salt Lake County

MOTHER

8. Full Maiden Name of Mother: Orla Louisa Coltrin
9. State or Country of Mother's Birth: Utah Davis County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velda P. Brown
11. Present Address of Registrant: 22 East 1200 South Bountiful Utah 84010

NOTARY (Seal)

Subscribed and sworn to before me on APRIL 23 1979

12. Signature of Notary: [signature]
13. Notary Commission expires: 8-23 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Feb.6,1921	blessed
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	Feb.6,1921
	July20,1920 / Bridge, Idaho	Orla Louisa Coltrin	Roy P. Platts	
SUPPORTING RECORD 2.	Affidavit by sister, age 70	Jeanette P. Burningham	Apr.23,1979	Apr.23,1979
	July20,1920 / Bridge, Idaho	Orla Louisa Coltrin	Parley Roy Platts	
SUPPORTING RECORD 3.	Marriage license application	Davis County, Utah	Dec.18,1978	Nov.12,1938
	July20,1920 / Idaho	Orla Coltrin	Roy P. Platts	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 14 1979

FORM BH 56067

11-29-79

Brown

MAY 15 1979

279-218-010-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Sprague			2. Date Of Birth (month) July (day) 18 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: at home a. County: Bonneville	b. City or Town of Birth: Ida Ho Falls	
FATHER	6. Full Name of Father: Edwin Elmer Sprague			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jessie Luke			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cleo A Sorensen		11. Present Address of Registrant: Box 148 Orderville, Utah 84758	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1979	12. Signature of Notary: Earl E. Lamb		13. Notary Commission expires: October 29 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 23 at	By whom issued and signed: Cleo's birth Isabelle L. Rust		Date Issued: June18,1976	Date Orig. Entry: June18,1976
	Date of Birth: July18,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Jessie Luke	Name of Father: Edwin Elmer Sprague	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah		Date Issued: May7,1979	Date Orig. Entry: child born ~~Feb.21,1948~~
	Date of Birth: Age: 27	Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Marriage license	By whom issued and signed: Piute County, Utah		Date Issued: June21,1976	Date Orig. Entry: July3,1941
	Date of Birth: Age: 20	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 15 1979

FORM BH 56067

Local

12-1-17

MAY 17 1979

MAR 20 2006

213-214-026-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Lucille Ball			2. Date Of Birth (month) December (day) 14 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewisville Jefferson	b. City or Town of Birth: Lewisville	
FATHER	6. Full Name of Father: Lorenzo Craig Ball			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hazel Knowlton			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. Lucille B. Evans		11. Present Address of Registrant: 4118 E. Nancy Lane Phoenix, Arizona 85040	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25, 1979	12. Signature of Notary: Joanne L. Drake		13. Notary Commission expires: My Commission Expires April 19 1982	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #48-13195		Date Issued: on file	Date Orig. Entry: Child born Oct.31,1948
	Date of Birth: Age: 27	Birth Place: Lewisville, ID	Full Name of Mother: ----------		Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: May5,1929	Date Orig. Entry: baptized ~~May4,1929~~
	Date of Birth: Dec.14,1920	Birth Place: Lewisville, ID	Full Name of Mother: Hazel Knowlton		Name of Father: Lorenzo Craig Ball
SUPPORTING RECORD 3.	Type of Document: Affidavit by step-mother, family friend at time of birth	By whom issued and signed: Frances J. Ball, age 78		Date Issued: Apr.25,1979	Date Orig. Entry: Apr.25,1979
	Date of Birth: Dec.14,1920	Birth Place: Lewisville, ID	Full Name of Mother: Hazel Knowlton Ball		Name of Father: Lorenzo C. Ball
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Klick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JUN 20 1979

FORM BH 56067

ICC # 1979

Evans

JUN 20 1979

515-14-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Don Burton Van Vleet			2. Date of Birth (month) April (day) 14 (year) 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Grace, Idaho Bannock	b. City or Town of Birth
FATHER	6. Full Name of Father: John Osro Van Vleet			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Elda Maude Burton			9. State or Country of Mother's Birth: Kaysville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don B. Van Vleet		11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 12 1979	12. Signature of Notary: Susan J Hanus		13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend, age23in1920	By whom issued and signed: Edith E. Mickelson	Date Issued: June12,1979	Date Orig. Entry: June12,1979	
	Date of Birth: Apr.14,1920	Birth Place: Grace, Idaho	Full Name of Mother: Elda Maud Burton Van Vleet	Name of Father: John Osro Van Vleet	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: June6,1920	Date Orig. Entry: blessed June6,1920	
	Date of Birth: Apr.14,1920	Birth Place: Grace, Idaho	Full Name of Mother: Elda Maude Burton	Name of Father: John Osro Van Vleet	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Aug.4,1928	Date Orig. Entry: baptized Aug.4,1928	
	Date of Birth: Apr.14,1920	Birth Place: Grace, Idaho	Full Name of Mother: Elda M. Burton	Name of Father: John O. Van Vleet	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 20 1979

FORM BH 56067

JUN 20 1979

MAR 0 3 2000

343-227-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERMA TUCKETT			2. Date Of Birth (month) 3 (day) 27 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: IDAHO a. County: FREMONT	b. City or Town of Birth: ST. ANTHONY
FATHER	6. Full Name of Father: LORENZO FRISBY TUCKETT			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ERMA ELECTA GARN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma T. Kingham		11. Present Address of Registrant: 28251 Sparrow Rd. Hayward Ca 94545
NOTARY (Seal)	Subscribed and sworn to before me on: 6-19 1979	12. Signature of Notary: [signature]		13. Notary Commission expires: July 5 1980.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license application	By whom issued and signed: Davis County, Utah	Date issued: June4,1979	Date Orig. Entry: Dec.20,1940
	Date of Birth: Mar.27,1920 / Birth Place: St. Anthony, ID	Full Name of Mother: Erma Garn	Name of Father: Lorenzo F. Tuckett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother, born 1909	By whom issued and signed: Lorenzo Garn Tuckett	Date issued: Sep.13,1977	Date Orig. Entry: Sep.13,1977
	Date of Birth: Mar.27,1920 / Birth Place: St. Anthony, ID	Full Name of Mother: Erma Electa Garn Tuckett	Name of Father: Lorenzo Frisby Tuckett	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date issued: Sep.4,1977	Date Orig. Entry: blessed June6,1920
	Date of Birth: Mar.27,1920 / Birth Place: St. Anthony, ID	Full Name of Mother: Erma Electa Garn	Name of Father: Lorenzo Frisby Tuckett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 25 1979

FORM BH 56067

JUN 25 1979

Signature of Erma Vaughan

Subscribed and sworn to before me this 19 day of June 1979

Albert A. Houle Notary Public

State of California - Principal Office, Alameda County

OFFICIAL SEAL
ALBERT A. HOULE
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Comm. Expires July 5, 1980

437-203-003-255

RECEIVED
STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho
JUL 17 1979
Bureau of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-257

REGISTRANT (Person on whom Birth is being registered)	1. Registrant's Full Name at Birth: Sarah McGregor			2. Date Of Birth (month) June (day) 3 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Thatcher	
FATHER	6. Full Name of Father: Daniel Wells McGregor			7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Lenora Bennett			9. State or Country of Mother's Birth: Perry, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sarah W. Chesterberg	11. Present Address of Registrant: 372 - Preston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 13 July 1979		12. Signature of Notary: Gordon L. Palmer	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

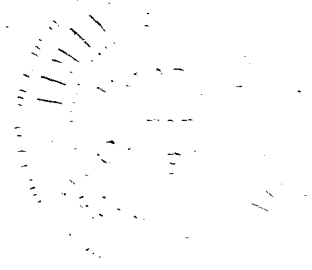
SUPPORTING RECORD 1.	Type of Document: Application for License to marry= State of Utah		By whom issued and signed	Date Issued: 4/6/79	Date Orig. Entry: 5/12/41
	Date of Birth: 6/3/20	Birth Place: Thatcher, Id.	Full Name of Mother: Lenora Bennett	Name of Father: Daniel W. McGregor	
SUPPORTING RECORD 2.	Type of Document: College Transcript		By whom issued and signed: Idaho State College, Pocatello	Date Issued: 10/6/64	Date Orig. Entry: 6/9/58
	Date of Birth: 6/3/20	Birth Place: Thatcher, Id.	Full Name of Mother: Lenora Bennett	Name of Father: Daniel Wells McGregor	
SUPPORTING RECORD 3.	Type of Document: Application for Retirement Annuity		By whom issued and signed: Con. Mutual Life Ins.	Date Issued: ---	Date Orig. Entry: 3/31/66
	Date of Birth: 6/3/20	Birth Place: Thatcher, Id.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JUL 19 1979

FORM BH 56067

8-CC Pd.

JUL 20 1979



843413-026-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Freddie James Hutchens			2. Date Of Birth (month) August (day) 13 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: LaBelle Jefferson	b. City or Town of Birth: LaBelle,
FATHER	6. Full Name of Father: William Aaron Hutchens			7. State or Country of Father's Birth: Ogden, Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Martha Alvina Anglesey			9. State or Country of Mother's Birth: LaBelle Jefferson
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Freddie James Hutchens	11. Present Address of Registrant: Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 19 79		12. Signature of Notary: Barbara Brown	13. Notary Commission expires: 10-17 19 79

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record		By whom issued and signed: LDS Church	Date Issued: July23,1979	Date Orig. Entry: Nov.6,1920
	Date of Birth: Aug.13,1920	Birth Place: LaBelle, ID	Full Name of Mother: Martha Anglesey	Name of Father: William Hutchens	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time		By whom issued and signed: Deseret Morgan, age 85	Date Issued: July 17, 1979	Date Orig. Entry: July17,1979
	Date of Birth: Aug.13,1920	Birth Place: LaBelle, ID	Full Name of Mother: Martha A. Anglesey Hutchens	Name of Father: Willaim Aaron Hutchens	
SUPPORTING RECORD 3.	Type of Document: Military discharge		By whom issued and signed: U.S. Army	Date Issued: Sep.11,1945	Date Orig. Entry: enlisted Sep.3,1940
	Date of Birth: Aug.13,1920	Birth Place: Labelle, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUL 24 1979

FORM BH 56067

1 cp pd re # 11157

10-7-66

JUL 25 1979

753-101-042-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-293

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNON HENRY PETERMAN
2. Date Of Birth (month) (day) (year): AUG 1 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: TWIN FALLS
b. City or Town of Birth: TWIN FALLS IDAHO

FATHER

6. Full Name of Father: ISAC G PETERMAN
7. State or Country of Father's Birth: UNKNOWN

MOTHER

8. Full Maiden Name of Mother: MABEL ALLMAN
9. State or Country of Mother's Birth: UNKNOWN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Vernon H Peterman
11. Present Address of Registrant: RT 1 Box 138 Kuna Id 83634

NOTARY (Seal)

Subscribed and sworn to before me on: February 26 1979
12. Signature of Notary: Linda Beal
13. Notary Commission expires: May 25 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Discharge Certificate	Separation Center Fort Douglas, Utah	20-8-45	20-8-45
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1 Aug. 20 / Twin Falls, Id.	--	--	
SUPPORTING RECORD 2.	Own child's Birth Certificate	State of Idaho #430736	4/27/79	Child Born 1/19/47
	20yrs. / Twin Falls, Id.	---	---	
SUPPORTING RECORD 3.	Social Security record	Social Security Administration	July31,1979	June, 1938
	Aug.1,1920 / Idaho	Mabel Allmon	Isaac G. Peterman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Colleen Cunningham
Date Filed: AUG 13 1979

FORM BH 56067

2-26-79

Peterman

493-208-009-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Evelyn Miller		2. Date Of Birth (month) 10 (day) 8 (year) 1920
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Kootenai, Idaho
FATHER	6. Full Name of Father: Isaac Joseph Miller		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Daisy Violetta Smith		9. State or Country of Mother's Birth: Tonawanda, New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma E. Allpress	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1976	12. Signature of Notary: Rob Roy [illegible]	13. Notary Commission expires: Life 19

A NOTARY PUBLIC IN AND FOR THE PROVINCE OF BRITISH COLUMBIA

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record		By whom issued and signed: Bonner County School Distr. #82, Sandpoint, Idaho	Date issued: Sep.13,1976	Date Orig. Entry: Nov.13,1926
	Date of Birth: Age: 6	Birth Place: -------	Full Name of Mother: --------	Name of Father: Isaac Miller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative, age 74		By whom issued and signed: Earl E. Miller	Date issued: July20,1977	Date Orig. Entry: July20,1977
	Date of Birth: Oct.8,1920	Birth Place: Kootenai, Idaho	Full Name of Mother: Daisy Violetta Smith	Name of Father: Isaac Joseph Miller	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Sep.7,1979	Date Orig. Entry: child born Nov.12,1945
	Date of Birth: Age: 25	Birth Place: Kootenai, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 04 1979

FORM BH 56067

#40

OCT 5 1979

155-201-033-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARJORIE MAY JENKINS		2. Date Of Birth (month) (day) (year): August 1 1920
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: MADISON; b. City or Town of Birth: Thornton
FATHER	6. Full Name of Father: Charles Evan Jenkins		7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: Emma Neolia Anderson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Ward	11. Present Address of Registrant: RT - Rupert, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1977	12. Signature of Notary: Irene Muir	13. Notary Commission expires: 5-24 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #56-10373	Date Issued: on file	Date Orig. Entry: child born Aug.31,1956	
	Date of Birth: Age: 36	Birth Place: Thornton, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Family record notarized copy	By whom issued and signed: Family record book	Date Issued: Nov.28,1977	Date Orig. Entry: Jan.1944	
	Date of Birth: 1920	Birth Place: -------	Full Name of Mother: Emma N. Anderson	Name of Father: Charles E. Jenkins	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 70	By whom issued and signed: Rex G. Anderson	Date Issued: Sep.17,1979	Date Orig. Entry: Sep.17,1979	
	Date of Birth: Aug.1,1920	Birth Place: Thornton, Idaho	Full Name of Mother: Emma N. Anderson Jenkins	Name of Father: Charles E. Jenkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 04 1979

FORM BH 56067 ICC#12105 8-2-77

Ward

OCT 5 1979

DECEASED

681-205-027-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-351

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JUNE QUENTINA O'HARROW
2. Date Of Birth (month) (day) (year): JUNE 5 1920
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: JEROME
b. City or Town of Birth: JEROME COUNTY

FATHER

7. Full Name of Father: RALPH EDGAR O'HARROW
7. State or Country of Father's Birth: WISCONSIN

MOTHER

8. Full Maiden Name of Mother: FREDA MAE REYNOLDS
9. State or Country of Mother's Birth: WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June Quentina O'Harrow Ward
11. Present Address of Registrant: 957 SO H LAKEVIEW OR 97630

NOTARY (Seal)

Subscribed and sworn to before me on 20 JULY 1979

12. Signature of Notary: June Quentina O'Harrow Ward
13. Notary Commission expires: 24 JAN 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Report	U.S. Department of Commerce	Aug.21,1979	Apr.1,1930
	Date of Birth / **Birth Place**: Age: 9 / Idaho	**Full Name of Mother**: Freda M. O'Harrow	**Name of Father**: Ralph E. O'Harrow	
SUPPORTING RECORD 2.	Affidavit by mother, age 81	Freda Mae O'Harrow	July24,1979	July24,1979
	June5,1920 / Jerome, Idaho	Freda Mae Reynolds	Ralph Edgar O'Harrow	
SUPPORTING RECORD 3.	School record	Jerome Public Schools,Idaho	Oct.1,1979	Sep.,1926
	June5,1920 / Jerome, Idaho	----------	Ralph O'Harrow	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

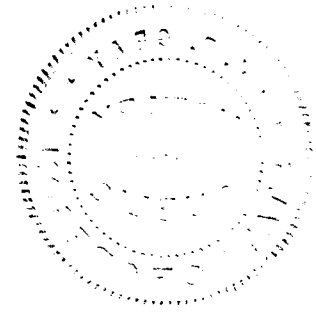
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 11 1979

FORM BH 56067

Ward

OCT 11 1979



JUL 17 1979 764-204-022-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NAOMI MAE GODFREY		2. Date Of Birth (month) NOV (day) 4 (year) 1920
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: CHESTER IDA FREMONT; b. City or Town of Birth: CHESTER IDAHO
FATHER	6. Full Name of Father: LEROY HENRY GODFREY		7. State or Country of Father's Birth: STAR VALLEY WYOMING
MOTHER	8. Full Maiden Name of Mother: SARAH PEARL COOKE		9. State or Country of Mother's Birth: GROUSE CREEK UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Naomi Mae Hamilton	11. Present Address of Registrant: DRAWER U McCALL IDA 83638
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1979	12. Signature of Notary: Dolores Wallace	13. Notary Commission expires: September 15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Oct.10,1979	Date Orig. Entry: blessed Jan.16,1921
	Date of Birth: Nov.4,1920	Birth Place: Chester, Idaho	Full Name of Mother: Sarah Cook	Name of Father: Leroy Godfrey
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: LeRoy H. Godfrey and Sarah P. Godfrey	Date issued: May2,1959	Date Orig. Entry: May2,1959
	Date of Birth: Nov.4,1920	Birth Place: Chester, Idaho	Full Name of Mother: Sarah P. Godfrey	Name of Father: LeRoy H. Godfrey
SUPPORTING RECORD 3.	Type of Document: Emmett, Idaho Own child's hospital birth record	By whom issued and signed: Mary Secor Hospital	Date issued: Oct.10,1979	Date Orig. Entry: child born Sep.25,1940
	Date of Birth: Nov.4,1920	Birth Place: Chester, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 18 1979

K FORM BH 56067 Mic #15951 recd 6-12-79

OCT. 19 1979

599-128-029-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALD DURELL NIRK			2. Date Of Birth (month) March (day) 28, (year) 1920	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: CORA, IDAHO LATAH	b. City or Town of Birth: CORA IDAHO	
FATHER	6. Full Name of Father: DURELL IRWIN NIRK			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: MARY ANNA BYSEGGER			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald Durell Nirk		11. Present Address of Registrant: Route 1 Box 113 Potlatch, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 19 79	12. Signature of Notary: Richard Barker		13. Notary Commission expires: (Life time) 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date issued: Oct.15,1979	Date Orig. Entry: obviously old
	Date of Birth: Mar.28,1920 / Birth Place: Cora, Idaho	Full Name of Mother: Mary Anna Bysegger	Name of Father: Durell Irwin Nirk	
SUPPORTING RECORD 2.	Type of Document: School census	By whom issued and signed: Latah County, Idaho	Date issued: Nov.2,1979	Date Orig. Entry: Sep.7,1926
	Date of Birth: Age: 6 / Birth Place: --------	Full Name of Mother: --------	Name of Father: D. I. Nirk	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #48-8387	Date issued: on file	Date Orig. Entry: child born July7,1948
	Date of Birth: Age: 28 / Birth Place: Latah County,ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	NOV 20 1979

FORM BH 56067 (N) 3-22-61. cc 1 Copy paid rec. #12247. (Search made)

NOV 20 1979

123-105-024-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-419

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALBERT ASCUENA
2. Date Of Birth: (month) 12 (day) 5 (year) 1920
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County: GOODING; b. City or Town of Birth: HAGERMAN

FATHER

6. Full Name of Father: LIBROIO ASCUENA
7. State or Country of Father's Birth: SPAIN

MOTHER

8. Full Maiden Name of Mother: EUGENIA GAVIOLA
9. State or Country of Mother's Birth: SPAIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert Ascuena
11. Present Address of Registrant: 4490 HWY 50 EAST CARSON CITY, NV 89701

NOTARY (Seal)

C. H. HUTTMAN
Notary Public-State of Nevada
Carson City
Subscribed and sworn to before me on Dec. 16 1979
My Commission Expires Dec. 17, 1979

12. Signature of Notary: C. H. Huttman
13. Notary Commission expires: 12-17 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Declaration of Intention	Immigration and Naturalization U.S. Department of Justice	Sep.13,1979	May17,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.5,1920	Hagerman, ID	Eugenia Ascuena	Libroio Ascuena

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
National Personnel Records, Military	National Personnel Records Center St. Louis, MO	May1,1979	Oct.12,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.5,1920	Hagerman, ID	Eguna Ascuena	Leon Ascuena

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Social Security Administration	Oct.23,1979	Feb.,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.5,1920	Hagerman, Idaho	Eugenia Gabiola	Leon Ascuena

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: DEC 19 1979

FORM BH 56067

4-27-79

DEC 2 0 1979

547-103-016-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-048

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ferron James Empey
2. Date Of Birth: (month) March (day) 3 (year) 1920
3. Color or Race: cau
4. Sex: M
5. Place of Birth: a. County (Bow) Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Alonzo Ernest Empey
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Olive Adeline Mitchell
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ferron James Empey
11. Present Address of Registrant: 442 E. 19th St. Idaho Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on February 5 1980

12. Signature of Notary: Ardath B. Lee [redacted]
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	June6,1920	blessed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1920	Idaho Falls, ID	Olive Mitchell	June6,1920 Ernest Empey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church	Mar.10,1938	ordained Feb.20,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1920	Idaho Falls, ID	Olive Mitchell	Earnest Empey

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Armed Services	Jan.3,1946	inducted

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1920	Idaho Falls, Idaho	----------	Jan.22,1942 ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 19 1980

FORM BH 56067

FEB 20 1980

APR 24 1997

212-211-001-191

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Narcisa Sabala			2. Date Of Birth (month) June (day) 11, (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Hipolito Sabala			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Maria Araquistain			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Narcisa Anchustegui		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 4, 1980	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. Bernardo Arrigui Roman Catholic Church	Date issued: Mar 4,1980	Date Orig. Entry: Baptized Feb. 10,1921
	Date of Birth: Jun.11,1920	Birth Place: Boise, Idaho	Full Name of Mother: Maria Araquistain	Name of Father: Hipolito Sabala	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate on file - Idaho - # 407413		By whom issued and signed:	Date issued: ----	Date Orig. Entry: child born June 3,1945
	Date of Birth: Age 24	Birth Place: Boise, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Application for Employment		By whom issued and signed: Falk Mercantile Company, Ltd	Date issued: March 1980	Date Orig. Entry: Employed Feb. 16, 1949
	Date of Birth: Jun 11,1920	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Florence Curtright	Date Filed: Mar.6,1980

FORM BH 56067

3-4-80

Sabala - Arechusategui

MAR 3 - 1980

983-125-042-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-085

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOHN RYLAARSDAM
2. Date Of Birth (month) 1 (day) 25 (year) 1920
3. Color or Race: W.
4. Sex: MALE
5. Place of Birth: a. County TWIN FALLS; b. City or Town of Birth AMSTERDAM IDAHO

FATHER

6. Full Name of Father: TONY JOHN RYLAARSDAM
7. State or Country of Father's Birth: HOLLAND

MOTHER

8. Full Maiden Name of Mother: HILDA VANDERWALL
9. State or Country of Mother's Birth: HOLLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Rylaarsdam
11. Present Address of Registrant: 10988 E. 16th Ave. Apt 107 Aurora Colo. 80010

NOTARY (Seal)

Subscribed and sworn to before me on October 10 19 79
12. Signature of Notary: Connie L. Forehand
13. Notary Commission expires: May 4 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Armed Services	Nov.15,1945	inducted May26,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1920	Amsterdam,ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	State Mutual Life Assurance Co. of America	Junel,1967	Junel,1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1920	Amsterdam,ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Social Security Administration	Jan.14,1980	Oct.,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1920	Amsterdam, Idaho	Hilda Vanderwhall	Tony J. Rylaarsdam

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	MAR 21 1980

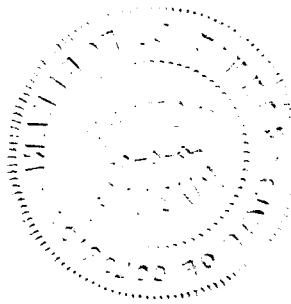
FORM BH 56067

CC # 1364

12-1-78

Ryksarkivet

MAR 4 1980



619-203-022-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-096

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivian Ada Farnworth
2. Date Of Birth (month) (day) (year): Feb. 3 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Freemont; b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: Vernon Farnworth
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ada Percinda Hokanson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian Ada Farnworth Long
11. Present Address of Registrant: 477 W. Kwanzan Circle Orem, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 3-5-80 19___
12. Signature of Notary: Beverly J Keisin
13. Notary Commission expires: 3-31- 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Mar.7,1920	Mar.7,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1920	Ashton, ID	Ada P. Hokanson	blessed Vernon Farnworth

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father, age 83	Vernon Farnworth	Feb.6,1980	Feb.6,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1920	Ashton, ID	Ada Percinda Hokanson	Vernon Farnworth

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah	Apr.14,1970	child born May27,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Ashton, ID	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	MAR 25 1980

FORM BH 56067

Doctr. 7742

1-18-80

MAR 2 6 1980

FEB 2 6 2001

759-118-006-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-103

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oren Anthony Perkins
2. Date Of Birth (month) (day) (year): Sept 18 1920
3. Color or Race: Cau.
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Goshen

FATHER

6. Full Name of Father: Anthony Perkins
7. State or Country of Father's Birth: Nevada

MOTHER

8. Full Maiden Name of Mother: Effie Easeman Huntsman
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Oren A. Perkins
11. Present Address of Registrant: X6801 E Broadway 304

NOTARY (Seal)

Subscribed and sworn to before me on March 10th 19 80

12. Signature of Notary: Lillian K Williams
13. Notary Commission expires: My Commission Expires Jan. 19, 1981 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family church record	Family records	Mar.13,1980	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.18,1920 Goshen, Idaho	Effie Easeman Huntsman	Anthony Perkins	
SUPPORTING RECORD 2.	Affidavit by family friend	Lawrence W. Perkins, born 1906	Feb.27,1980	Feb.27,1980
	Sep.18,1920 Goshen, Idaho	Effie Easman Huntsman	Anthony Perkins	
SUPPORTING RECORD 3.	Marriage affidavit	Clark County, Nevada	July11,1946	July11,1946
	Age: 25	----------	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 27 1980

FORM BH 56067

White

MAR 28 1980

933-125-036-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-143

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vern DeVere Illum
2. Date Of Birth (month) (day) (year): March 25 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Sevil Fredrick Illum
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Eleanor (Nellie) Jane Beard
9. State or Country of Mother's Birth: Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: V. DeVere Illum
11. Present Address of Registrant: Rt. 1 Box 173 Malad, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 4, 1980
12. Signature of Notary: Evelyn F. Harrison
13. Notary Commission expires: 2-3-1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	College transcript	University of Idaho, Moscow, ID	Feb.13,1980	Sep.22,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.25,1920 Malad, ID	Nellie Beard Illum	Sevil F. Illum	
SUPPORTING RECORD 2.	Marriage license affidavit	Oneida County, Idaho	Mar.6,1980	Dec.29,1950
	Age: 30 Malad, Idaho	----------	----------	
SUPPORTING RECORD 3.	Affidavit by family friend, age 74	John Leavitt	Apr.11,1980	Apr.11,1980
	Mar.25,1920 Malad, ID	Nellie Beard	Sevil F. Illum	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wiske
Evidence reviewed by: cc Colleen Cunningham
Date Filed: APR 24 1980

FORM BH 56067 ICC#19254

3-27-78

Illum

APR 25 1980

842-205-016-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Fae Hubbard			2. Date Of Birth (month) February (day) 5 (year) 1920	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba	
FATHER	6. Full Name of Father: Alfred Cordon Hubbard			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Julia Ann Eames			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Fae Hubbard		11. Present Address of Registrant: 239 Detroiter, Murray, Utah 84107	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1980	12. Signature of Notary: Elizabeth Long		13. Notary Commission expires: May 5 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 438169		Date Issued: June26,1961	Date Orig. Entry: child born June29,1947
	Date of Birth: Age: 27	Birth Place: Elba, ID	Full Name of Mother: ----------		Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: Feb.28,1967	Date Orig. Entry: Aug.3,1930
	Date of Birth: Feb.5,1920	Birth Place: Elba, Idaho	Full Name of Mother: ---		Name of Father: Alfred Cordon Hubbard
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 87	By whom issued and signed: James Leroy Eames		Date Issued: Apr.24,1980	Date Orig. Entry: Apr.24,1980
	Date of Birth: Feb.5,1920	Birth Place: Elba, ID	Full Name of Mother: Julia Ann Eames		Name of Father: Alfred Cordon Hubbard
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 04 1980

FORM BH 56067

JUN 5 1980

963-215-007-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-184

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ima Jean Rockwell
2. Date Of Birth (month) (day) (year): March 15, 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Hailey

FATHER

6. Full Name of Father: Ray Thomas Rockwell
7. State or Country of Father's Birth: Newton County, Missouri

MOTHER

8. Full Maiden Name of Mother: Hazel Sophia Fleming
9. State or Country of Mother's Birth: Idaho, Hailey City of Blaine

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ima Jean Rockwell Jones
11. Present Address of Registrant: 5661 Old Oregon Trail, Redding, Ca. 96003

NOTARY (Seal)

Subscribed and sworn to before me on: May 19th 1980
12. Signature of Notary: Joan M. Earle
13. Notary Commission expires: July 5th 1980

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Occidental Life Ins. Co.	June4,1942	June4,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1920	Hailey,ID	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affida[illegible]	Marjorie D. McCoy, cousin, age 74	Apr.21,1980	Apr.21,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1920	Hailey, Idaho	Hazel Fleming Rockwell	Ray Rockwell

[illegible] COUNTY OF [illegible] July 5, 1980

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Rev.Robert G. Konzelman SanFrancisco, CA	July23,1950	baptized July23,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1920	Hailey, ID	Hazel	Ray Thomas Rockwell

QUALIFYING INFORMATION

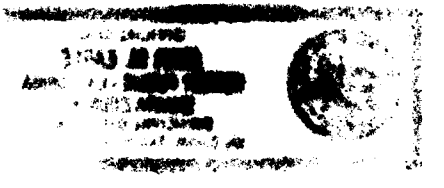
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 05 1980

FORM BH 56067

JUN 30 1980



191-115-006-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-210

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilbur Lyal Arave
2. Date of Birth: (month) June (day) 15, (year) 1920
3. Color or Race: white
4. Sex: M.
5. Place of Birth: a. County: Jamestown, Bingham; b. City or Town of Birth: Jamestown

FATHER

6. Full Name of Father: Nelson Earl Arave
7. State or Country of Father's Birth: Utah, Hooper

MOTHER

8. Full Maiden Name of Mother: Della Elizabeth Hampton
9. State or Country of Mother's Birth: Idaho, Jamestown

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyal Arave
11. Present Address of Registrant: Rt #4 Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 16 1980
12. Signature of Notary: Karen R. Waddoups
13. Notary Commission Expires: April 2 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church	Jan.7,1934	ordained

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June15,1920	Jamestown, ID	Della E. Hampton	Jan.7,1934 Nelson Earl Arave

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho	on file	child born ~~Apr.21,1942~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Jamestown, ID	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family bible	Family bible	viewed June26,1980	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June15,1920	Jamestown, ID	Della E. Arave	Nelson Earl Arave

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

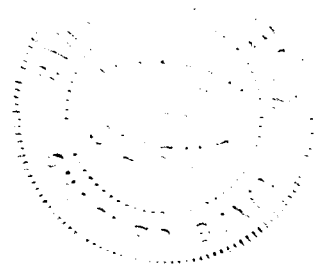
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUN 26 1980

FORM BH 56067

8-9-79

Arave

JUN 2 7 1980



893-114-042-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-218

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Fred Hills		2. Date Of Birth (month) February (day) 14 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Curry
FATHER	6. Full Name of Father: William P. Hills		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Bessie L. Starry		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Fred Hills	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on June 2 1978	12. Signature of Notary: Marion Royer	13. Notary Commission expires Nov 6 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate hospital record	By whom issued and signed: St. Benedict's Hospital Jerome, ID	Date Issued: Jan.13,1955	Date Orig. Entry: Jan.13,1955 child born
	Date of Birth: Feb.14,1920	Birth Place: Twin Falls County, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date Issued: Oct.29,1979 Viewed	Date Orig. Entry: obviously old
	Date of Birth: Feb.14,1920	Birth Place: Idaho	Full Name of Mother: Bessie Lela	Name of Father: William Parker Hills
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 74	By whom issued and signed: Marvel Dean	Date Issued: Nov.5,1979	Date Orig. Entry: Nov.5,1979
	Date of Birth: Feb.14,1920	Birth Place: Curry, ID	Full Name of Mother: Bessie L. Starry	Name of Father: William P. Hills
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUL 01 1980

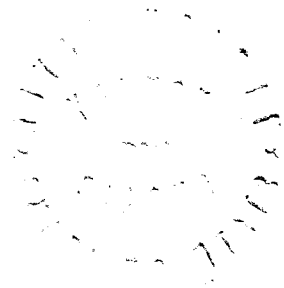
FORM BH 56067

10-11-80

4-11-78

Hills

JUL 01 1980



631-22-001-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-226

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shirley Lou Flake
2. Date Of Birth: (month) April (day) 24 (year) 1920
3. Color or Race: White
4. Sex: Fe
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: George Curtis Flake
7. State or Country of Father's Birth: Star, Idaho

MOTHER

8. Full Maiden Name of Mother: Gladys Marguerite Kennedy
9. State or Country of Mother's Birth: Reno, Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley Lou Wilson / Shirley Lou Flake
11. Present Address of Registrant: 1300 Sylvia Drive, Bakersfield, Calif.

NOTARY (Seal)

NOTARY PUBLIC CALIFORNIA
KERN COUNTY
My Commission Expires April 19, 1983

Subscribed and sworn to before me on April 25, 1980

12. Signature of Notary: Jo Ann Dales
13. Notary Commission expires: 4/19/83

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of California	July1,1980	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / Boise, ID	----------	June21,1945	
SUPPORTING RECORD 2.	Affidavit by uncle, age 80	Truman R. Tinker	June18,1980	June18,1980
	Apr.24,1920 / Boise, ID	Gladys Marguerite Kennedy	Flake George Curtis Flake	
SUPPORTING RECORD 3.	Marriage certificate	State of California	Sep.4,1979	Dec.3,1951
	Age: 31 / Idaho	Marguerite Kennedy	George Curtis Flake	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 14 1980

FORM BH 56067

8-20-79

JUL 15 1980

251-128-042-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD CLARENCE C. BEAN		2. Date Of Birth (month) Oct (day) 28 (year) 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Filer a. County: Twin Falls b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: William Jasper Bean		7. State or Country of Father's Birth: ARKANSAS
MOTHER	8. Full Maiden Name of Mother: Inda Armana Goddard		9. State or Country of Mother's Birth: ARKANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Bean	11. Present Address of Registrant: 325 Colo St Gooding Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1980	12. Signature of Notary: Joan K. Mowery	13. Notary Commission expires: Feb 14 1984

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military record	By whom issued and signed: U.S. Army	Date issued: May5,1946	Date Orig. Entry: inducted Mar.25,1944
	Date of Birth: Oct.28,1920 Birth Place: Filer, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Bible record, notarized	By whom issued and signed: Family bible	Date issued: June14,1980	Date Orig. Entry: obviously old
	Date of Birth: Oct.28,1920 Birth Place: Filer, ID	Full Name of Mother: Manie Godard Bean	Name of Father: Jasper Bean	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Physicians Mutual Ins. Co.	Date issued: Apr.29,1974	Date Orig. Entry: Apr.29,1974
	Date of Birth: Oct.28,1920 Birth Place: Filer, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUL 17 1980

FORM BH 56067

Kappel rec # 555

10-10-66

JUL 17 1980

612417-010-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-232

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: J Stanford WAKEMAN
2. Date Of Birth: (month) July (day) 17 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County 555 B St. Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Eric Herman WAKEMAN
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Beulah Muir
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J Stanford Wakeman
11. Present Address of Registrant: 213 Colleen Dr Las Vegas NV

NOTARY (Seal)

Subscribed and sworn to before me on June 23 19 80

12. Signature of Notary: John D. Nitz
13. Notary Commission expires: March 22 19 81

Notary Public State of Nevada
CLARK COUNTY
John D. Nitz
My Commission Expires Mar. 22, 1981

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister, born 1906	Mildred Patterson	Nov.23,1979	Nov.23,1979
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July17,1920 Bonneville County, ID	Buelah Muir Wakeman	Eric Herman Wakeman	
SUPPORTING RECORD 2.	Church record of membership	LDS Church	Feb.7,1973	Oct.3,1920
	July17,1920 Idaho Falls, ID	Beulah Muir	Erick H. Wakeman	
SUPPORTING RECORD 3.	Military record	U.S. Armed Services	Oct.18,1945	Aug.18,1942 inducted
	July17,1920 Idaho Falls, ID	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 17 1980

FORM BH 56067

6-5-79

Wakeman

JUL 17 1980

Childs Cert. O.K.
JoAnn Wakeman
9-4-54
Idaho Falls

316-127-015-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aerol Ross Law		2. Date Of Birth (month) July (day) 27 (year) 1920	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Jesse Law		7. State or Country of Father's Birth: Paris, Bear Lake County, Idaho	
MOTHER	8. Full Maiden Name of Mother: Audrey Packer Perkins		9. State or Country of Mother's Birth: Franklin, Oneida County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aerol R Law	11. Present Address of Registrant: 9140 Ustick Rd. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: August 26 1980	12. Signature of Notary: Jeanne Halbrecht	13. Notary Commission expires: March 17 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of ordination	By whom issued and signed: L. D. S. Church	Date Issued: Sept.8,1935	Date Orig. Entry: Baptized Apr.8,1929	
	Date of Birth: July 27,1920	Birth Place: Soda Springs	Full Name of Mother: Audrey Perkins	Name of Father: Jesse Law	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Feb.3,1946	Date Orig. Entry: Sept. 21,1944	
	Date of Birth: July 27,1920	Birth Place: Soda Springs,Id	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate on file	By whom issued and signed: - Idaho - 362345	Date Issued: -----	Date Orig. Entry: child born Nov.5,1942	
	Date of Birth: Age 22	Birth Place: Soda Springs, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	August 28,1980

FORM BH 56067

8-22-80

LAW

DEC 19 2006

389-116-005-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-267

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROBERT RANDALL CYR
2. Date Of Birth (month) FEB (day) 16 (year) 20
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: ST. JOE IDAHO BENEWAH
b. City or Town of Birth: ST JOE DAHO

FATHER

6. Full Name of Father: LARRY CYR
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: ANNA GROFF
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert R Cyr
11. Present Address of Registrant: 5715 North Lost SPOKANE WA. 99208

NOTARY (Seal)

Subscribed and sworn to before me on December 4 1979

12. Signature of Notary: Barbara M Nelson
13. Notary Commission expires: March 15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	Spokane Public Schools Dist.81	Nov.27,1979	May1,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.16,1920	----------	Anna Cyr	Larry Cyr

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Army	Aug.24,1945	Inducted Sep.16,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.16,1920	St. Joe, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
INSURANCE RECORD	NATL. SERVICE INS.	8-7-80	6-12-56

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-16-20	ST. JOE, ID.	ANNA A. GROFF	—

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	SEP 02 1980

FORM BH 56067

SEP 3 1980

214-202.022-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DE80-292

• State File No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONNA LUELLA BAUM			2. Date Of Birth (month) DECEMBER (day) 2 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: MARYSVILLE
FATHER	6. Full Name of Father: ORSON BAUM			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: RUBY LORENA HAWS			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Luella Baum		11. Present Address of Registrant: TWIN FALLS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on 10/18/1979	12. Signature of Notary: G. C. Ewald		13. Notary Commission expires 9/22/1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Nov.14,1979	Date Orig. Entry: blessed
	Date of Birth: Dec.2,1920	Birth Place: Marysville,ID	Full Name of Mother: Ruby Haws	Name of Father: Orson Baum	Mar.6,1921
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 56-6189		Date Issued: on file	Date Orig. Entry: child born May5,1956
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 73	By whom issued and signed: Lois Baum Rowland		Date Issued: Aug.25,1980	Date Orig. Entry: Aug.25,1980
	Date of Birth: Dec.2,1920	Birth Place: Marysville, ID	Full Name of Mother: Ruby L. Baum	Name of Father: Orson Baum	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham cc /cc	SEP 05 1980

FORM BH 56067

GAYLE NC

SEP 8 1980

796-225-002-616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-312

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Louise Grossen
2. Date Of Birth (month) Oct. (day) 25 (year) 1920
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Adams; b. City or Town of Birth Council, Idaho

FATHER

6. Full Name of Father: Adolf Grossen
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Elise Wafler
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma Louise Barlow
11. Present Address of Registrant: Rt. 1 Box 168 Cambridge Idaho 83610

NOTARY (Seal)

Subscribed and sworn to before me on: September 8 1980
12. Signature of Notary: S. Avanelle Newman
13. Notary Commission expires: June 1 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #55-9406	on file	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Council, ID	----------	July8,1955 ----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative, age 61	Effie Grossen Missman	Jan.21,1964	Jan.21,1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.25,1920	Council, ID	Elise Wafler Grossen	Adolf Grossen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy	Beneficial Life Ins. Co.	Oct.10,1935	Oct.10,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 15 next birthday	------	----------	Adolf Grossen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham	SEP 30 1980

FORM BH 56067

12-26-63

OCT 1 1980

356-201-031-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOIS M. LEONARD			2. Date Of Birth (month) JULY (day) 1 (year) 1920	
	3. Color or Race: WHITE	4. Sex:	5. Place of Birth a. County: KAMIAH, IDAHO LEWIS	b. City or Town of Birth: KAMIAH, IDAHO	
FATHER	6. Full Name of Father: JOHN D. LEONARD			7. State or Country of Father's Birth: UNKNOWN	
MOTHER	8. Full Maiden Name of Mother: CLARA HAZEL WHEELER			9. State or Country of Mother's Birth: UNKNOWN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois M. Leonard		11. Present Address of Registrant: E. 3415 Liberty Ave.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1980	12. Signature of Notary: Thomas C Gould		13. Notary Commission expires: March 1 1984	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Number app.	By whom issued and signed: Social Security Administration		Date Issued: Aug.7,1980	Date Orig. Entry: Dec.,1948
	Date of Birth: July1,1920	Birth Place: Kamiah, ID	Full Name of Mother: Hazel C. Wheeler	Name of Father: Jack D. Leonard	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: Roman Catholic Church		Date Issued: Aug.1,1980	Date Orig. Entry: baptized ~~Oct.29,1951~~
	Date of Birth: July1,1920	Birth Place: Kamiah, ID	Full Name of Mother: Hazel Wheeler	Name of Father: John Leonard	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 70	By whom issued and signed: Orene M. Lamb		Date Issued: Aug.7,1980	Date Orig. Entry: Aug.7,1980
	Date of Birth: July1,1920	Birth Place: Kamiah, ID	Full Name of Mother: Hazel Clara Wheeler	Name of Father: John D. Leonard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham	OCT 08 1980

FORM BH 56067

7-18-80

Rotunno

OCT 9 1980

163-215-006-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Jolley		2. Date of Birth (month) (day) (year): 11 – 15 – 20
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Bingham
			b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Irvin H. Jolley		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Orvilla Young		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Jolley	11. Present Address of Registrant: 980 Malcolm Ln. Hayward Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 17 1980	12. Signature of Notary: Claude Duncan	13. Notary Commission expires: Oct 13 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport	By whom issued and signed: United States of America	Date Issued: Oct.14,1970	Date Orig. Entry: Oct.14,1970
	Date of Birth: Nov.15,1920 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Oct.8,1980	Date Orig. Entry: blessed
	Date of Birth: Nov.15,1920 / Birth Place: Goshen, ID	Full Name of Mother: Orvilla Young	Name of Father: Irvin H. Jolley	Dec.5,1920
SUPPORTING RECORD 3.	Type of Document: Military record	By whom issued and signed: U.S.A.	Date Issued: Feb.14,1946	Date Orig. Entry: entered service Dec.28,1942
	Date of Birth: Nov.15,1920 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 09 1980

FORM BH 56067

OCT 1 0 1980

STATE OF CALIFORNIA
COUNTY OF Alameda } *ss.*

On this 17th *day of* September *in the year one thousand nine hundred and* eighty *before me,* the undersigned *, a Notary Public, State of California, duly commissioned and sworn, personally appeared* WILMA JOLLEY

known to me to be the person ..... whose name .... is *..... subscribed to the within instrument and acknowledged to me that* s*he..... executed the same.*

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the ..... County of Alameda *..... the day and year in this certificate first above written.*

Claude Dungan
Notary Public, State of California

My commission expires .....

OFFICIAL SEAL
CLAUDE DUNGAN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY
My Commission Expires Oct. 13, 1960

Cowdery's Form No. 32—Acknowledgement—General (C. C. Sec. 1190a)

293 205-042-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-337

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA JANE BILLS			2. Date Of Birth (month) JANUARY (day) 5 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TWIN FALLS COUNTY	b. City or Town of Birth: KIMBERLY, IDAHO
FATHER	6. Full Name of Father: MEAD JULIAN BILLS			7. State or Country of Father's Birth: FRESNO, CALIFORNIA (1889)
MOTHER	8. Full Maiden Name of Mother: HANNAH HARRISON HANKINS			9. State or Country of Mother's Birth: TAZEWELL, VIRGINIA (1888)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia J Bills		11. Present Address of Registrant: 4404 N.E. 39th AVE. PORTLAND, OREGON 97211
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1980	12. Signature of Notary: Patricia C Powell		13. Notary Commission expires: 3/14 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

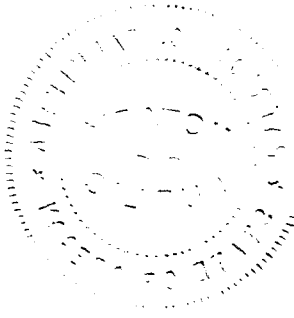
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho		Date Issued: on file	Date Orig. Entry: child born Aug.1,1946
	Date of Birth: Age: 26	Birth Place: Kimberly, ID	Full Name of Mother: ----------		Name of Father: - ----------
SUPPORTING RECORD 2.	Type of Document: Hospital record Portland, Oregon	By whom issued and signed: Portland Adventist Medical Center		Date Issued: Oct.6,1980	Date Orig. Entry: Dec.28,1958
	Date of Birth: Jan.5,1920	Birth Place: Idaho	Full Name of Mother: Hanna Hankins		Name of Father: Mead Bills
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 92	By whom issued and signed: Hannah Harrison Hankins Bills		Date Issued: Oct.13,1980	Date Orig. Entry: -Oct.13,1980
	Date of Birth: Jan.5,1920	Birth Place: Kimberly, ID	Full Name of Mother: Hannah Harrison Hankins		Name of Father: Mead Julian Bills
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 2 3 1980

FORM BH 56067

V/cx

OCT 22 1980



154-123-003-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-352

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lowell Dwaine Anderson			2. Date Of Birth: June 23 1920	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace	
FATHER	6. Full Name of Father: Edwin Anderson			7. State or Country of Father's Birth:	
MOTHER	8. Full Maiden Name of Mother: Lavern Kunz			9. State or Country of Mother's Birth:	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lowell Anderson		11. Present Address of Registrant: Route # 1 Dietrich, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 23, 19 80	12. Signature of Notary: Florence Eastright		13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's certificate	By whom issued and signed: on file - Idaho - #50-6900		Date Issued: -----	Date Orig. Entry: child born June 21, 1950
	Date of Birth: Age 29	Birth Place: Grace, Idaho	Full Name of Mother: --------	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Oct.30,1980	Date Orig. Entry: blessed Dec.5,1920
	Date of Birth: June23,1920	Birth Place: Idaho	Full Name of Mother: Mary Laverne Kunz	Name of Father: Edwin Ersal Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Lavern Anderson		Date Issued: Nov.4,1980	Date Orig. Entry: Nov.4,1980
	Date of Birth: June23,1920	Birth Place: Grace, ID	Full Name of Mother: Lavern Kunz	Name of Father: Edwin Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Colleen Cunningham	Date Filed: NOV 05 1980

FORM BH 56067

10-23-80

Anderson

NOV 05 1980

315-216-014-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-361

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florine Langevin			2. Date Of Birth (month) 1 (day) 16 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Gideon Eduard Langevin			7. State or Country of Father's Birth: Minn. USA
MOTHER	8. Full Maiden Name of Mother: Nannie Lee Remington			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florine Butchofer		11. Present Address of Registrant: Rt #6 Box 303 I F
NOTARY (Seal)	Subscribed and sworn to before me on Oct 6 1980	12. Signature of Notary: Marilee Sorensen		13. Notary Commission expires: Permanent 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #57-6910		Date Issued: on file	Date Orig. Entry: child born June7,1957
	Date of Birth: Age; 37	Birth Place: Caldwell, ID	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Insurance record	By whom issued and signed: Western Farm Bureau Life Ins.		Date Issued: May1,1953	Date Orig. Entry: May1,1953
	Date of Birth: Jan.16,1920	Birth Place: Caldwell, ID	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Marriage license and certificate	By whom issued and signed: Beaverhead County, Montana		Date Issued: Aug.22,1949	Date Orig. Entry: Aug.22,1949
	Date of Birth: Age: 29	Birth Place: Caldwell, ID	Full Name of Mother: Nannie Remington	Name of Father: Edvard Langevin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	NOV 13 1980

FORM BH 56067

9-29-80

Florine Butchofer

NOV 13 1980

455-123-042-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHESTER TRUMAN DENTON		2. Date Of Birth (month) (day) (year): APRIL 23 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: TWIN FALLS; b. City or Town of Birth: TWIN FALLS IDAHO
FATHER	6. Full Name of Father: GEORGE WASHINGTON DENTON		7. State or Country of Father's Birth: FREMONT NEBRASKA
MOTHER	8. Full Maiden Name of Mother: JANETTA GERTRUDE PUCKETT		9. State or Country of Mother's Birth: JENNINGS KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Truman Denton	11. Present Address of Registrant: 1350 S. Century Drive, Tremonton, Utah 84337
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 24 1980	12. Signature of Notary: Richard L. Drake	13. Notary Commission expires: March 29 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 81	By whom issued and signed: Gertrude Denton	Date Issued: Oct.24,1980	Date Orig. Entry: Oct.24,1980
	Date of Birth: Apr.23,1920 / Birth Place: Twin Falls, ID	Full Name of Mother: Janetta Gertrude Puckett	Name of Father: George Washington Denton	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Naval Service	Date Issued: Nov.29,1945	Date Orig. Entry: enlisted May11,1939
	Date of Birth: Apr.23,1920 / Birth Place: Twin Falls, ID	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Personnel Security Questionnaire	By whom issued and signed: Department of Defense	Date Issued: 1959	Date Orig. Entry: 1959
	Date of Birth: Apr.23,1920 / Birth Place: Twin Falls, ID	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

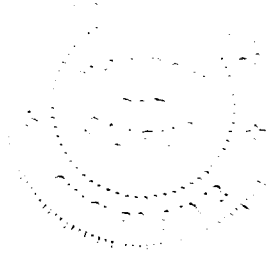
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 11 1980

FORM BH 56067

7-22-60 one copy paid

DEC 12 1980



666-103-003-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-391

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale George Fowler			2. Date Of Birth (month) (day) (year): May 3 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lago Bonneck	b. City or Town of Birth: Lago	
FATHER	6. Full Name of Father: John Calvin Fowler			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Sine Swensen			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dale G. Fowler		11. Present Address of Registrant: Grace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 19 61	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 28 19 65	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Sine Swensen, mother		Date Issued: Oct.16,1961	Date Orig. Entry: -----
	Date of Birth: May 3,1920	Birth Place: Lago, Idaho	Full Name of Mother: Sine Swensen	Name of Father: John Calvin Fowler	
SUPPORTING RECORD 2.	Type of Document: Church record of membership	By whom issued and signed: LDS Church		Date Issued: Aug.1,1920	Date Orig. Entry: Aug.1,1920
	Date of Birth: May3,1920	Birth Place: Lago, ID	Full Name of Mother: Sine Swensen	Name of Father: John C. Fowler	
SUPPORTING RECORD 3.	Type of Document: Patriarchal blessing	By whom issued and signed: LDS Church		Date Issued: Dec.15,1957	Date Orig. Entry: Dec.15,1957
	Date of Birth: May3,1920	Birth Place: Lago, ID	Full Name of Mother: Sine Swensen	Name of Father: John Calvin Fowler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham pw	DEC 16 1980

FORM BH 56067

1 copy paid #04067 8-11-60 + 100 H 13205

10-23-61

231-219-010-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-394

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zelma Standley
2. Date Of Birth (month) (day) (year): March 19 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bonneville
   b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Joseph Hyrum Standley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lillie Viola Russell
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zelma Standley Coburn
11. Present Address of Registrant: 1086 Blaine Idaho Falls ID.

NOTARY (Seal)

Subscribed and sworn to before me on: December 3 1980

12. Signature of Notary: Marsha K. McKinlay
13. Notary Commission expires: lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: ~~Affidavit by aunt, age 75~~
By whom issued and signed: Effie Russell White
Date Issued: Dec.4,1980
Date Orig. Entry: Dec.4,1980

Date of Birth: Mar.19,1920
Birth Place: Iona, ID
Full Name of Mother: Lillie Viola Russell
Name of Father: Joseph Hyrum Standley

SUPPORTING RECORD 2.

Type of Document: Church record
By whom issued and signed: LDS Church
Date Issued: Nov.16,1980
Date Orig. Entry: blessed ~~May2,1920~~

Date of Birth: Mar.19,1920
Birth Place: Iona, ID
Full Name of Mother: Lillie Viola Russell
Name of Father: Joseph Hyrum Standley

SUPPORTING RECORD 3.

Type of Document: Family record
By whom issued and signed: Family record
Date Issued: Viewed Dec.16,1980
Date Orig. Entry: obviously old

Date of Birth: Mar.19,1920
Birth Place: Iona, ID
Full Name of Mother: Lillie Viola Russell
Name of Father: Joseph Hyrum Standley

QUALIFYING INFORMATION

Marriage license affidavit from Bonneville County, Idaho, lists Zelma Standley's age as 18 as of March 19, 1938, and the record is dated February 21, 1939.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 16 1980

K

FORM BH 56067

ICC # 3202

8-22-80

COBURN

997-221-024-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delores May Rigsby		2. Date Of Birth (month) (day) (year): May 21 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Thousand Springs Gooding	b. City or Town of Birth
FATHER	6. Full Name of Father: Charles W Rigsby		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Laura Alice Hansen		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delores May Baker	11. Present Address of Registrant: 3941 SW Borland Seaside	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 28, 1980	12. Signature of Notary: Margaret D. Davis	13. Notary Commission expires: Lifetime 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth record	By whom issued and signed: State of Idaho #403739	Date Issued: on file	Date Orig. Entry: child born Mar.22,1945	
	Date of Birth: Age: 24	Birth Place: Thousand Springs, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: notarized copy Family bible record	By whom issued and signed: Family bible	Date Issued: Dec.22,1980 viewed	Date Orig. Entry: obviously old	
	Date of Birth: May21,1920	Birth Place: Thousand Springs, ID	Full Name of Mother: Laura Alice Hansen	Name of Father: Charles W. Rigsby	
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: High School record	Date Issued: Dec.17,1980	Date Orig. Entry: 1936	
	Date of Birth: May21,1920	Birth Place: Thousand Spring, ID	Full Name of Mother: Laura Rigsby	Name of Father: Charles Rigsby	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 22 1980

K

FORM BH 56067

DEC 22 1980

685-211-040-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH LORAINE WHEATLEY			2. Date Of Birth (month) 7 (day) 11 (year) 1920	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: WALLACE HOSPITAL SHOSHONE	b. City or Town of Birth: WALLACE	
FATHER	6. Full Name of Father: GEORGE HOLT WHEATLEY			7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: LAURA OMEGA SPAULDING			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth L. Bryant	11. Present Address of Registrant: 18000 LANGENSAND ROAD SANDY, OREGON 97055	
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1980		12. Signature of Notary: Dorothea P Berglund	13. Notary Commission expires: 12/15 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Report of Separation		By whom issued and signed: Army Nurse Corps	Date Issued: Jun 27,1944	Date Orig. Entry: Entered Nov. 15,1943
	Date of Birth: Jul 11,1920	Birth Place: Wallace, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 87		By whom issued and signed: Laura Omega Wheatley	Date Issued: Nov.24,1980	Date Orig. Entry: -----
	Date of Birth: July 11,1920	Birth Place: Wallace, Idaho	Full Name of Mother: Laura Omega Spaulding	Name of Father: George Holt Wheatley	
SUPPORTING RECORD 3.	Type of Document: Record of Baptism		By whom issued and signed: Holy Trinity Episcopal	Date Issued: Jan.2,1981	Date Orig. Entry: Baptized Nov.28,1924
	Date of Birth: Jul 11,1920	Birth Place: Wallace, Idaho	Full Name of Mother: Laura Omega Spaulding	Name of Father: George Holt Wheatley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Flornece Curtright	Date Filed: Jan. 23, 1981

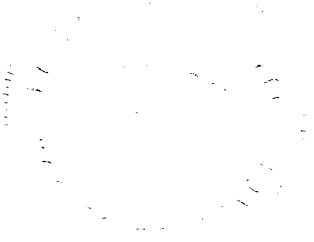
FORM BH 56067

ICC # 4347

7-8-80

Bryant

JAN 23 1987



799-129-022-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DE81-025
State File No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Carl Gustav Griffel			2. Date Of Birth (month) 2 (day) 29 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Home Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: Arthur Griffel			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Minna Elsie Pauline Lenz			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry C Griffel		11. Present Address of Registrant: Ashton, Idaho 83420	
NOTARY (Seal)	Subscribed and sworn to before me on: 12/29 1980	12. Signature of Notary: [illegible]		13. Notary Commission expires: ____ 19__	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: MARRIAGE LICENSE	By whom issued and signed: FREMONT COUNTY, ID		Date Issued: JAN 5, 1951	Date Orig. Entry: JAN 5 1951
	Date of Birth: AGE: 30	Birth Place: ASHTON, ID	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: BAPTISM	By whom issued and signed: EV. LUTHERAN		Date Issued: APR. 4, 1920	Date Orig. Entry: BAPTISED APRIL 4 1920
	Date of Birth: FEB 29 1920	Birth Place: IDAHO	Full Name of Mother: MINNA LENZ	Name of Father: ARTHUR GRIFFEL	
SUPPORTING RECORD 3.	Type of Document: MILITARY DISCHARGE	By whom issued and signed: U.S.A.		Date Issued: OCT. 31, 1945	Date Orig. Entry: ENLISTED SEPT. 25, 1941
	Date of Birth: FEB 29, 1920	Birth Place: ASHTON, ID	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham		Date Filed: FEB 4 1981	

FORM BH 56067

GRIFFEL

FEB 5 1981

292-202-004-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-028

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Johanna Esther Bischoff
2. Date Of Birth (month) (day) (year): Feb. 2. 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
   b. City or Town of Birth: GENEVA

FATHER

6. Full Name of Father: Edward Bischoff
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Johanna Blechert
9. State or Country of Mother's Birth: East Prussia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Johanna B. Sloughter
11. Present Address of Registrant: GENEVA, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on 11-7 1980.

12. Signature of Notary: Betty L Swenson
13. Notary Commission expires: Lifetime 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's certificate of birth	State of IDAHO	on file	child born May20,1950
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Age: 30	Geneva, ID	----------	----------
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: American Nat'l. Ins. Co.	Date Issued: Oct.3,1938	Date Orig. Entry: Oct.3,1938
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Feb. 2, 1920	Geneva, ID	----------	Edward Bischoff
SUPPORTING RECORD 3.	Type of Document: CHURCH RECORD	By whom issued and signed: LDS CHURCH	Date Issued: JAN. 25, 1978	Date Orig. Entry: BLESSED FEB. 5, 1920
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	FEB. 2, 1920	GENEVA, ID	JOHANNA BLECHERT	EDWARD BISCHOFF

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicke	Colleen Cunningham cc	FEB 4 1981

FORM BH 56067

10-21-80

FEB 5 1981

236-201-035-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-031

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Adel Joyce Scott
2. Date Of Birth (month) (day) (year): Sept 1 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Lewiston Idaho
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Charles Delbert Scott
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Lydia Anna Baker
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Adel Joyce Scott Charron
11. Present Address of Registrant: Rt 3 Box 108 Yakima Wash 98901

NOTARY (Seal)

Subscribed and sworn to before me on: December 15, 1980
12. Signature of Notary: Judith A. Farthing
13. Notary Commission expires: 8-18-1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Application	Social Security Administration	May23,1980	July, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.1,1920	Lewiston, ID	Lydia A. Backer	Charles D. Scott

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Franklin County, Washington	Dec.19,1980	Apr.22,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Lewiston, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth record	State of Oregon	Dec.19,1980	child born ~~Aug.18,1942~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Lewiston, ID	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

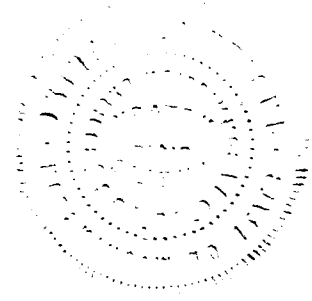
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 4 1981

FORM BH 56067

8-22 79

Chairman

FEB 5 1981



753-110-003-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Henry Peterson		2. Date Of Birth (month) 10 (day) 10 (year) 20	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingl Idaho Bannock	b. City or Town of Birth
FATHER	6. Full Name of Father: Charles Henry Peterson		7. State or Country of Father's Birth: Idaho - Bannock	
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Hopla		9. State or Country of Mother's Birth: Utah - Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Henry Peterson	11. Present Address of Registrant: 1345 No. Garfield	
NOTARY (Seal)	Subscribed and sworn to before me on: 7 June 1972	12. Signature of Notary: Mildred C Loveless	13. Notary Commission expires: 10 June 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: Feb.6,1921	Date Orig. Entry: blessed
	Date of Birth: Oct.10,1920	Birth Place: Lund, ID	Full Name of Mother: Mary C. Hopla	Name of Father: C. Henry Peterson	Feb.6,1921
SUPPORTING RECORD 2.	Type of Document: Marriage license		By whom issued and signed: California	Date Issued: Feb.9,1981	Date Orig. Entry: Apr.19,1945
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Military Separation		By whom issued and signed: U.S. Navy	Date Issued: Nov.6,1947	Date Orig. Entry: Jan.14,1942
	Date of Birth: Oct.10,1920	Birth Place: Lund, ID	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

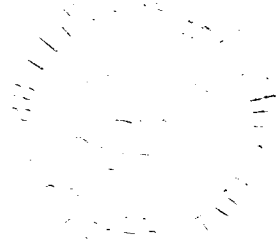
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

FORM BH 56067

2 cks Pd Rec # 31927

2-29-72

FEB 23 1981



554-203-001-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-048

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Millie Estelle Endsley
2. Date Of Birth (month) 3 (day) 3 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Mesa

FATHER

6. Full Name of Father: Albert Ray Endsley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Jacquline Lenore Griener
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Millie E. Vulgaris
11. Present Address of Registrant: 3776 S. E. 8th Avenue, Portland, Ore 97202

NOTARY (Seal)

Subscribed and sworn to before me on JANUARY 6 19 81

12. Signature of Notary: Jaomi Carey
13. Notary Commission expires: 5-31 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth record	State of Oregon	Mar.13,1975	child born Dec.28,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 30 / Mesa, ID	----------	----------	
SUPPORTING RECORD 2.	Employment record	White Stag	Junell,1963	Junell,1963
	Mar.3,1920 / ----------	----------	----------	
SUPPORTING RECORD 3.	Affidavit by mother	J. Lenore Taylor	Dec.31,1980	Dec.31,1980
	Mar.3,1920 / Mesa, Idaho	J. Lenore Triener	Albert Ray Endsley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 20 1981

FORM BH 56067

FEB 23 1981

Virginia

249-208-022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 81-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fredrica Smith			2. Date Of Birth (month) Feb (day) 8 (year) 1920
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: Ora (now Ashton).
FATHER	6. Full Name of Father: Samual Franklin Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edith Elizabeth Mitchell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fredrica Smith Morgan		11. Present Address of Registrant: R#2, Box 82 Bfd. Id. 83221
NOTARY (Seal)	Subscribed and sworn to before me on 2/24/81 19__	12. Signature of Notary: [signature]		13. Notary Commission expires: Lifetime 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: LDS Church		Date Issued: Sept.5,1929	Date Orig. Entry: Baptized Sept 1,1929
	Date of Birth: Feb 8,1920	Birth Place: Ora, Idaho	Full Name of Mother: Edith Mitchell	Name of Father: Samuel F. Smith	
SUPPORTING RECORD 2.	Type of Document: Blessing record	By whom issued and signed: LDS Church		Date Issued: Feb 19,1981	Date Orig. Entry: Blessed May 2, 1920
	Date of Birth: Feb 8,1920	Birth Place: Ora, Idaho	Full Name of Mother: Edith Elizabeth Mitchell	Name of Father: Samuel Franklin Smith	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #B1752431	By whom issued and signed: Bankers Life Co.		Date Issued: Nov 10,1960	Date Orig. Entry: Mar 30,1956
	Date of Birth: Feb8,1920	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Teresa L. Cleverly	MAR 10 1981

FORM BH 56067

12-1-80

MAR 11 1981

735-120-035-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-108

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Henry Steensma
2. Date Of Birth (month) 6 (day) 20 (year) 20
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nezperce
b. City or Town of Birth: Juliaetta Idaho

FATHER

6. Full Name of Father: Peter J Steensma
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Virgie Mary Neel
9. State or Country of Mother's Birth: Blan County Va.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John H Steensma
11. Present Address of Registrant: 1610 Oak St. LaGrande Or.

NOTARY (Seal)

Subscribed and sworn to before me on February 24 1981
12. Signature of Notary: Donna Sleeg
13. Notary Commission expires: February 23 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt age 81	Lola Steensma	Nov 1 1979	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 20,1920	Juliaetta,Idaho	Virginia Mary Noel Steensma	Peter James Steensma

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy application	Sun Life Assurance Co. of Canada	Oct 13, 1950	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 20,1920	Julietta, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Hosp. record	Sacred Heart Hosp. Washington	---	child born Jan 4, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 20,1920	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAR 12 1981

FORM BH 56067

MAR 1 9 1981

416-228-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Nellie Daw		2. Date Of Birth (month) June (day) 28 (year) 1920	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Charles Fredrick Daw		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Clara Smith		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie D. Gentillon	11. Present Address of Registrant: Pingree Idaho Box 112	
NOTARY (Seal)	Subscribed and sworn to before me on (illegible) 29 19 80	12. Signature of Notary: Colleen Cunningham	13. Notary Commission expires (illegible) 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

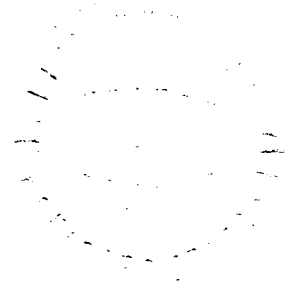
SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 81	By whom issued and signed: Elizabeth Carpenter	Date Issued: Aug.1,1980	Date Orig. Entry: Aug.1,1980	
	Date of Birth: June28,1920	Birth Place: Shelley, ID	Full Name of Mother: Clara Smith Daw	Name of Father: Charles Fredrick Daw	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #348917	Date Issued: on file	Date Orig. Entry: child born May1,1942	
	Date of Birth: Age: 21	Birth Place: Shelley, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Membership record	By whom issued and signed: LDS Church	Date Issued: ----------	Date Orig. Entry: Baptized Jan 4, 1930	
	Date of Birth: June28,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Clara Smith	Name of Father: Charles F. Daw	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wiske	Evidence reviewed by: cc Teresa L. Cleverly	Date Filed: MAR 12 1981

FORM BH 56067

MAR 1 9 1981

MAY 3 1 1983



236-107-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Percy Lynn Stott			2. Date Of Birth (month) 12 (day) 4 (year) 20
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Hyrum Wilde Stott			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ester Ross Stott			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Percy Lynn Stott		11. Present Address of Registrant: Felt, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1981	12. Signature of Notary: Florence Kurtright		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Apr. 3, 1921	Date Orig. Entry: Blessed Apr. 3, 1921
	Date of Birth: Dec. 4, 1920 / Birth Place: Blackfoot, ID	Full Name of Mother: Mary Ester Ross	Name of Father: Hyrum Wilde Stott	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: -----	Date Orig. Entry: Baptized Sept. 29, 1929
	Date of Birth: Dec. 4, 1920 / Birth Place: Blackfoot, ID	Full Name of Mother: Mary Ester Ross	Name of Father: Hyrum Wilde Stott	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Asael R. Stott	Date Issued: Mar. 13, 1981	Date Orig. Entry: ----
	Date of Birth: Dec. 4, 1920 / Birth Place: Blackfoot, ID	Full Name of Mother: Mary Ester Ross Stott	Name of Father: Hyrum Wilde Stott	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Linda Adamson	MAR 16 1981

FORM BH 56067

3-23-81

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MAR 16 1981

653-215-042-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY MAY WETENKAMP			2. Date Of Birth (month) MAY (day) 15 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth (a. County) BUHL, IDAHO, DR. MURPHY'S HOSPITAL	b. City or Town of Birth: BUHL
FATHER	6. Full Name of Father: LLOYD JOHN WETENKAMP			7. State or Country of Father's Birth: LINCOLN, NEBRASKA
MOTHER	8. Full Maiden Name of Mother: GENEVA MARCH GILMOUR			9. State or Country of Mother's Birth: DAYTON, WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy M. Hurst	11. Present Address of Registrant: 4406 BAXTER PL.
	Subscribed and sworn to before me on: CLARK COUNTY Elsie F. Brown, 1981		12. Signature of Notary: Elsie F. Brown	Notary Public-State of Nevada CLARK COUNTY Elsie F. Brown 19 82
	Notary Public-State of Nevada (Seal) My Commission Expires Dec. 30, 1982			Notary Public-State of Nevada (Seal) My Commission Expires Dec. 30, 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle age 85	By whom issued and signed: Dale A. Gilmore	Date Issued: Mar 4,1981	Date Orig. Entry: -------
	Date of Birth: May15,1920 / Birth Place: Buhl, Idaho	Full Name of Mother: Geneva M. Gilmore	Name of Father: Lloyd John Wetenkamp	
SUPPORTING RECORD 2.	Type of Document: Wells Family History book	By whom issued and signed: D. W Norris & H. A. Feldman	Date Issued: 1942	Date Orig. Entry: ----------
	Date of Birth: May 15,1920 / Birth Place: Buhl, Idaho	Full Name of Mother: Geneva March Gilmore	Name of Father: Lloyd John Wetenkamp	
SUPPORTING RECORD 3.	Type of Document: Child's Hosp. Birth record	By whom issued and signed: Olmsted Memorial, Calif.	Date Issued: Mar.17,1981	Date Orig. Entry: May 1, 1946
	Date of Birth: May15,1920 / Birth Place: Buhl, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Teresa L. Cleverly, tc		Date Filed: MAR 19 1981

FORM BH 56067

MAR 1 9 1981
MAR 1 4 2003

155-203-039-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-115

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Lorraine Jensen			2. Date Of Birth (month) 8 (day) 3 (year) 1920	
	3. Color or Race: Cau.	4. Sex: F	5. Place of Birth: Idaho a. County ~~Bingham~~ Power	b. City or Town of Birth: Rockland ~~Idaho~~	
FATHER	6. Full Name of Father: John Kenneth Jensen			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ella Inez Wood			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorraine J. Dance		11. Present Address of Registrant: Rt 5 Box 71 Blackfoot, Idaho 83221	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1981	12. Signature of Notary: Victoria P. Williams		13. Notary Commission expires: Sept. 19 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record		By whom issued and signed: LDS Church	Date Issued: Aug 5,1928	Date Orig. Entry: Baptized Aug 4,1928
	Date of Birth: Aug 3,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Ella Wood	Name of Father: John K. Jensen	
SUPPORTING RECORD 2.	Type of Document: Blessing record		By whom issued and signed: LDS Church	Date Issued: Blessed Nov 28,1920	Date Orig. Entry: Blessed Nov 28,1920
	Date of Birth: Aug 3,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Ella I. Wood	Name of Father: J. Kenneth Jensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 74		By whom issued and signed: Mable Jensen Parrish	Date Issued: Mar7,1981	Date Orig. Entry: --------
	Date of Birth: Aug 3,1920	Birth Place: Rockland, Idaho	Full Name of Mother: Ella Inez Wood	Name of Father: John Kenneth Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Teresa L. Cleverly	MAR 19 1981

FORM BH 56067

2-20-61

DANCE

MAR 2 0 1981

492-20-041-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-136

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carma Mikesell
2. Date Of Birth (month) (day) (year): March 4 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Teton; b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: Franklin A. Mikesell
7. State or Country of Father's Birth: Camas Utah

MOTHER

8. Full Maiden Name of Mother: Juliette Allen
9. State or Country of Mother's Birth: Victor Idaho Teton County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carma Mikesell Sorenson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on April 12 1981

12. Signature of Notary: Lynn S. Kearsley
13. Notary Commission expires: Feb 21 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Blessing record	LDS Church, Salt Lake, Utah	Blessed Mar 27, 1920	Blessed Mar 27,1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar4,1920 Victor, Idaho	Juliet Allen	Franklin Mikesell	
SUPPORTING RECORD 2.	Affidavit by Step-father Age 83	Thomas W. Cherry	Apr 12, 1981	--------
	Mar4,1920 Victor, Idaho	Juliette Allen	Franklin A. Mikesell	
SUPPORTING RECORD 3.	Marriage License Affidavit	Bingham Co, Idaho	July 5,1938	July 5, 1938
	Mar 4, 1920 Victor, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: APR 22 1981

FORM BH 56067 100 # 35947

APR 22 1981

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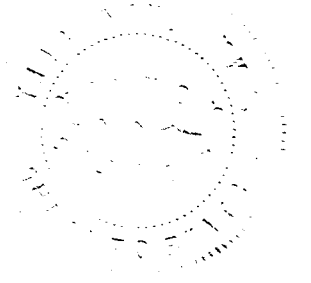


295-111-010-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILBERT RAYMOND KREIN		2. Date Of Birth (month) 1 (day) 11 (year) 1920
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth a. County: (Born at home) Bonneville; b. City or Town of Birth: Idaho Falls, Ida.
FATHER	6. Full Name of Father: Christian J. KREIN		7. State or Country of Father's Birth: Wishek (McIntosch) N. DAKOTA
MOTHER	8. Full Maiden Name of Mother: Christina KRAMER		9. State or Country of Mother's Birth: Kassel (Glückstal) South Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbert Raymond Krein	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1981	12. Signature of Notary: Marilyn H. Jackson	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record		By whom issued and signed: mother Christina Krein	Date issued: ---------	Date Orig. Entry: Obviously old
	Date of Birth: Jan11,1920	Birth Place: Idaho	Full Name of Mother: Christina Kramer Krein	Name of Father: Christ J. Krein	
SUPPORTING RECORD 2.	Type of Document: School Census Marshal's Report		By whom issued and signed: Dist. 16, Power Co, Idaho	Date issued: Apr 3,1981	Date Orig. Entry: Sept1,1927
	Date of Birth: age 6	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: Christ Krein	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother age 89yrs		By whom issued and signed: Christina Krein	Date issued: Apr 3, 1981	Date Orig. Entry: ---------
	Date of Birth: Jan 11,1920	Birth Place: Idaho Falls, Ida	Full Name of Mother: Christina Kramer	Name of Father: Christian J. Krein	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Teresa L. Cleverly	MAY 4 1981

FORM BH 56067

8-20-79

KLEIN

MAY 4 1981

296-116-031-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCIS MILTON BROWN		2. Date Of Birth (month) MAY (day) 16 (year) 1920
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: WINCHESTER-LEWIS; b. City or Town of Birth: WINCHESTER, IDAHO
FATHER	6. Full Name of Father: FRANCIS PATRICK BROWN		7. State or Country of Father's Birth: NORTHFIELD, MINNESOTA.
MOTHER	8. Full Maiden Name of Mother: MILDRED MARY LONG		9. State or Country of Mother's Birth: AUBURN, NEBRASKA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Milton Brown	11. Present Address of Registrant: 7813-STROUD N. SEATTLE, WN 98103
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1981	12. Signature of Notary: Margaret E. Chapman; Francis Milton Brown	13. Notary Commission expires: 12-7 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth record	By whom issued and signed: State of Washington	Date Issued: Sep.13,1949	Date Orig. Entry: child born Apr.15,1946
	Date of Birth: Age: 25	Birth Place: Winchester, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle age 78yrs	By whom issued and signed: L. M. Long	Date Issued: Feb 6,1981	Date Orig. Entry: -------
	Date of Birth: May16,1920	Birth Place: Winchester, Idaho	Full Name of Mother: Mildred Mary Long	Name of Father: Francis Patrick Brown
SUPPORTING RECORD 3.	Type of Document: SocialSecurity Application	By whom issued and signed: Social SecurityAdministration	Date Issued: Feb24,1981	Date Orig. Entry: July 1937
	Date of Birth: May16,1920	Birth Place: Winchester,Idaho	Full Name of Mother: Mildred M. Long	Name of Father: Frank P. Brown
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Teresa L. Cleverly	MAY 16 1981

FORM BH 56067

12-26-80

Brown

MAY 18 1981

MAY 21 1981

819-124-037-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Corbin Harney			2. Date Of Birth (month) March (day) 24 (year) 1920
	3. Color or Race: Indian	4. Sex: male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: -------			7. State or Country of Father's Birth: -----
MOTHER	8. Full Maiden Name of Mother: Irene Harney			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Corbin Harney		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: October 18 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt age 65		By whom issued and signed: Clara Little	Date issued: Nov.18,1975	Date Orig. Entry: --------
	Date of Birth: Mar.24,1920	Birth Place: Bruneau, Idaho	Full Name of Mother: Irene Harney	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Army Discharge 39913259		By whom issued and signed: Army of the U. S.	Date issued: Jun.23,1943	Date Orig. Entry: Inducted April 29,1943
	Date of Birth: Age 23	Birth Place: Bruneau, Idaho	Full Name of Mother: ----------	Name of Father: - -------	
SUPPORTING RECORD 3.	Type of Document: Application for S. S. #		By whom issued and signed: Social Security Administration	Date issued: 1-9-76	Date Orig. Entry: Jun.3,1942
	Date of Birth: Mar.24,1920	Birth Place: Bruneau,Idaho	Full Name of Mother: Irene Harney	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	May 29,1981

FORM BH 56067 1 yr Pd Rec # 19368

FEB 0 1 2013 X2

MAY 28 1981

Hammyer

S31

365-220-025-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-198

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ome CeThLeY Tweedy
2. Date Of Birth (month) (day) (year): 12 20 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Kooskie Idaho
b. City or Town of Birth: Kooskia

FATHER

6. Full Name of Father: Eugene Vernon Tweedy
7. State or Country of Father's Birth: Pomroy WN.

MOTHER

8. Full Maiden Name of Mother: Bertha ANN Godwin
9. State or Country of Mother's Birth: Greene Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: Kooskia, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 27 1980

12. Signature of Notary: Paul W. Mattoon
13. Notary Commission expires: 10/15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Washington	Dec.16,1966	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	Dec.9,1942
	Age: 21 / Kooskia, ID	-------	------	
SUPPORTING RECORD 2.	Affidavit by parents	Bertha A. Tweedy Eugene V. Tweedy	Feb.25,1980	Feb.25,1980
	Dec.20,1920 / Kooskia, ID	Bertha A. Tweedy	Eugene V. Tweedy	
SUPPORTING RECORD 3.	Application for Social Security Number 518-20-6900	Social Security Administration	Oct23,1941	-------
	Dec20,1920 / Kooskie, Idaho	Bertha Ann Godwin	Eugene Vernon Tweedy	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs.RN	Teresa L. Cleverly	JUN 1981

cc

FORM BH 56067

Null

JUN 13 1981

789-212-010-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-222

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leah S. Phillips
2. Date Of Birth (month) Nov. (day) 12 (year) 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ucon, in Bonneville
b. City or Town of Birth: Ucon

FATHER

6. Full Name of Father: Joseph Milton Phillips
7. State or Country of Father's Birth: Preston, Idaho

MOTHER

8. Full Maiden Name of Mother: Charlotte Louisa Poll
9. State or Country of Mother's Birth: Ucon, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leah S. Cleverly
11. Present Address of Registrant: 1650 E. Bench Rd. Dillon, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 23 19 81
12. Signature of Notary: Alice Dodily
13. Notary Commission expires: Oct 29 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	LDS Church, Idaho	Blessed Mar 7,1921	Blessed Mar 7,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov12,1920	Ucon, Idaho	Louie Poll	Milton Phillips

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Idaho	Aug11,1929	Baptized July 21,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov12,1920	Ucon, Idaho	C. Louisa Poll	J. Milton Phillips

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavity by aunt age 70yrs	Erma Poll Steele	Oct 23, 1980	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov12, 1920	Ucon, Idaho	Charlotte Louisa Poll	Joseph Milton Phillips

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 23 1981

FORM BH 56067

9-24-79

Cleverly

JUN 2 3 1981

669-207-022-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Workman	2. Date Of Birth (month) June (day) 7 (year) 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Freemont	b. City or Town of Birth: Newdale
FATHER	6. Full Name of Father: John Alma Workman III	7. State or Country of Father's Birth: Utah, Uintah Co.
MOTHER	8. Full Maiden Name of Mother: Laura America McKee	9. State or Country of Mother's Birth: Utah, Uintah Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] W. Turnbaw; 11. Present Address of Registrant: 1104 East 4085 So. Salt Lake City Utah 84117
NOTARY (Seal)	Subscribed and sworn to before me on ~~March~~ April 9th 1980	12. Signature of Notary: [illegible]; 13. Notary Commission expires _____ 19__

TELCHARLIER NOTARY PUBLIC STATE OF UTAH Commission Expires Oct 24, 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, age 70		By whom issued and signed: Joseph A. Workman	Date issued: Apr.9,1980	Date Orig. Entry: Apr.9,1980
	Date of Birth: June7,1920	Birth Place: Newdale, ID	Full Name of Mother: Laura America McKee	Name of Father: John Alma Workman III	
SUPPORTING RECORD 2.	Type of Document: Social Security # application		By whom issued and signed: Social Security Administration	Date issued: Oct.1980	Date Orig. Entry: Jan. 1939
	Date of Birth: June7,1920	Birth Place: Newdale, ID	Full Name of Mother: Laura McKee	Name of Father: Alma Workman	
SUPPORTING RECORD 3.	Type of Document: Child's Hosp. Birth Certif.		By whom issued and signed: Cottonwood Maternity Hosp.	Date issued: -------	Date Orig. Entry: Child born Oct 3,1943
	Date of Birth: June7,1920	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: --------	
QUALIFYING INFORMATION					

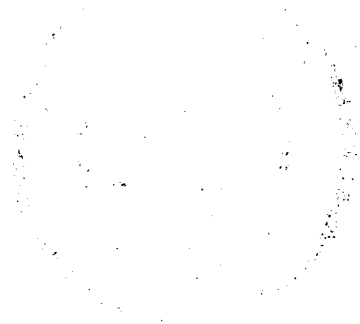
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc cc Teresa L. Cleverly	JUN 23 1981

FORM BH 56067

JUN 2 3 1981



299-220-022-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-239

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stella Sylvia Briggs
2. Date Of Birth: (month) May (day) 20 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Newdale Idaho

FATHER

6. Full Name of Father: Benjamin Leroy Briggs
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Sylvia Murri
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stella Sylvia Briggs now Stella Briggs Hardy
11. Present Address of Registrant: 325 E. 2nd S. 18 - SLC Utah 84111

NOTARY (Seal)

Subscribed and sworn to before me on 28 May 1981

12. Signature of Notary: Jeanne C. Smith
13. Notary Commission expires: 21 January 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Idaho	Nov 6,1928	Baptized Nov 3, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May20,1920	Newdlae, Idaho	Sylvia Murri	Benj. L. Briggs

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	State of Idaho(Fremont Co).	Jan21,1948	Jan20, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27yrs	Newdale, Idaho	----------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle age 74rs	George R. Briggs	May26, 1981	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May20,1920	Newdale, Idaho	Sylvia Murri	Benjamin Leroy Briggs

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	Teresa L. Cleverly	JUN 27 1981

FORM BH 56067 NM

5-14-81

JUL 1 1981

819-212-003-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Nell Harris			2. Date Of Birth (month) 9 (day) 12 (year) 1920	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace	
FATHER	6. Full Name of Father: LeRoy C. Harris			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Martha Alba Tanner.			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Nell Harris		11. Present Address of Registrant: 706 E 18 Ave Burley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 7 1981	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #308486		Date Issued: -----	Date Orig. Entry: child born Feb 6, 1941
	Date of Birth: age20yrs	Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Grace, Idaho		Date Issued: Blessed Nov 7,1920	Date Orig. Entry: Blessed Nov 7,1920
	Date of Birth: Sept 12,1920	Birth Place: Grace, Idaho	Full Name of Mother: Martha Alba Tanner	Name of Father: Leroy C. Harris	
SUPPORTING RECORD 3.	Type of Document: Family Group record	By whom issued and signed: Martha Alba Tanner Harris		Date Issued: July 9,1958	Date Orig. Entry: ---------
	Date of Birth: Sept12,1920	Birth Place: Grace, Idaho	Full Name of Mother: Martha Alba Tanner	Name of Father: LeRoy C. Harris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly tc	JUL 16 1981

FORM BH 56067

ccpd 8558

~~JUL 16 1981~~
JUL 17 1981

545-107-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-257

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARLOS SIVERIN NIELSON
2. Date Of Birth (month) (day) (year): 4 7 10
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: GOSHEN IDAHO

FATHER

6. Full Name of Father: OLIVER HERMAN NIELSON
7. State or Country of Father's Birth: WILLVILLE UTAH

MOTHER

8. Full Maiden Name of Mother: ASTRID JOHANSON
9. State or Country of Mother's Birth: MALMO SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carlos S Nielson
11. Present Address of Registrant: Rte 1 Box 397 Hully Ida

NOTARY (Seal)

Subscribed and sworn to before me on 19 June 1981
12. Signature of Notary: Carl A Hall
13. Notary Commission expires: 3-26-1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDs Church Idaho	June17, 1928	June 3, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr3,1920	Goshen, Idaho	Astrid Johnson	Oliver H. Nielson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certif of Ordination Ordained Teacher	LDS Church, Goshen, Idaho	May26, 1935	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr7,1920	Goshen, Idaho	Astride Johnson	Oliver H. Nielson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Beneficial Life Insurance	Dec14,1941	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr 7,1920	Goshen, Idaho	-------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L Cleverly	JUL 21 1981

FORM BH 56067

JUL 21 1981
AUG 11 1981

859-225 036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-264

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Madonna Herbert
2. Date Of Birth (month) (day) (year): April 25, 1920
3. Color or Race:
4. Sex: female
5. Place of Birth a. County: Oenida Oneida
   b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Harry LaVaun Herbert
7. State or Country of Father's Birth: Glendale Idaho

MOTHER

8. Full Maiden Name of Mother: Sylvia Jones
9. State or Country of Mother's Birth: Malad Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Madonna H. Wilson
11. Present Address of Registrant: S.W. 635 Dawnview

NOTARY (Seal)

Subscribed and sworn to before me on June 8 1981

12. Signature of Notary: Judith P. Wescott
13. Notary Commission expires: November 29 1982

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby book	mother Sylvia Jones	obviously old	---------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr25,1920	Malad, Idaho	Mrs. LaVaun Herbert	Harry LaVaun Herbert

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Farmers New World Ins. Co.	Oct24,1961	Oct6,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr25,1920	Malad, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt age 82yrs	Evelyn Jones	May4,1981	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr 25,1920	Malad, Idaho	Sylvia Jones	H. LaVaun Herbert

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TEresa L. Cleverly	JUL 22 1981

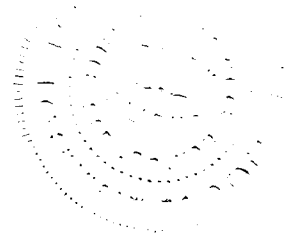
FORM BH 56067

5-26-81

Wilson

JUL 23 1981

SEP 17 1981



231-206-041-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luesa Black		2. Date Of Birth (month) Dec. (day) 6 (year) 1920
	3. Color or Race: white	4. Sex: 7	5. Place of Birth: Tetonia, Ida. a. County: Teton; b. City or Town of Birth: Tetonia
FATHER	6. Full Name of Father: George Culbert Black		7. State or Country of Father's Birth: ~~Idaho~~ Arizona
MOTHER	8. Full Maiden Name of Mother: Elda Parkinson		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luesa Tuckett	11. Present Address of Registrant: 15110 Harper Br. Rd. Missoula, Mont. 59801
NOTARY (Seal)	Subscribed and sworn to before me on: July 6 1981	12. Signature of Notary: Lena M Zaremba NF Lavalvalli	13. Notary Commission expires: August 22 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Missoula Montana	Date issued: Oct29, 1979	Date Orig. Entry: Baptized July 7, 1929
	Date of Birth: Dec6,1920	Birth Place: Tetonia, Idaho	Full Name of Mother: Elda Parkin son	Name of Father: Geo. Culbert Black
SUPPORTING RECORD 2.	Type of Document: statement by a relative68yrs	By whom issued and signed: LeOma Black Jensen	Date issued: July 6, 1981	Date Orig. Entry: -----
	Date of Birth: Dec6,1920	Birth Place: Tetonia, Idaho	Full Name of Mother: Elda Parkinson	Name of Father: George Culbert Black
SUPPORTING RECORD 3.	Type of Document: Family record	By whom issued and signed: family member	Date issued: married Sept 23, 1940	Date Orig. Entry:
	Date of Birth: Dec6,1920	Birth Place: Tetonia, Idaho	Full Name of Mother: Elda Parkinson	Name of Father: George Culbert Black
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 11 1981

FORM BH 56067 1ccpd + 1card #291 10-22-79

AUG 11 1981

299-226-040-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Vivian Kirkland		2. Date Of Birth (month) July (day) 24 (year) 1920
	3. Color or Race: white	4. Sex: Fem.	5. Place of Birth: a. County: Wallace, ~~Idaho~~ Shoshone; b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: John Arthur Kirkland		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Eva Welton Green		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille V. Marchand	11. Present Address of Registrant: 10521 E. 5th Spokane, Wash 99206
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1981	12. Signature of Notary: Mary A. Arnold	13. Notary Commission expires: June 30 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Washington	Date Issued: May 2,1973	Date Orig. Entry: Aug 14,1949
	Date of Birth: 29year old / Birth Place: Wallaee, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec 31,1942	Date Orig. Entry: ----------
	Date of Birth: July26,1920 / Birth Place: Wallace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age 72yrs	By whom issued and signed: Harriett Kirkland Maier	Date Issued: July30,1981	Date Orig. Entry: -----
	Date of Birth: July26,1920 / Birth Place: Wallace, Idaho	Full Name of Mother: Eva Green ,	Name of Father: Arthur John Kirkland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Celverly tc	AUG 11 1981

FORM BH 56067

1-18-80

AUG 11 1981

134-230-001-525

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elisa Aldape	2. Date Of Birth (month) (day) (year): Jan. 30 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth: Boise; a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: FRANK ALDAPE	7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: MARCELINA ESNAL	9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elisa M. Gandolfo; 11. Present Address of Registrant: P.O. Box 84 Austin, Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1981	12. Signature of Notary: Darla S. Stewart; 13. Notary Commission expires: Nov. 5 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census record	U.S. Bureau of Census	July15, 1981	Apr 1,1930
	Date of Birth: age 10yrs; Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 2.	Appl. for Soc. Sec. Number	Social Security Administration	Oct 9,1938	----
	Date of Birth: Jan30, 1920; Birth Place: Boise, Idaho	Full Name of Mother: Marcelina Esnal	Name of Father: Frank Aldapoe	
SUPPORTING RECORD 3.	Baptismal record	Pastor Bernardo Feregin	Baptized Aug 8, 1920	Baptized Aug 8, 1920
	Date of Birth: Jan30,1920; Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: --------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 17 1981

FORM BH 56067

2cc # 18882

2-20-81

Gandolfo

AUG 17 1981

958-121-020-566

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-315

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Guy Elmer Reynolds, Junior		2. Date Of Birth (month) (day) (year): December 21 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Prairie
FATHER	6. Full Name of Father: Maurice Guy Reynolds		7. State or Country of Father's Birth: U.S.A. - OREGON
MOTHER	8. Full Maiden Name of Mother: Gladys M. Howard		9. State or Country of Mother's Birth: U.S.A. - IdAHo
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Guy E. Reynolds	11. Present Address of Registrant: 2020 Robin Hood CORVALLIS, OR. 97330
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1981	12. Signature of Notary: George Dannapilie	13. Notary Commission expires: Nov 24 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file - Idaho - # 49-4643	Date issued: ----	Date Orig. Entry: child born April 1,1949
	Date of Birth: age 28	Birth Place: Prairie, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage		By whom issued and signed: State of Wyoming	Date issued: Married Nov 3, 1941	Date Orig. Entry: Married Nov 3, 1941
	Date of Birth: Age 21yrs	Birth Place: Idaho	Full Name of Mother: Gladys Howard	Name of Father: Guy Reynolds	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: Bankers Life Co.	Date issued: June 29,1950	Date Orig. Entry: -----
	Date of Birth: Dec21,1920	Birth Place: Prairie, Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

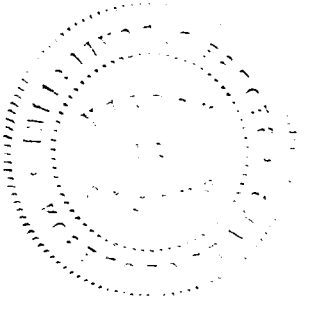
State Registrar	Evidence reviewed by	Date Filed
BeeBiggs, R. N.	fc Teresa L. Cleverly	SEP 11 1981

FORM BH 56067

2 cp pd rec # 1 card 8-19-81

Reynolds

SEP 11 1981



367-102 1006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT JERALD COX			2. Date Of Birth (month) 11 (day) 02 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County Jamestown Shelley Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Thomas Harrison Cox			7. State or Country of Father's Birth: Hooper, Utah	
MOTHER	8. Full Maiden Name of Mother: Kathrine Nellie Miller			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert J Cox	11. Present Address of Registrant: RT#4, BOX 67 Rigby Id 83442	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 17 1981		12. Signature of Notary: Robert J Barnes	13. Notary Commission expires: May 26 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Daughter's own Birth Certif.		By whom issued and signed: State of Idaho #	Date Issued: Child born Jan.18,1948	Date Orig. Entry: Child born Jan. 18, 1948
	Date of Birth: age 27yrs	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Jamestown Ward,Id.	Date Issued: Sept 1,1929	Date Orig. Entry: 29 Aug 31,1929
	Date of Birth: Nov. 2, 1920	Birth Place: Idaho	Full Name of Mother: Nellie Miller	Name of Father: Thomas Harrison Cox.	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Papers		By whom issued and signed: U.S. Army	Date Issued: Mar17,1946	Date Orig. Entry: Feb 9,1944
	Date of Birth: Nov2,1920	Birth Place: Shelley, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	Teresa L. Cleverly	SEP 18 1981

FORM BH 56067

8-14-81

Cox

SEP 18 1981

652-129-039-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-333

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROLAND WORTH WEBB
2. Date Of Birth (month) SEPT (day) 29 (year) 1920
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County POWER; b. City or Town of Birth ROCKLAND

FATHER

6. Full Name of Father: JOSEPH WEBB
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: EFFIE Mc GAVIN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roland Worth Webb
11. Present Address of Registrant: 1837 BAYWOOD DRIVE, SALT LAKE City, UTAH 84117

NOTARY (Seal)

Subscribed and sworn to before me on Sept 3 1981

12. Signature of Notary: Richard C. Brooks
13. Notary Commission expires: Sept 7 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Rockland, Idaho	Blessed Nov 7, 1920	Blessed Nov 7,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept29,1920	Rockland, Idaho	Effie McGavin	Joseph Webb

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Rockland, Idaho	Baptized Oct 7,1928	Baptized Oct. 7,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept29,1920	Rockland, Idaho	Effie McGavin	Joseph Webb

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	State of Wyoming	Married Feb22,1946	Married Feb. 22,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25yrs	Rockland, Idaho	Effie P. McGavin	Joseph Webb

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

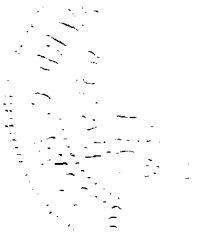
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	Teresa L. Cleverly	SEP 23 1981

FORM BH 56067

9-1-81

Watt

SEP 24 1981



168-119-010 -315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-338

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Max Henning Johnson
2. Date Of Birth (month) (day) (year): March 19, 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Gustav Henry Johnson
7. State or Country of Father's Birth: Hyde Park, Utah

MOTHER

8. Full Maiden Name of Mother: Ester Maria Lanzen
9. State or Country of Mother's Birth: Stockholm, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Max H. Johnson
11. Present Address of Registrant: Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 13 September 19 81

12. Signature of Notary: [illegible]
13. Notary Commission expires: Lifetime 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L.D.S.Church	May 6,1928	Baptized Apr.15,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.19,1920	Idaho Falls	Esther M. Lanzen	Gustaf Henry Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit-friend Present at birth Age 75	Rhoda Hendricks Hampton	Sept.13,'81	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.19,1920	Idaho Falls,Id	Ester Maria Lanzen	Gustav Henry Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - 56-6712	----	child born May 21,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 36	Idaho Falls, Ida.	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN.	Florence Curtright	Oct.2,1981

FORM BH 56067

NM

9-11-81

Johnson

338

755-129-026-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Gene Gneiting			2. Date Of Birth (month) February (day) 29 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Garfield
FATHER	6. Full Name of Father: William Gneiting			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Jenkins			9. State or Country of Mother's Birth: Midvale, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold G Gneiting		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 10-14 1981	12. Signature of Notary		13. Notary Commission Expires: NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: Aug.5,1928	Date Orig. Entry: Baptized Aug. 4,1928
	Date of Birth: Feb.29,1920	Birth Place: Garfield, ID	Full Name of Mother: Mabel Jenkins	Name of Father: Wm. Gneiting	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church		Date Issued: April 1921	Date Orig. Entry: Blessed May 2, 1920
	Date of Birth: Feb.29,1920	Birth Place: Garfield, ID	Full Name of Mother: Mabel Jenkins	Name of Father: William Gneiting	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age:87	By whom issued and signed: Mabel Jenkins Gneiting		Date Issued: Aug.3,1981	Date Orig. Entry: -----
	Date of Birth: Feb,29,1920	Birth Place: Garfield, ID	Full Name of Mother: Mabel Jenkins Gneiting	Name of Father: William Gneiting	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs	Evidence reviewed by: 1a Florence Curtright	Date Filed: October 16, 1981

FORM BH 56067

1cp pd. rec # 17517

OCT 1 3 1981

264-216-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-355

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Bodily
2. Date Of Birth (month) (day) (year): January 16 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Falls. IDA. Bonneville
b. City or Town of Birth: IDAho Falls IDAho

FATHER

6. Full Name of Father: Henry James Bodily
7. State or Country of Father's Birth: Fairview, IDAho

MOTHER

8. Full Maiden Name of Mother: Eva May Griffeth
9. State or Country of Mother's Birth: Hyde Park, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Bodily

11. Present Address of Registrant: 465 Lomax, IDA. Falls. IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 28 1981

12. Signature of Notary: Lily M Sheen

13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother age 81	Dean G. Bodily	Sept28,1981	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan16,1920 / Idaho Falls, Ida.	Eva May Griffeth	Henry James Bodily	
SUPPORTING RECORD 2.	Certificate of Blessing	LDS Church, Iona, Idaho	Blessed Mar 7, 1920	Blessed Mar 7, 1920
	Jan.16,1920 / Idaho Falls, Ida.	Eva Griffeth	Henry J. Bodily	
SUPPORTING RECORD 3.	Certificate of Baptism	LDS Church, Idaho	Mar4,1928	Feb19,1928 Baptized
	Jan16,1920 / Idaho Falls, Ida.	Eva May Griffeth	Henry J. Bodily	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs. R.N.	Teresa L. Cleverly	OCT 23 1981

K FORM BH 56067 ICC Pd Rec # 16564 2-24-78

Metcalf

OCT 2 3 1981

.254-206-028-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Knutson			2. Date Of Birth: (month) July (day) 6 (year) 1920	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: [illegible]	b. City or Town of Birth: Couer d' Alene	
FATHER	6. Full Name of Father: Harry R. Knutson			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Mary McGeorge			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Betty Knutson	11. Present Address of Registrant: Route 2, Box 127-A Lindstrom, Minnesota 55045	
NOTARY (Seal) DEBRA J. HAVNER NOTARY PUBLIC - MINNESOTA WASHINGTON COUNTY	Subscribed and sworn to before me on: 11-26 19 80		12. Signature of Notary: Debra J. Havner	13. Notary Commission expires: 6-16 19 87	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: App. for Social Sec. Number		By whom issued and signed: Social Sec. Administration	Date Issued: Jan15,1953	Date Orig. Entry: July5,1939
	Date of Birth: July6,1920	Birth Place: Couer d'Alene,Ida	Full Name of Mother: Mary McGeorge	Name of Father: Harry R. Knutson	
SUPPORTING RECORD 2.	Type of Document: Insurance application		By whom issued and signed: National Fidelity Life Ins Co.	Date Issued: Aug28,1954	Date Orig. Entry: ---
	Date of Birth: July6,1920	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census record		By whom issued and signed: U. S. Census Bureau	Date Issued: June 26, 1981	Date Orig. Entry: April 1930
	Date of Birth: age 9yrs	Birth Place: Idaho	Full Name of Mother: Mary Knutson	Name of Father: Harry Knutson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 23 1981

FORM BH 56067 2 copies mailed.

OCT 2 3 1981

284-101-027-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-376

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM HENRY SHURTS
2. Date Of Birth: (month) May (day) 1 (year) 1920
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County ~~JEROME~~ JEROME; b. City or Town of Birth: JEROME

FATHER

6. Full Name of Father: GEORGE BENJAMIN SHURTS
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ~~JOSEPHINE~~ JOSEPHINE SHURTZ
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William H. Shurts
11. Present Address of Registrant: 1415 PARK ST LEBANON ORE

NOTARY (Seal)

Subscribed and sworn to before me on September 10 1981

12. Signature of Notary: Jennifer J. Sewalla
13. Notary Commission expires 9733? 10-15 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Papers	U.S. Army	Nov1,1946	Jan23,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May1,1920	Jerome, Idaho	------	- ----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	LDS Church	Blessed Dec5,1920	Blessed Dec5,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May1,1920	Jerome, Idaho	Josephine Shurts	George Benjamin Shurts

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Sealing of Children record	LDS Church	Oct3,1934	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May1,1920	Jerome, Idaho	Josephine Shurtz	George Benjamin Shurts

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

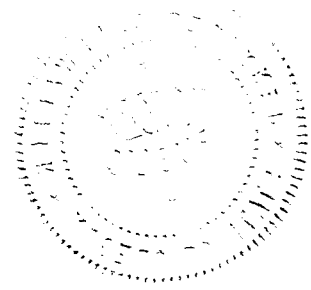
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 3 1981

FORM BH 56067

ICCpd# 3928

5-21-81

NOV 3 1981



651-212-002-416

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Elaine Fears			2. Date Of Birth (month) Oct (day) 12 (year) 1920	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Council Adams	b. City or Town of Birth: Council Idaho	
FATHER	6. Full Name of Father: Ethel Herbert Fears			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Jeanetta Agnes Daw			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elaine Mondragon	11. Present Address of Registrant: 1162 Buckaan Ct Campbell, Cal 95008	
NOTARY (Seal) JANICE M. MAYS NOTARY PUBLIC - CALIFORNIA SANTA CLARA COUNTY My commission expires July 21, 1983	Subscribed and sworn to before me on Dec 29 19 80		12. Signature of Notary: Janice M. Mays	13. Notary Commission expires: 7 31 19 83	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth record		By whom issued and signed: State of California	Date Issued: Dec.18,1980	Date Orig. Entry: child born June26,1942
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Cenus record		By whom issued and signed: Bureau of the Census	Date Issued: July2, 1981	Date Orig. Entry: April 1, 1940
	Date of Birth: age19yrs	Birth Place: Idaho	Full Name of Mother: J. A. Fears	Name of Father: E. H. Fears	
SUPPORTING RECORD 3.	Type of Document: Marriage record		By whom issued and signed: State of Idaho	Date Issued: Sept15,1981	Date Orig. Entry: May29,1941
	Date of Birth: Oct12,1920	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Bee Biggs, R.N.		Evidence reviewed by: cc Teresa L. Cleverly	Date Filed: NOV 3 1981	

FORM BH 56067

10-6-80

NONDISCLOSURE

NOV 3 1981

693-128-003-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-378

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dean Clark Williams			2. Date of Birth (month) (day) (year): September 28, 1920
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: John Erwin Williams			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: Ivy K. Lowe			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean Williams		11. Present Address of Registrant: Pl 1 Box 350 Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 19 81	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 19 85

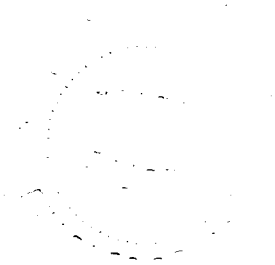
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Hagerman, Idaho	Date Issued: Oct30,1981	Date Orig. Entry: Baptized Oct 6,1928	
	Date of Birth: Sept28,1920	Birth Place: Grace, Idaho	Full Name of Mother: Ivy K. Lowe	Name of Father: John Erwin Williams	
SUPPORTING RECORD 2.	Type of Document: Life Insurance application	By whom issued and signed: Guarantee Mutaul Life Co.	Date Issued: July6,1954	Date Orig. Entry: ----	
	Date of Birth: Sept28,1920	Birth Place: Grace, Idaho	Full Name of Mother: ---------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: State of Idaho	Date Issued: Nov2,1981	Date Orig. Entry: Mar 19,1948	
	Date of Birth: age 27yrs	Birth Place: Grace, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: NOV 3 1981

FORM BH 56067

NOV 3 1981



569-226-025-494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Josephine Norberg		2. Date Of Birth (month) 03 (day) 26 (year) 1920
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: Charles Newton Norberg		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Anna Agnes Drube		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma J. Cox (Norberg)	11. Present Address of Registrant: 501- Burrell Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 18th January 1973	12. Signature of Notary: Edward O. Isaacson	13. Notary Commission expires: April 22, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-13877	Date issued: ---	Date Orig. Entry: child born Nov.6,1948
	Date of Birth: Age: 28 / Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 81	By whom issued and signed: Katie Agee	Date issued: Dec.21,1978	Date Orig. Entry: Dec.12,1978
	Date of Birth: March 26, 1920 / Birth Place: Cottonwood,ID	Full Name of Mother: Anna Agnes Drube	Name of Father: Charles Newton Norberg	
SUPPORTING RECORD 3.	Type of Document: School Census record	By whom issued and signed: Nez Perce County, Idaho	Date issued: -----	Date Orig. Entry: Oct 1, 1935
	Date of Birth: Mar26, 1920 / Birth Place: ------	Full Name of Mother: Mrs. C. W. Norberg	Name of Father: C. W. Norberg	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	gml cc Teresa L. Cleverly	NOV 4 1981

K FORM BH 56067 1 cp pd rec. # 7961 1-16-73

NOV 6 1981

764-119-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-382

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Blaie Poulsen
2. Date Of Birth: (month) August (day) 19 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Liberty - Idaho

FATHER

6. Full Name of Father: Kenneth Poulsen
7. State or Country of Father's Birth: Idaho Bear Lake Co May 26-1897

MOTHER

8. Full Maiden Name of Mother: Edith Idell Passey
9. State or Country of Mother's Birth: Idaho Bear Lake Co February 8-1901

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blair Poulsen
11. Present Address of Registrant: 615 8th Ave E. Gooding Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1980
12. Signature of Notary: Clara Wood
13. Notary Commission expires: 10-27 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Idaho	Apr 2,1922	Blessed Oct. 3, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug19,1920	Liberty, Idaho	Edith I. Passey	Kenneth Poulsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record	LDS Church, Liberty, Idaho	Oct. 31,1928	Baptized Aug19, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug19, 1920	Liberty, Idaho	Edith I. Passey	Kenneth Poulsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	KennethPoulson&Edith I. Poulson	Aug31,1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug19,1920	Liberty, Idaho	Edith Idell Poulsen	Kenneth Poulsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 4 1981

FORM BH 56067

9-11-79

NOV 6 1981

153-213-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-386

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DONNA GENEVA ANTHONY
2. Date Of Birth (month) (day) (year): June 13 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Grace, Idaho, Bannock Cty.
6. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: Harry Matthew Anthony
7. State or Country of Father's Birth: Prairie City, Oregon

MOTHER

8. Full Maiden Name of Mother: [illegible] Junetta Hansen
9. State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donna G Wheeler
11. Present Address of Registrant: 530 I St. Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 3 1981
12. Signature of Notary: Arthur R. Chandler
13. Notary Commission expires: Life time 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Group record	family member	Sept 1947	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June13,1920 Grace, Idaho	Junetta Hansen	Harry Matthew Anthony	
SUPPORTING RECORD 2.	Baptismal record	LDS Church, IdahoFalls, Ida.	Baptized June30,1928	Baptized June20,1928
	June13,1920 Grace, Idaho	Junetta Hansen	Harry Matthew Anthony	
SUPPORTING RECORD 3.	Church Membership record	LDS Church	Oct22,1979	Endowed May19,1964
	June13,1920 Grace, Idaho	Junetta Hansen	Harry Matthew Anthony	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

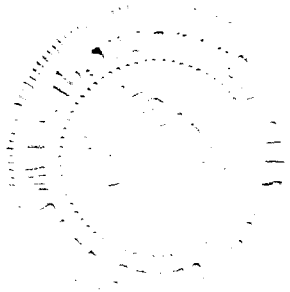
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	NOV 6 1981

FORM BH 56067

5-13-81

Wheeler

NOV 6 1981



249-227-027-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Marguerite Burnett			2. Date Of Birth (month) January (day) 27 (year) 1920
	3. Color or Race: Am.Ind./White	4. Sex: F	5. Place of Birth: Idaho a. County: Jerome	b. City or Town of Birth: Perrine Siding, Eden Precinct
FATHER	6. Full Name of Father: Fincelious Grey Burnett			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Mildred Ethel Large			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen B. Burnett		11. Present Address of Registrant: Box 142, Fort Yates, N.D.
NOTARY (Seal)	Subscribed and sworn to before me on: 9th Sept 1981	12. Signature of Notary: Robert Briggs		13. Notary Commission expires: 2-27 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record		By whom issued and signed: Trinity Episcopal Church, ND	Date issued: Apr23,1981	Date Orig. Entry: Baptized Apr1,1934
	Date of Birth: Jan27,1920	Birth Place: Perrine, Idaho	Full Name of Mother: Millie Ethel Large	Name of Father: Fincelious Grey Burnett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister age72yrs		By whom issued and signed: Esther Burnett Horne	Date issued: Apr24,1981	Date Orig. Entry: ------
	Date of Birth: Jan27,1920	Birth Place: Perrine, Idaho	Full Name of Mother: Mildred Ethel Large	Name of Father: Fincelious G. Burnett	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Dept. of Commerce Bureau of Census	Date issued: Sept.2,1981	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 1 mo.	Birth Place: Idaho	Full Name of Mother: Millie Burnett	Name of Father: Fincelious Burnett	
QUALIFYING INFORMATION					

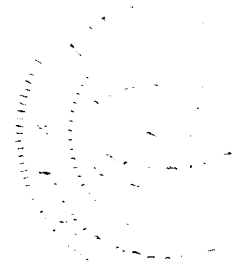
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	NOV 6 1981

FORM BH 56067

NOV 9 1981



466-20-1-010-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

81-
State File No. DE- 391

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Moore			2. Date Of Birth (month) (day) (year): May 1, 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Shelton
FATHER	6. Full Name of Father: Ira Moore			7. State or Country of Father's Birth: Freedom, Wyoming
MOTHER	8. Full Maiden Name of Mother: Mary E. Ferguson			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila B. Whitmill		11. Present Address of Registrant: 1835 Michael Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25 1981	12. Signature of Notary: Hugh L Wilson		13. Notary Commission expires: permanent 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Shelton, Idaho	Date Issued: Blessed June 6, 1920	Date Orig. Entry: Blessed June 6, 1920
	Date of Birth: May 1, 1920 / Birth Place: Shelton, Idaho	Full Name of Mother: Mamie Ferguson	Name of Father: Ira A. Moore	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Shelton, Idaho	Date Issued: Mar2, 1929	Date Orig. Entry: Baptized Feb17,1929
	Date of Birth: Mayl,1920 / Birth Place: Shelton, Idaho	Full Name of Mother: Mary E. Ferguson	Name of Father: Ira Moore	
SUPPORTING RECORD 3.	Type of Document: Daughter's birth certificate	By whom issued and signed: State of Idaho #397379	Date Issued: -----	Date Orig. Entry: child born Oct. 3, 1944
	Date of Birth: age24yrs / Birth Place: Shelton, Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 9 1981

FORM BH 56067

8-13-81

Hartsville

NOV 10 1981

695-23-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alda Field			2. Date Of Birth (month) 7 (day) 31 (year) 20	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Grant	
FATHER	6. Full Name of Father: William Oscar Field			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Pinnock			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alda F. Boyce	11. Present Address of Registrant: R#3 Box 101 Moses Lake, Wa. 98837	
NOTARY (Seal)	Subscribed and sworn to before me on: February 3 1981		12. Signature of Notary: P. M. Miller	13. Notary Commission expires: September 10 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Cousin age73	By whom issued and signed: Naomi G. Wiese	Date Issued: Sept 1,1982	Date Orig. Entry: --------
	Date of Birth: July 31,1920 / Birth Place: Grant, Idaho	Full Name of Mother: Sarah Pinnock Field	Name of Father: William Oscar Field	
SUPPORTING RECORD 2.	Type of Document: Marriage license	By whom issued and signed: Jefferson,County, Idaho	Date Issued: July18,1947	Date Orig. Entry: ----------
	Date of Birth: age 26 years / Birth Place: Grant, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Social Security # Application	By whom issued and signed: Social SecurityAdministration	Date Issued: Sept10.1981	Date Orig. Entry: Nov. 1943
	Date of Birth: July31,1920 / Birth Place: Grant, Idaho	Full Name of Mother: Sarah Pinnock	Name of Father: William O. Field	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Linda Adamson	Date Filed: NOV 12 1981

FORM BH 56067

NOV 13 1981

651-129-020-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-414

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GEORGE HAROLD WEAKLEY
2. Date Of Birth (month) 4 (day) 29 (year) 20
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth and County: IDAHO FALLS, IDAHO
b. City or Town of Birth: IDAHO FALLS

FATHER F

6. Full Name of Father: CHARLES. WEAKLEY
7. State or Country of Father's Birth: ~~RAWSON~~ OHIO

MOTHER

8. Full Maiden Name of Mother: NEVA EUNICE SHIRLEY
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George H. Weakley
11. Present Address of Registrant: 12711 BRUNSWICK LANE BOWIE MD 20715

NOTARY (Seal)

Subscribed and sworn to before me on July 29 1981

12. Signature of Notary: James R Lockman
13. Notary Commission expires: July 15 1981

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age 86yrs	Neva E. Weakley	July 1, 1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr29,1920	Idaho Falls, Idaho	Neva Eunice Shirley	F. Charles Weakley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Neva E. Weakley	Obviously old	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr20,1920	Idaho Falls, Ida.	Neva Eunice Shirley	Frank C. Weakley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record	Safeway Stores Inc.	Apr.1946	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr29,1920	Idaho Falls, Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	

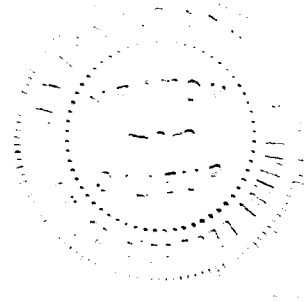
FORM BH 56067

Receipt # 7500

7-20-81

Weekly

NOV 20 1981



693-21-0032-49

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-429

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Mary Helen Wilson			2. Date Of Birth (month) (day) (year): July 14, 1920	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: James Wilson			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Jessie Smith			9. State or Country of Mother's Birth: Beautiful Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maryhelen Burnett		11. Present Address of Registrant: P.O. Box 93 Salmon Ida 83467	
NOTARY (Seal)	Subscribed and sworn to before me on: 2 Sept 19 81	12. Signature of Notary: Ellen M Price		13. Notary Commission expires: August 19 85	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Idaho		Date Issued: Blessed Aug 3,1924	Date Orig. Entry: Blessed Aug 3, 1924
	Date of Birth: July 14, 1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Jessie Smith	Name of Father: James Wilson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Idaho		Date Issued: Baptized Aug 12, 1928	Date Orig. Entry: Baptized Aug 12, 1928
	Date of Birth: July14,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Jessie Smith	Name of Father: James Wilson	
SUPPORTING RECORD 3.	Type of Document: Applicaton for Soc. Sec. No.	By whom issued and signed: Social Security Administration		Date Issued: june30,81	Date Orig. Entry: October 1942
	Date of Birth: July14,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Jessie Smith	Name of Father: Jack Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: cc Teresa L. Cleverly	Date Filed: NOV 27 1981

FORM BH 56067

DEC 1 1981

343-219-0515-25

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-431

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Winnie Margaret Tucker
2. Date Of Birth (month) (day) (year): April 19 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Soda Springs, Ida. Caribou
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Charles Peter Tucker
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Della Sanderson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Hall
11. Present Address of Registrant: 1811 Lockey - Helena Mt. 59601

NOTARY (Seal)

Subscribed and sworn to before me on: November 27 1981
12. Signature of Notary: [illegible]
13. Notary Commission expires: December 16 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Membership record	LDS Church	Mar.9.1978	Blessed July4,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr19,1920	Soda Springs, IDA	Della Sanderson	Charles Peter Tucker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript from College	Idaho State College Pocatello Idaho	July29,1963	1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.19, 1920	Soda Springs, ID	Della Sanderson	Charles P. Tucker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend age 87yrs	Rita L. Gorton	Nov11,1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr19,1920	Soda Springs, ID	Della Sanderson	Charles Peter Tucker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 1 1981

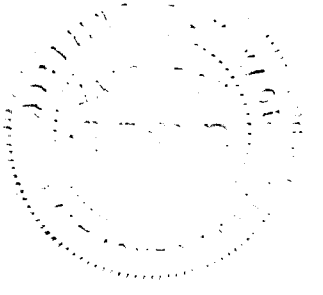
K FORM BH 56067

Rush!

10-26-81

Holt

DEC 1 1981



DECEASED

317-207-030-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAVERNA MAE CAPERON		2. Date Of Birth (month) FEB. (day) 7 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: NORTH FORK, IDA LEMHI; b. City or Town of Birth: North Fork, IDAHO
FATHER	6. Full Name of Father: EDWARD JAMES CAPERON		7. State or Country of Father's Birth: NEBRASKA
MOTHER	8. Full Maiden Name of Mother: WILMA GERTRUDE STROUD		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laverna M. Heath	11. Present Address of Registrant: 1938 High ST. Boise IDA. 83706
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1981	12. Signature of Notary: Daisy J. Combes	13. Notary Commission expires: October 3 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 12, 1981	Date Orig. Entry: Census of April 1, 1940
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Family Bible record	By whom issued and signed: family member	Date Issued: Oct. 6, 1981	Date Orig. Entry: obviously old
	Date of Birth: Feb. 7, 1920	Birth Place: North Fork, ID	Full Name of Mother: Wilma Gertrude Stroud	Name of Father: Edward James Caperon
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age: 88	By whom issued and signed: Bess E. Stroud	Date Issued: Dec. 18, 1981	Date Orig. Entry: -----
	Date of Birth: Feb. 7, 1920	Birth Place: North Fork, ID	Full Name of Mother: Wilma Gertrude Stroud	Name of Father: Edward James Caperon
QUALIFYING INFORMATION				

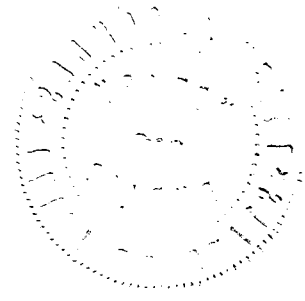
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	1a Linda Adamson	DEC 21 1981

FORM BH 56067

DEC 21 1981



845-21-026-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-003

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elnora Mae Hunsaker
2. Date of Birth (month) (day) (year): December 11, 1920
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Jefferson
   b. City or Town of Birth: Lorenzo

FATHER

6. Full Name of Father: Lars Hunsaker
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Agnes Ethel Butler
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elnora Mae Hunsaker
11. Present Address of Registrant: 366 W 2nd So 83442 Rigby Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 4 19 81

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Rigby, Idaho	Aug 3,1930	Baptized Aug2,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec11,1920	Lorenzo, Idaho	Agnes Ethel Butler	Lars Hunsaker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's own birth certificate	State of Idaho #51-7259	child born May 20, 1951	child born May 20, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30yrs	Idaho	-------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age76yrs	Josephine B. Murdock	Dec.30,1981	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.11,1920	Lorenzo, Idaho	Agnes Ethel Butler	Lars Hunsaker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc tc = Teresa L. Cleverly	JAN 6 1982

FORM BH 56067

ICC PD # 19719

11-10-81

Gibson

JAN 6 1982

766-106-022-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 82-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES WOODROW POWELL			2. Date Of Birth (month) 8 (day) 6 (year) 20
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: EGIN
FATHER	6. Full Name of Father: GRANT ULYSSES POWELL			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: LOUISE MAE HOLT			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles W Powell		11. Present Address of Registrant: RT. 1 BOX 53 ST. ANTHONY, Idaho 83445
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 19th 1981	12. Signature of Notary: [illegible]		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor age72	By whom issued and signed: Lloyd W. Powell	Date Issued: Aug 19, 1981	Date Orig. Entry: ----
	Date of Birth: Aug 6,1920 / Birth Place: Egin, Idaho	Full Name of Mother: Louise Mae Holt	Name of Father: Grant Ulysses Powell	
SUPPORTING RECORD 2.	Type of Document: Membership record(church)	By whom issued and signed: LDS Church, Egin, Ward	Date Issued: Obivously Old	Date Orig. Entry:
	Date of Birth: Aug6,1920 / Birth Place: Egin, Idaho	Full Name of Mother: Louise M. Holt	Name of Father: Grant U. Powell	
SUPPORTING RECORD 3.	Type of Document: Blessing record	By whom issued and signed: LDS Church, J. T. Beech (ward Clerk)	Date Issued: Blessed Sept.1,1928	Date Orig. Entry: Blessed Sept.1,1928
	Date of Birth: Aug.6,1920 / Birth Place: Egin, Idaho	Full Name of Mother: Louise M. Holt	Name of Father: Grant U. Powell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JAN 18 1982

FORM BH 56067

POWELL

JAN 18 1982

249-19-027-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Al... Harold Burgoyne			2. Date Of Birth (month) April (day) 19 (year) 1920	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: EDEN Jerome	b. City or Town of Birth: EDEN	
FATHER	6. Full Name of Father: James David Burgoyne			7. State or Country of Father's Birth: STafford Kansas	
MOTHER	8. Full Maiden Name of Mother: Cora Ada Price			9. State or Country of Mother's Birth: Montrose, Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Al Harold Burgoyne	11. Present Address of Registrant: 341 W Willis	
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1981		12. Signature of Notary: Delva Sutch	13. Notary Commission expires: 7-20 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:73	By whom issued and signed: Minnie B. Russell	Date Issued: Aug.24,1981	Date Orig. Entry: -----
	Date of Birth: Apr.15,1920 Birth Place: Eden, Idaho	Full Name of Mother: Cora Ada Burgoyne	Name of Father: James David Burgoyne	
SUPPORTING RECORD 2.	Type of Document: Family Group sheet	By whom issued and signed: family	Date Issued: Nov.6,1942	Date Orig. Entry: -----
	Date of Birth: Apr. 19, 1920 Birth Place: Eden, Idaho	Full Name of Mother: Cora Ada Price	Name of Father: James David Burgoyne	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: Oct.9,1945	Date Orig. Entry: Sept.25,1941
	Date of Birth: Apr.19,1920 Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

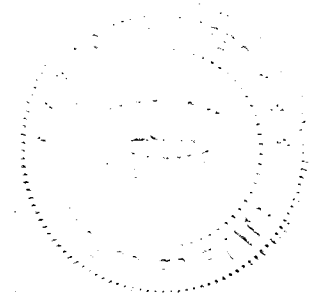
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	tc 1a Florence Curtright	Jan.22,1982

FORM BH 56067

NN

6-10-81

JAN 2 2 1982



369-228-026-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-011

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RETA PEARL CORDON
2. Date Of Birth (month) (day) (year): March 28, 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: not known
7. State or Country of Father's Birth: Not known

MOTHER

8. Full Maiden Name of Mother: Meta Mary Cordon
9. State or Country of Mother's Birth: Jefferson, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Reta Pearl Cordon
11. Present Address of Registrant: 323 East 1st North, St. Anthony

NOTARY (Seal)

Subscribed and sworn to before me on: August 17 1981
12. Signature of Notary: Jeanette Lunsford
13. Notary Commission expires: Life 19___

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	present at birth Affidavit by relative age 78yrs	Clyde Cordon	Aug 17,1981	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar28,1920 / Rigby, Idaho	Meta Mary Cordon	------	
SUPPORTING RECORD 2.	Record by mother	Meta Mary Cordon	Obviously	old
	Mar28,1920 / Rigby, Idaho	Meta Mary Cordon	------	
SUPPORTING RECORD 3.	Family History Book	John Zundell Family	1973	Married Oct.2,1937
	Mar.28,1920 / Rigby, Idaho	Meta Mary Cordon	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	tc Florence Curtright	Jan.25,982

FORM BH 56067

100 NO #10953

7-30-84

Cordon

JAN 25 1982

361-217-007-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-021

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Grace Coates
2. Date Of Birth (month) (day) (year): April. 17 1920
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Carey, Idaho Blaine
   b. City or Town of Birth: Carey Idaho

FATHER

6. Full Name of Father: George Wilford Coates
7. State or Country of Father's Birth: ~~Utah~~ Utah

MOTHER

8. Full Maiden Name of Mother: Helen Marion Shelley
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Lamkey
11. Present Address of Registrant: 9725 Utahna rd

NOTARY (Seal)

Subscribed and sworn to before me on: February 5 1982
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Carey, Idaho	Blessed Jan.2,1921	Blessed Jan.2,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.17,1920	Carey, Idaho	Ellen Shelley	Willian G. Coates

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptismal	LDS Church, Richfield, Idaho	Aug.5,1928	Baptized Aug.4,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.17,1920	Carey, Idaho	Helen M. Shelley	George Coats

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #354632	child born July 5,1942	child born July 5,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age22yrs	Carey, Idaho	-------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 5 1982

FORM BH 56067

FEB 5 1982

351-130-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-022

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marvin Harold Leatham
2. Date Of Birth (month) (day) (year): 12 - 30 - 1920
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Harold Garrett Leatham
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Florence Anderson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin Harold Leatham
11. Present Address of Registrant: 41931 Thornton - Hemet, Ca.

NOTARY (Seal)

Subscribed and sworn to before me on January 28, 1982

12. Signature of Notary: Jessie F. Basil
13. Notary Commission expires: January 28, 1983

attached on back

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #61-15746	Nov. 27, 1981	child born Dec. 15, 1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 40yrs.	Idaho Falls, Idaho	------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	United States Navy	May 8, 1946	May 3, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 30, 1920	Idaho Falls, Idaho	-------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Membership record Church	LDS Church	Nov. 29, 1973	Blessed Dec. 20, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 30, 1920	Idaho Falls, Idaho	Florence Anderson	Harold G. Leatham

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 12 1982

FORM BH 56067

FEB 16 1982

(8-74)

(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

Re: Delayed Certificate of Birth
State of Idaho

STATE OF CALIFORNIA
COUNTY OF Riverside } SS.

On January 28, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared Marvin Harold Leatham ----------

---

---, ~~XXXXXXXX~~

to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Jessie F. Basil

STAPLE HERE

OFFICIAL SEAL
JESSIE F. BASIL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan. 28, 1983

(This area for official notarial seal)

419-110-022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marvin June Marshall
2. Date Of Birth (month) (day) (year): June 10, 1920
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County:
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: George Claude Marshall
7. State or Country of Father's Birth: Panguitch, Utah

MOTHER

8. Full Maiden Name of Mother: Estelle Farnworth (Lusetta)
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin Marshall
11. Present Address of Registrant: 61 Wilson Dr Carmel, IN

NOTARY (Seal)

Subscribed and sworn to before me on: December 19 1980

12. Signature of Notary: Carolyn A. Hodson
Carolyn A. Hodson

13. Notary Commission expires: November 7 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church	Jan.22,1933 ordained	Jan.22,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June10,1920	Ashton, ID	Estelle Farnsworth	George Claude Marshall

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Application	Socail Security Administration	Jan29, 1981	1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June10,1920	Ashton, Idaho	Estelle Farnsworth	George C. Marshall

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Cousin age 76yrs	Roy Judd	Dec.29,1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June10,1920	Ashton, Idaho	Estella L. Marshall	George Claude Marshall

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc tc Teresa L. Cleverly	FEB 16 1982

FORM BH 56067

12-9-80

FEB 16 1982

MARSHALL

381-115-003-631

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NOEL LEE CHAPMAN
2. Date Of Birth (month) MAY (day) 15 (year) 1920
3. Color or Race: WMA
4. Sex: M
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: POCOTELLO

FATHER

6. Full Name of Father: HERBERT GEORGE CHAPMAN
7. State or Country of Father's Birth: MICHIGAN

MOTHER

8. Full Maiden Name of Mother: MINNIE JOSEPHINE FARGUHAR
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Noel Lee Chapman
11. Present Address of Registrant: 1034 NE MADRONE GRANTS PASS ORE 97526

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 30 1981

12. Signature of Notary: Murray J. Parker
13. Notary Commission expires 12/29 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Pastor Harold J. Smith	Baptized Apr 1, 1934	Baptized April 1, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May15,1920	Pocatello,Idaho	-----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible record	family	-----	obviouslyold

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May15,1920	Pocatello, Idaho	-------	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security application	Social Security Administration	Dec.18,1981	1 June 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15,1920	Idaho	Minnie J. Stroud	Herbert G. Chapman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 25 1982

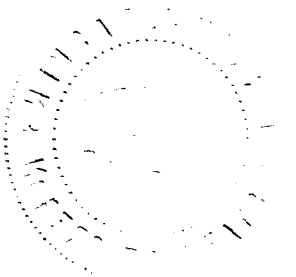
FORM BH 56067

Receipt # 11927

8-17-81

Chapman

FEB 25 1982



266-427-010-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-047

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herbert Reed Bowman
2. Date Of Birth (month) (day) (year): March 27, 1920
3. Color or Race:
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Hiram Reed Bowman
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Esther Balmforth
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herbert Reed Bowman
11. Present Address of Registrant: 13810 SE 178th, Boring, Oregon 97009

NOTARY (Seal)

Subscribed and sworn to before me on: February 19, 19 82
12. Signature of Notary: [signature]
13. Notary Commission expires: January 3, 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Baptized Oct.2,1932	Baptized Oct. 2, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.27,1920	Idaho Falls,ID	Esther Balmforth	Reed Bowman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers(Honorable)	U.S. Navy	Mar.1,1946	June 30,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.27,1920	Idaho Falls, ID	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
High school transcript	Polytechnic H. S., Calif.	Feb.16,1982	Jun 11,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.27,1920	Idaho Falls, Ida.	---------	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 5 1982

FORM BH 56067

20504

1-28-81

Balmfoith

MAR 10 1982

813-224-022-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORA MAY HATHAWAY			2. Date Of Birth (month) JUNE (day) 24 (year) 1920	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: DRUMMOND	
FATHER	6. Full Name of Father: JOHN WILLIAM HATHAWAY			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: LOUISA ELZINA WELKER			9. State or Country of Mother's Birth: ARIZONA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dora May Hathaway Hardy	11. Present Address of Registrant: RT.1, BOX 202-4 ST.ANTHONY IDA.	
NOTARY (Seal)	Subscribed and sworn to before me on 2-12- 19 82		12. Signature of Notary: Jane E Gaskill	13. Notary Commission expires: life 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church	Date Issued: Blessed Dec.12,1920	Date Orig. Entry: Blessed Dec. 12,1920
	Date of Birth: June24,1920	Birth Place: Drummond, Idaho	Full Name of Mother: Elzina Welker	Name of Father: John W. Hathaway	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: Baptized Oct. 6,1928	Date Orig. Entry: Baptized Oct.6,1928
	Date of Birth: June24,1920	Birth Place: Drummond, Idaho	Full Name of Mother: Zina Welker	Name of Father: John W. Hathaway	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #262075	Date Issued: child born Nov.20 1937	Date Orig. Entry: child born Nov. 20,1937
	Date of Birth: age17yrs.	Birth Place: Drummond, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: MAR 9 1982

FORM BH 56067

4-20-79

Hardy

MAR 9 1982

365-126-0 06-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONARD WRIGHT LONGHURST			2. Date Of Birth (month) JUNE (day) 26 (year) 1920	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: HOME a. County: BINGHAM	b. City or Town of Birth: SHELLEY IDAHO	
FATHER	6. Full Name of Father: GEORGE HEBER LONGHURST			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: ELIZABETH CHADWICK			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Wright Longhurst		11. Present Address of Registrant: 707 WEST MAIN REXBURG, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 1982	12. Signature of Notary: George K. Madsen		13. Notary Commission expires: Sept 30, 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Idaho	Date Issued: Blessed Aug. 1, 1920	Date Orig. Entry: Blessed Aug. 1, 1920
	Date of Birth: June 26, 1920 Birth Place: Shelley, Idaho	Full Name of Mother: Elizabeth Chadwick	Name of Father: Geo. H. Longhurst	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle age 82yrs	By whom issued and signed: Wallace G. Jamison	Date Issued: Feb. 26, 1982	Date Orig. Entry: ------
	Date of Birth: June 26, 1920 Birth Place: Shelley, Idaho	Full Name of Mother: Elizabeth Chadwick	Name of Father: George Heber Longhurst	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Jan. 25, 1946	Date Orig. Entry: Dec. 1, 1942
	Date of Birth: June 26, 1920 Birth Place: Shelley, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 16 1982

FORM BH 56067

MAR 1 9 1982

369-203-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Rebecca Corbridge		2. Date Of Birth (month) 5 (day) 3 (year) 20
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Sterling, Idaho Bingham; b. City or Town of Birth: Sterling.
FATHER	6. Full Name of Father: Leslie Ambrose Corbridge.		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ruby May Claypool		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris R. Nugent.	11. Present Address of Registrant: Box 384 Aberdeen, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 5 1982	12. Signature of Notary: Wanda F Sommers	13. Notary Commission expires: Aug. 21 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church	Date issued: Blessed June6,1920	Date Orig. Entry: Blessed June6,1920
	Date of Birth: May 3,1920	Birth Place: Sterling, Idaho	Full Name of Mother: Ruby M. Claypool	Name of Father: Leslie A. Corbridge	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date issued: Sept.26,1928 Baptized	Date Orig. Entry: Baptized Sept.26,1928
	Date of Birth: May 3,1920	Birth Place: Sterling, Idaho	Full Name of Mother: Ruby Claypool	Name of Father: Leslie A. Corbridge	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth certif.		By whom issued and signed: State of Idaho #385679	Date issued: child born Jan.29,1944	Date Orig. Entry: child born Jan.29,1944
	Date of Birth: age23yrs.	Birth Place: Sterling, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 23 1982

K FORM BH 56067 1cp. Pd. Receipt # 18877 10-31-74

MAR 2 3 1982
AUG 0 7 2001

235-226-010--434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Madge Stephens		2. Date Of Birth (month) July (day) 26 (year) 1920	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Edgar Sylvester Stephens		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lilas Jeanette McMillan		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Madge Murkley	11. Present Address of Registrant: American Fork, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1982	12. Signature of Notary: Effie S. Cherrington	13. Notary Commission expires: 3-2 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of Birth	By whom issued and signed: LDS Church , Salt Lake City, Utah	Date Issued: Mar.2,1982	Date Orig. Entry: Oct.3,1920	
	Date of Birth: July20,1920	Birth Place: Idaho	Full Name of Mother: Lilas Jeanetter McMillan	Name of Father: Edgar Sylvester Stephens	
SUPPORTING RECORD 2.	Type of Document: Family group record	By whom issued and signed: family	Date Issued: Mar.2,1983	Date Orig. Entry: Baptized Sept.9,1928	
	Date of Birth: July26,1920	Birth Place: Milo, Idaho	Full Name of Mother: Lilas Jeanette McMillan	Name of Father: Edgar Sylvester Stephens	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #52-11145	Date Issued: July30,1964	Date Orig. Entry: child born Sept.21,1952	
	Date of Birth: age32yrs	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 24 1982

FORM BH 56067

MAR 24 1982

253-209-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARY KELLAR			2. Date Of Birth (month) NOV. (day) 4 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: MERDIAN, IDAHO ADA	b. City or Town of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: JOHN BLAIR KELLAR			7. State or Country of Father's Birth: INDIANA CO. PENN.
MOTHER	8. Full Maiden Name of Mother: JESSIE BELLE BROWN			9. State or Country of Mother's Birth: GOLDFIELD, IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Helen M Kellar		11. Present Address of Registrant: X 4323-15th Ave So Seattle Wa 98105
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1980	12. Signature of Notary: Cheryl Clark Ellis		13. Notary Commission expires: ~~May 15~~ 19~~81~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family tree record	By whom issued and signed: Jessie Kellar		Date Issued: obviously old	Date Orig. Entry: -----
	Date of Birth: Nov.4,1920	Birth Place: Meridian, Idaho	Full Name of Mother: Jessie Belle Brown		Name of Father: John Blair Kellar
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother 72yrs	By whom issued and signed: Raymond W. Kellar		Date Issued: Nov. 4,1920	Date Orig. Entry: ----
	Date of Birth: Nov.4,1920	Birth Place: Meridian, Idaho	Full Name of Mother: Jessie Bell Brown		Name of Father: John Blair Kellar
SUPPORTING RECORD 3.	Type of Document: own daughter's birth certif.	By whom issued and signed: State of Idaho #408619		Date Issued: child born July15,1945	Date Orig. Entry: child born July 15,1945
	Date of Birth: age 24,yrs.	Birth Place: Meridian, Idaho	Full Name of Mother: ------		Name of Father: --------
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 25 1982

FORM BH 56067

8-23-79

Heinz

891-112 1033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-081

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Don Royal Hiatt		2. Date Of Birth (month) July (day) 12 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison; b. City or Town of Birth: Newdale
FATHER	6. Full Name of Father: Charles (NMI) Hiatt		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lizzie Estelle Smith		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don R. Hiatt	11. Present Address of Registrant: 3303 Tucker Rd Boise, Idaho 83703
NOTARY (Seal)	Subscribed and sworn to before me on: 26th March 1982	12. Signature of Notary: Kay De Winter	13. Notary Commission expires: Oct 6 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Sept.2,1945	Date Orig. Entry: Sept.28,1939
	Date of Birth: July12,1920 / Birth Place: Newdale, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Blessed Feb.28,1921	Date Orig. Entry: Blessed Feb.28,1921
	Date of Birth: July12,1920 / Birth Place: Maidson Co., Ida.	Full Name of Mother: Estella Smith	Name of Father: Charles Hiatt	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Sept.27,1932	Date Orig. Entry: Baptized Sept.17,1932
	Date of Birth: July12,1920 / Birth Place: Madison Co.,Ida	Full Name of Mother: Lizzie Estella Smith	Name of Father: Charles Hiatt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 25 1982

K FORM BH 56067 1C CPCH 6494 3-22-82

Hiatt

MAR 2 6 1982

466-22-044-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Opal Moffett			2. Date Of Birth (month) (day) (year): Sept 21, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cambridge, Washington	b. City or Town of Birth: Cambridge, Ida.
FATHER	6. Full Name of Father: Golden Porter Moffett			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Velma Thornton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Opal Moffitt Tolman		11. Present Address of Registrant: Oakley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1982.	12. Signature of Notary: Alta Hunter		13. Notary Commission expires: May 8 1982.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - # 63-14939	Date Issued: ----	Date Orig. Entry: child born Dec.19,1963	
	Date of Birth: age 43	Birth Place: Cambridge, Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Jan.13,1982	Date Orig. Entry: Baptized Oct.7,1928	
	Date of Birth: Sept.21,1920	Birth Place: Cambridge, Id	Full Name of Mother: Velma Thornton	Name of Father: Golden P. Moffett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by present at birth cousin age 78	By whom issued and signed: Morna Howell	Date Issued: Mar.11,1981	Date Orig. Entry: -----	
	Date of Birth: Sept.21,1920	Birth Place: Cambridge, Ida.	Full Name of Mother: Velma Thornton	Name of Father: Golden Porter Moffett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

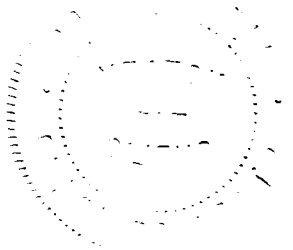
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	April 12, 1982

K FORM BH 56067

2-11-81

Tolman, (Son)

APR 1 8 1982
MAR 0 3 2003



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242-17-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-089

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Darllo Melton Sibbett
2. Date Of Birth: (month) July (day) 17 (year) 1920
3. Color or Race: white
4. Sex:
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelly

FATHER

6. Full Name of Father: Alvin L. Sibbett
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Olive Almeda Hansen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Darllo Melton Sibbett
1321 Los Molinos Way
Sacramento, Ca. 95825

CAROL LEE FISHBURN
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My Commission Expires June 18, 1982

Subscribed and sworn to before me on March 12, 19 82

12. Signature of Notary: Carol Lee Fishburn

13. Notary Commission expires: June 18, 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth	LDS Church	July 1,1962	Baptized June 30,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 17,1920	Shelley, Idaho	Olive Hansen	Alvin Louis Sibbett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Aug.17,1944	July 29,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age22yrs.	Shelley, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	U.S. Censes Bureau	Nov.12,1976	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9yrs	Idaho	Olive A. Sibbett	Alvin L. Sibbett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 20 1982

FORM BH 56067

10-28-96

Sibbett

APR 20 1982

693-127-026-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-098

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank William Williams
2. Date of Birth (month) (day) (year): August 27th 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Home Jefferson
b. City or Town of Birth: Ririe

FATHER

6. Full Name of Father: La Vern Edward Williams
7. State or Country of Father's Birth: Malad City, Idaho

MOTHER

8. Full Maiden Name of Mother: Rachel Elvina Carpenter
9. State or Country of Mother's Birth: Willard, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank W Williams
11. Present Address of Registrant: 725 Falls Drive, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 17 1981
12. Signature of Notary: Robert Helm
13. Notary Commission expires: Life Term 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record	LDS Church	Baptized Aug.3,1929	Baptized Aug.3,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.27,1920	Ririe, Idaho	Elvina Carpenter	LaVern Edward Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 70yrs.	Elizabeth Carpenter Helm	Mar.3,1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.27,1920	Ririe, Idaho	Rachel Elvina Carpenter	LaVern Edward Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth Certif.	State of Idaho #50-14656	child born Dec.12,1950	child born Dec. 12,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 30yrs	Ririe, Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. CLEVERLY	APR 23 1982

FORM BH 56067

100 pd #13046

9-1-81

Williams

APR 23 1982

239-207-010-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenna Stringham		2. Date Of Birth (month) April (day) 7 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bone Ida Bonn. b. City or Town of Birth: Bone
FATHER	6. Full Name of Father: Platte Lyman Stringham		7. State or Country of Father's Birth: Holden Millard co. Utah
MOTHER	8. Full Maiden Name of Mother: Ruby Ann Jones		9. State or Country of Mother's Birth: Holden Millard co ut
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenna S. Whitehead	11. Present Address of Registrant: Blackfoot Ida R#1 Box 264
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 19 82	12. Signature of Notary: Douglas E Baker	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Group record		By whom issued and signed: Family	Date issued: Baptized May 20,1928	Date Orig. Entry: Baptized May 20,1928
	Date of Birth: Apr.7,1920	Birth Place: Bone, Idaho	Full Name of Mother: Ruby Ann Jones	Name of Father: Platte Lyman Stringham	
SUPPORTING RECORD 2.	Type of Document: Insurance application		By whom issued and signed: Stockman's Life Ins. Co.	Date issued: Oct.29,1965	Date Orig. Entry:
	Date of Birth: Apr.7,1920	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 85yrs		By whom issued and signed: Ruby Jane Stringham	Date issued: Mar.31,1982	Date Orig. Entry:
	Date of Birth: Apr.7,1920	Birth Place: Bone, Idaho	Full Name of Mother: Ruby Jones	Name of Father: Platte Lyman Stringham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 26 1982

FORM BH 56067 ICCRD # 716

APR 2 6 1982

859402-010-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-103

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Simon Herrera			2. Date Of Birth (month) (day) (year): Oct. 22, 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls Idaho Bonneville (Home)	b. City or Town of Birth: Idaho Falls Idaho	
FATHER	6. Full Name of Father: Jose Maria Herrera			7. State or Country of Father's Birth: Mexico	
MOTHER	8. Full Maiden Name of Mother: Luz De LaRosa			9. State or Country of Mother's Birth: Mexico	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Simon Herrera		11. Present Address of Registrant: 145 Cedar Street, Idaho Falls Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 28 19 82	12. Signature of Notary: V. Orlean Hammon		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho		Date Issued: on file	Date Orig. Entry: child born June6,1948
	Date of Birth: Age: 27	Birth Place: Idaho Falls,ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Army		Date Issued: Nov.8,1946	Date Orig. Entry: inducted Jan.23,1945
	Date of Birth: Oct.22,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of Family age 81yrs.	By whom issued and signed: Bertha Davis Loeck		Date Issued: Feb.25,1982	Date Orig. Entry:
	Date of Birth: Oct.22,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Luz De La Rosa	Name of Father: Jose Ma Herrera	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	APR 26 1982

FORM BH 56067

APR 2 6 1982

495-202-034-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Drew			2. Date Of Birth (month) July (day) 2 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn, Idaho
FATHER	6. Full Name of Father: William Alfred Drew			7. State or Country of Father's Birth: Christ Church, New Zealand
MOTHER	8. Full Maiden Name of Mother: Flora Actia Romig			9. State or Country of Mother's Birth: Carbondale, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Harro		11. Present Address of Registrant: 2408 S Killarney Drive, Boise, Ida. 09
NOTARY (Seal)	Subscribed and sworn to before me on: April 20, 1982	12. Signature of Notary: Cora Sue Mattle		13. Notary Commission expires: July 25, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Transcript	By whom issued and signed: University of Montana	Date Issued: Mar.17,1972	Date Orig. Entry: Graduated H.S. 1938
	Date of Birth: Jul.2,1920 / Birth Place: Heyburn, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Medical Center	Date Issued: Apr.14,1982	Date Orig. Entry: patient Aug 16,1960
	Date of Birth: July 2,1920 / Birth Place: Idaho	Full Name of Mother: Flora Romig	Name of Father: William Drew	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 95	By whom issued and signed: Flora A. Drew	Date Issued: Apr.20,1982	Date Orig. Entry: ------
	Date of Birth: July 2,1920 / Birth Place: Heyburn, Idaho	Full Name of Mother: Flora Actia Romig Drew	Name of Father: William Alfred Drew	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	April 28, 1982

FORM BH 56067

4-13-82

866-215-024-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-108

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Howard
2. Date Of Birth (month) October (day) 15 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho — a. County: Gooding — b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Walter Billing Howard
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mildred Martin
9. State or Country of Mother's Birth: Vermont

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Ozanich
11. Present Address of Registrant: Rt. 1 Box 165 Shop. Wn.

NOTARY (Seal)

Subscribed and sworn to before me on April 5 1982

12. Signature of Notary: Dean L. Elfers
13. Notary Commission expires Sept 15 1982 98946

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Employment	Central Washington College	May 24,1961	May 1,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.15,1920	Wendell, Idaho	Mildred Martin	Walter Howard

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital birth certificate	Glensburg Genreal Hospital Glensburg, Washington	child born June 29,1955	child born June 29, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.15,1920	Idaho	-------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License Application	State of Washington	Nov.20,1939	Nov.20,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19yrs	Wendell, Idaho	------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 4 1982

FORM BH 56067

MAY 5 1982

314-22-019-136

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loa Cammack		2. Date Of Birth (month) (day) (year): 2 21, 1920
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Darlington, Custer
			b. City or town of Birth: Darlington
FATHER	6. Full Name of Father: Francis Cammack		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Edna Atwood		9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loa Cammack	11. Present Address of Registrant: Malta, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 23 March 1982	12. Signature of Notary: Gene Baxter	13. Notary Commission expires: life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Western Farm Bureau	Date Issued: Nov.21,1963	Date Orig. Entry: -----
	Date of Birth: Feb.21,1920 / Birth Place: Darlington, Idaho	Full Name of Mother: ---	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Blessed June 6,1920	Date Orig. Entry: Blessed June 6, 1920
	Date of Birth: Feb.21,1920 / Birth Place: Idaho	Full Name of Mother: Sarah Edna Atwood	Name of Father: Francis Cammack	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Baptized June 30, 1928	Date Orig. Entry: Baptized June 30,1928
	Date of Birth: Feb.21,1920 / Birth Place: Idaho	Full Name of Mother: Sarah E. Atwood	Name of Father: Francis Cammack	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAY 7 1982	

K FORM BH 56067

1 cp pd rec 4890 3-5-82

Nelson

MAY 7 1982

213-126-022-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-112

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Theodore Bolland
2. Date Of Birth (month) (day) (year): March 26, 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth — a. County: Ashton - Fremont
b. City or Town of Birth: Ashton, Idaho

FATHER

6. Full Name of Father: Henry Martin Bolland
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Frieda Sophie Mary Bertha Luetjen
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul T Bolland
11. Present Address of Registrant: Rt #2 Ashton, Idaho, 83,420

NOTARY (Seal)

Subscribed and sworn to before me on: 9 April 1982
12. Signature of Notary: Linda Sheldon
13. Notary Commission expires: Life 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age86yrs	Frieda L. Bolland	April 9,1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.26,1920	Ashton, Idaho	Frieda M. Luetjen	Henry Martin Bolland

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Fremont Co, Idaho	Married May28,1959	Married ~~May 28,1959~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 39yrs	Ashton, Idaho	Frieda Bolland	Henry M. Bolland

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Onw daughter's birth certif.	Ashton Memorial Hosp., Idaho	child born Feb.14,1964	child born Feb. 14, 1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.26,1920	Ashton, Idaho	------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 7 1982

FORM BH 56067

ICC PD FF22849

12-16-81

Ballard

MAY 7 1982

693-20-010-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Frances Wilkinson		2. Date Of Birth (month) March (day) 1 (year) 1920	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Falls, Ida. Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Edwin Alexander Wilkinson		7. State or Country of Father's Birth: Murray, Utah	
MOTHER	8. Full Maiden Name of Mother: Daisy Miller		9. State or Country of Mother's Birth: Bull City, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Frances Wilkinson Green	11. Present Address of Registrant: Crestview Bot 895 Condo #4 Ketchum	
NOTARY (Seal)	Subscribed and sworn to before me on: March 15 1982	12. Signature of Notary: Lucille Albrethsen	13. Notary Commission expires Idaho: Life 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho	Date Issued: Sept.3,1957	Date Orig. Entry: child born Oct. 31,1950	
	Date of Birth: age 30yrs.	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security number	By whom issued and signed: Social Security administration	Date Issued: June 8,1982	Date Orig. Entry: 2 Nov. 1943	
	Date of Birth: Mar.1,1920	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Daisy Miller	Name of Father: Eddie Wilkinson	
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Dr. Gudmonson	Date Issued: Nov.5,1950	Date Orig. Entry: Nov.5,1950	
	Date of Birth: Mar.1,1920	Birth Place: Idaho	Full Name of Mother: Mrs. E. A. Wilkinson	Name of Father: E. A. Wilkinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 9 1982

FORM BH 56067

JUL 9 1982

JUL 15 1982

713-127-010-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-150

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Briant LeRoy Gale		2. Date Of Birth (month) 7 (day) 27 (year) 20
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Franklin Howard Gale		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Ellen Tullis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Briant LeRoy Gale	11. Present Address of Registrant: P.O. Box 946 Clearfield, Ut. 84015
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1982	12. Signature of Notary: Janet Andrus	13. Notary Commission expires: 10-10-1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Baptized Jan. 4, 1931	Date Orig. Entry: Baptized Jan. 4, 1931
	Date of Birth: July27,1920 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: Cora Tullis	Name of Father: Franklin H. Gale	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Aug.3,1946	Date Orig. Entry: Feb.22,1945
	Date of Birth: July27,1920 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Franklin Howard Gale	Date Issued: June 21, 1982	Date Orig. Entry: -----
	Date of Birth: July27,1920 / Birth Place: Idaho Falls,Ida.	Full Name of Mother: Cora Ellen Tullis	Name of Father: Franklin Howard Gale	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

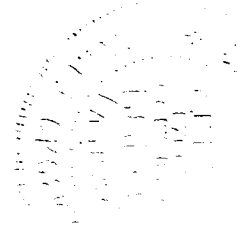
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 14 1982

FORM BH 56067

-2cp pd-

6-17-82

JUL 14 1982



391-130-010-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE BOYD CRABTREE			2. Date of Birth (month) JULY (day) 30 (year) 1920	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO FALLS BONNEVILLE	b. City or Town of Birth: IDAHO FALLS	
FATHER	6. Full Name of Father: GLEN BLAIR CRABTREE			7. State or Country of Father's Birth: IDAHO U.S.A.	
MOTHER	8. Full Maiden Name of Mother: ADDIE WAKEMAN			9. State or Country of Mother's Birth: IDAHO U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Boyd Crabtree		11. Present Address of Registrant: 6022 SKYWAY BOX C PARADISE, CA 95969	
NOTARY (Seal) Notary seal on back	Subscribed and sworn to before me on: June 22 1982	12. Signature of Notary: Geri Quayle		13. Notary Commission expires: 4-12 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Baptized Aug.12,1928	Date Orig. Entry: Baptized Aug. 12, 1928
	Date of Birth: July 30,1920 / Birth Place: Idaho Falls,Ida.	Full Name of Mother: Addie Addie Wakeman	Name of Father: Glen Blair Crabtree	
SUPPORTING RECORD 2.	Type of Document: Certif. of Ordination(Priest)	By whom issued and signed: LDS Church	Date Issued: Apr.16,1939	Date Orig. Entry: Apr.16, 1939
	Date of Birth: July 30,1920 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: Addie Wakeman	Name of Father: Glenn B. Crabtree	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Mar.3,1946	Date Orig. Entry: July 8, 1942
	Date of Birth: July30,1920 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 12 1982

FORM BH 56067

AUG 1 2 1982

TO 1944 CA (8-74)

(Individual)

TITLE INSURANCE AND TRUST

A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF Butte } SS.

On June 22, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared George Boyd Crabtree,

_____,

_____, known to me

to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Geri Quayle

STAPLE HERE

GERI QUAYLE
NOTARY PUBLIC
Butte County
State of California
My Commission Expires Apr. 12, 1985

(This area for official notarial seal)

141-14-026-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-174

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dean Adams
2. Date Of Birth (month) (day) (year): Sept. 14 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Poplar Jefferson
b. City or Town of Birth: Poplar, Idaho

FATHER

6. Full Name of Father: Edsel Hyrum Adams
7. State or Country of Father's Birth: Kaysville, Davis Utah

MOTHER

8. Full Maiden Name of Mother: Nessie Mecham Packer
9. State or Country of Mother's Birth: Riverdale Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dean Adams
11. Present Address of Registrant: RT 4 Box 349 Blackfoot

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1982
12. Signature of Notary: Colleen Adams
13. Notary Commission expires: July 20 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Employment Record	Nat'l Reactor Testing Sta.	Nov. 13, '81	Employed Mar. 1, 1946
	Date of Birth / Birth Place: Sept. 14, 1920 Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Family Group Sheet	By whom issued and signed: Family -	Date Issued: 1942	Date Orig. Entry: Jun. 19, 1942
	Date of Birth / Birth Place: Sept. 14, 1920 Poplar, Idaho	Full Name of Mother: Nessie Mecham Packer	Name of Father: Edsel Hyrum Adams	
SUPPORTING RECORD 3.	Type of Document: Own child's birth cert.	By whom issued and signed: on file - Idaho - # 366396	Date Issued: ------	Date Orig. Entry: child born Jan. 20, 1943
	Date of Birth / Birth Place: Age 22 Poplar, Idaho	Full Name of Mother: ------	Name of Father: ------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	Aug 17, 1982

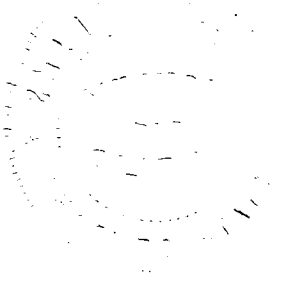
FORM BH 56067

ICCpd# 14891

7-2-82

Adams

AUG 17 1982



295-126-030-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Dennis Brennick			2. Date of Birth (month) September (day) 26 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Patterson
FATHER	6. Full Name of Father: Thomas Francis Brennick			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Aurora Elizabeth Wells			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William D Brennick		11. Present Address of Registrant: W9 Brierwood Spokane Wa 99218
NOTARY (Seal)	Subscribed and sworn to before me on July 19th 1982	12. Signature of Notary: Linda Adamson		13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Papers	By whom issued and signed: United States Marine Corps		Date Issued: Jan.11,1946	Date Orig. Entry: Dec. 30,1941
	Date of Birth: Sept26,1920	Birth Place: Patterson, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age:75	By whom issued and signed: Flora Kapp		Date Issued: Sept.9,1975	Date Orig. Entry: -----
	Date of Birth: Sept26,1920	Birth Place: Patterson, Idaho	Full Name of Mother: Aurora Elizabeth Wells	Name of Father: Thomas Francis Brennick	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Butte, St. Patrick's Church,Montana		Date Issued: July27,1982	Date Orig. Entry: Baptized June 22, 1924
	Date of Birth: Sept.26,1920	Birth Place: Patterson, Idaho	Full Name of Mother: Arora Wells	Name of Father: Thomas Brennick	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	la Teresa L. Cleverly	AUG 23 1982

FORM BH 56067

AUG 2 3 1982

SEP 7 1982

747-209-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Martha Pugmire		2. Date Of Birth (month) October (day) 9 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Jesse Lewis Pugmire		7. State or Country of Father's Birth: Bear Lake County, Idaho
MOTHER	8. Full Maiden Name of Mother: Wanetta Anderson		9. State or Country of Mother's Birth: Madison County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda P. Reservoir	11. Present Address of Registrant: 805 E. Elm, Othello, Wash. 99344
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 1st 1982	12. Signature of Notary: Gregory H. Sloan	13. Notary Commission expires: 5/4 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church	Date issued: May 24,1982	Date Orig. Entry: Nov,7,1920
	Date of Birth: Oct.9,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Wanetta Anderson	Name of Father: Jesse Lewis Pugmire	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age 76yrs		By whom issued and signed: Ada Anderson Stewart	Date issued: Mar.4,1982	Date Orig. Entry: -----
	Date of Birth: Oct.9,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Wanetta Anderson	Name of Father: Jesse Lewis Pugmire	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date issued: Jan.6,1929	Date Orig. Entry: Baptized Jan. 5, 1929
	Date of Birth: Oct.9,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Wanetta Anderson	Name of Father: Jessie L. Pugmire	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

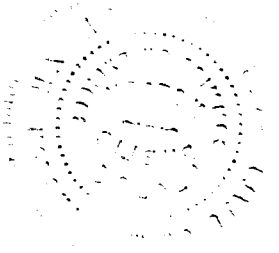
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 23 1982

FORM BH 56067 100 pd # 3307 2-24-82

Eisenmay.

AUG 2 3 1982



419-219-014-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY MAY MARCUM			2. Date Of Birth (month) SEPT (day) 19 (year) 1920
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: CANYON	b. City or Town of Birth: BOWMONT IDAHO
FATHER	6. Full Name of Father: BENJAMIN HARRISON MARCUM			7. State or Country of Father's Birth: OKIAHOMA
MOTHER	8. Full Maiden Name of Mother: GOLDIE MABLE ELLIS			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Robinson		11. Present Address of Registrant: 1695 Lee St Salem Ore
NOTARY (Seal)	Subscribed and sworn to before me on: august 20 1981	12. Signature of Notary: Patricia C Blevins		13. Notary Commission expires: 8-24 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record 1930	By whom issued and signed: U.S. Cenus bureau	Date Issued: June12,1981	Date Orig. Entry: Apr 1,1930
	Date of Birth: age9yrs	Birth Place: Idaho	Full Name of Mother: Goldie M. Marcum	Name of Father: Benjmain H. Marcum
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: State of Oregon	Date Issued: Apr20, 1981	Date Orig. Entry: married Aug.22,1945
	Date of Birth: Sept19,1920	Birth Place: Idaho	Full Name of Mother: ------,	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Application for Social Security number	By whom issued and signed: Social Security Administration	Date Issued: Nov13,1939	Date Orig. Entry: Nov. 13,1939
	Date of Birth: Sept.19,1920	Birth Place: Bowmont, Idaho	Full Name of Mother: Goldie Mable Ellis	Name of Father: Harry Benjamin Marcum
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R. N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: AUG 24 1982

FORM BH 56067

2-6-81

ROBINSON

AUG 24 1982

?

Dup of 1920-14217

DELAYED

419-110-016-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-191

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAY ANDREW MARTIN
2. Date Of Birth (month) 12 (day) 10 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Churchill CASSIA IDA.
b. City or Town of Birth: OAKLEY

FATHER

6. Full Name of Father: Joseah Hockenson MARTIN Oct 12 1883
7. State or Country of Father's Birth: LAKE View Tooele Utah

MOTHER

8. Full Maiden Name of Mother: EDith-EMeline WorthingtON Oct 10 1889
9. State or Country of Mother's Birth: Oakley CASSIA IDA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jay a Martin
11. Present Address of Registrant: Rt 3 Jerome IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 1982.
12. Signature of Notary: Alta Hunter
13. Notary Commission expires: May 8 1982.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible record	Family	Obviously old	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1920	Oakley, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance apllication	Grange Mutual Life Ins. Co.	Mar. 28, 1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1920	Oakley, Idaho	----	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Appl. for Social Sec. number	Social Secuirty Administration	June3, 1982	Jan. 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1920	Cassia Co, Idaho	Emma Worthington	Joseph H. Martin

QUALIFYING INFORMATION

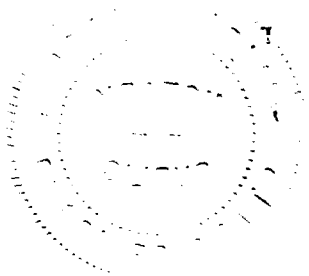
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 27 1982

FORM BH 56067

AUG 2 7 1982



DECEASED

533-12-026-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-202

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EMMETT LAMAR ELLIS
2. Date Of Birth (month) (day) (year): SEPT. 21 1920
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: ANNIS Ida JEFFERSON
b. City or Town of Birth: Idaho ANNIS

FATHER

6. Full Name of Father: PETER LESLEY ELLIS
7. State or Country of Father's Birth: LaBELLE IDAHO

MOTHER

8. Full Maiden Name of Mother: BESSIE HARDCASTLE
9. State or Country of Mother's Birth: CRESCENT UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emmett L. Ellis
11. Present Address of Registrant: RT 9 Box 40 Id FALLS Id.

NOTARY (Seal)

Subscribed and sworn to before me on: July 30 1982
12. Signature of Notary: Ella Tuma
13. Notary Commission expires: 4/1 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed Jan. 2, 1921	Blessed Jan. 2, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1920	Annis, Idaho	Bessie Hardcastle	Peter Ellis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	May28,1946	Dec.2, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.21, 1920	Annis, Idaho	---	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #435251	child born Apr.7,1947	child born Apr.7,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26yrs	Annis	-----	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	SEP 10 1982

FORM BH 56067 (copy) 17410

7-20-82

Ellis

SEP 10 1982

695-204-010-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Versa Dola Winder			2. Date Of Birth (month) Jan (day) 4 (year) 1920
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Ammon a. County: Bonneville	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: William Elias Winder			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Florence Ella Ritter			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: V Dola Calder		11. Present Address of Registrant: Rt 1 Roberts ID 83444
NOTARY (Seal)	Subscribed and sworn to before me on: 4-10 1981	12. Signature of Notary: [signature]		13. Notary Commission expires: NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO 83444 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Salt Lake, Utah	Date issued: Mar10,1981	Date Orig. Entry: Mar7,1920
	Date of Birth: Jan4,1920	Birth Place: Ammon, Idaho	Full Name of Mother: Florence Ritter	Name of Father: William Winder	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister age 72yrs		By whom issued and signed: Elvira M. Pace	Date issued: Mar23,1981	Date Orig. Entry: ----------
	Date of Birth: Jan4,1920	Birth Place: Ammon, Idaho	Full Name of Mother: Florence Ella Ritter	Name of Father: William Elias Winder	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #289230	Date issued: child born Jan. 8, 1940	Date Orig. Entry: child born Jan. 8, 1940
	Date of Birth: age20yrs	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs	tc Teresa L. Cleverly	SEP 28 1982

K FORM BH 56067 1cc # 16493 4-11-81

SEP 2 8 1982

DECEASED

764-211-020-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosmond Annette Goddard		2. Date Of Birth (month) (day) (year): September 11, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Elmore; b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Edward Frisbie Goddard		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Dora Josephine Ottenheimer		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosmond Annette Goddard Brannan	11. Present Address of Registrant: 880 California Ave. Klamath Falls, OR 97601
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1982	12. Signature of Notary: Beth P Anderson	13. Notary Commission expires: June 3 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Sept17,1982	Date Orig. Entry: Census of April 1,1930
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Dora J. Goddard	Name of Father: Edward F. Goddard	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: County of Klamath State of Oregon	Date issued: June30,1982	Date Orig. Entry: Mar.18, 1951
	Date of Birth: Sept11,1920	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Dora J. Ottenheimer Goddard	Date issued: July 1,1982	Date Orig. Entry: -----
	Date of Birth: Sept.11,1920	Birth Place: Mtn. Home, Ida.	Full Name of Mother: Dora J. Ottenheimer	Name of Father: Edward Frisbie Goddard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	1a Teresa L. Cleverly	OCT 4 1982

FORM BH 56067 1 c c pd rec # 13509 6-25-82

Goddard

OCT 4 1982

142-716-010-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 82-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Herbert Austin			2. Date Of Birth (month) 10 (day) 16 (year) 20
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Joe Austin			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Gertrude H. Ulrich			9. State or Country of Mother's Birth: Chemitz Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Herbert Austin		11. Present Address of Registrant: Rt 2, Box 593 Caldwell, Id 83605
NOTARY (Seal)	Subscribed and sworn to before me on: August 26 19 82	12. Signature of Notary: Dorothy A Lattimer		13. Notary Commission expires: March 20 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Navy	Date Issued: Dec.22,1945	Date Orig. Entry: Dec. 23,1943
	Date of Birth: Oct.16,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Gertrude H. Sims	Date Issued: Sept.10,1982-----	Date Orig. Entry:
	Date of Birth: Oct.16,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Gertrude H. Ulrich	Name of Father: Joe Austin	
SUPPORTING RECORD 3.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date Issued: Dec.3,1982	Date Orig. Entry: April 3,1921
	Date of Birth: Oct. 16, 1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Gertrude Ulrich	Name of Father: Joseph Austin	
QUALIFYING INFORMATION					

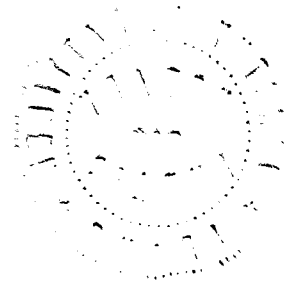
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 10 1982

FORM BH 56067 8-23-82 1 cc.pd. rev.# 20622

DEC 10 1982



814-109-006-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KENNETH HAMPTON			2. Date Of Birth (month) JULY (day) 9 (year) 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: SHELLEY IDA. BINGHAM	b. City or Town of Birth: SHELLEY, IDAHO
FATHER	6. Full Name of Father: CLAIR L. HAMPTON			7. State or Country of Father's Birth: IDAHO JAMESTON, BINGHAM COUNTY 4/20/97
MOTHER	8. Full Maiden Name of Mother: SADIE BOLANDER			9. State or Country of Mother's Birth: UTAH SANDY, SALT LAKE COUNTY 7/17/1900
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Hampton		11. Present Address of Registrant: 314 EAST EIGTH STREET P.O. BOX 662, warden, wa.
NOTARY (Seal)	Subscribed and sworn to before me on: September I, 1982	12. Signature of Notary: Helen L. Preston		13. Notary Commission expires: July 25 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

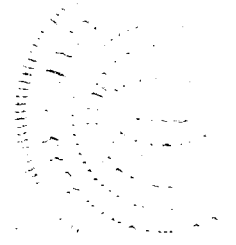
SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Sept.5,1920	Date Orig. Entry: Blessed Sept.5,1920
	Date of Birth: July 9,1920 / Birth Place: Shelley, Idaho	Full Name of Mother: Sadie Bolander	Name of Father: Claire Hampton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle age 77yrs	By whom issued and signed: Harold F. Hampton	Date Issued: Sept.7,1982	Date Orig. Entry: -----
	Date of Birth: July 9,1920 / Birth Place: Shelley, Idaho	Full Name of Mother: Sadie Hampton	Name of Father: Clair L. Hampton	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #396075	Date Issued: July22,1966	Date Orig. Entry: Child born Sept. 9, 1944
	Date of Birth: age 23 yrs. / Birth Place: Shelley, Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: DEC 29 1982

FORM BH 56067

8-16-82 lapd rec. # 19893

DEC 2 9 1982



252-207-010-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Marion Sessions		2. Date Of Birth (month) 12 (day) 7 (year) 1920
	3. Color or Race: Anglo	4. Sex: F	5. Place of Birth a. County: Jamestown Bonneville; b. City or Town of Birth: Jamestown (Shelley)
FATHER	6. Full Name of Father: Alfred Owen Sessions		7. State or Country of Father's Birth: Utah USA
MOTHER	8. Full Maiden Name of Mother: Matilda Maren Polson		9. State or Country of Mother's Birth: Utah USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena L. Wiltbank	11. Present Address of Registrant: Box 498 Eagar, Arix. 85925
NOTARY (seal)	Subscribed and sworn to before me on Dec. 19 82	12. Signature of Notary: Laura Longchamps	13. Notary Commission expires: 1-11 1985

OFFICIAL SEAL
LAURA LONGCHAMPS
NOTARY PUBLIC - STATE OF ARIZONA
APACHE COUNTY
My Comm. Expires Jan. 11, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho 51-8105	Date Issued: Jan.26,1956	Date Orig. Entry: May 27, 1951
	Date of Birth: age 30 yrs.	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: United States Passport		By whom issued and signed: U. S. Dept. of State	Date Issued: Dec.10,1962	Date Orig. Entry: Dec.10,1962
	Date of Birth: Dec.7,1920	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Church membership record		By whom issued and signed: LDS Church	Date Issued: Sept.29,1977	Date Orig. Entry: Endowed Oct.29,1942
	Date of Birth: Dec.7,1920	Birth Place: Jamestown, Idaho	Full Name of Mother: Matilda Polson	Name of Father: Alfred Sessions	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JAN 5 1983

FORM BH 56067 10-14-82 Recpd New # 1777

Wietbank

JAN 5 1983

553 129-02/-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONARD DeVEARL NELSON			2. Date Of Birth (month) JAN. (day) 29 (year) 1920
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: WESTON
FATHER	6. Full Name of Father: CARL JAMES NELSON			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: ALMIRA FREDRICKSON			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Devearl Nelson		11. Present Address of Registrant: P.O. Box 311 DIAMONDVILLE, WYO. 83116
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 1983	12. Signature of Notary: Chris Jetkoski Deputy County Clerk		13. Notary Commission expires: January 5 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church - N. S. Hansen		Date Issued: Jan.22,1983	Date Orig. Entry: Blessed Apr. 4,1920
	Date of Birth: Jan.29,1920	Birth Place: Weston, Idaho	Full Name of Mother: Almira Fredrickson	Name of Father: Carl James Nelson	
SUPPORTING RECORD 2.	Type of Document: Honorable discharge papers	By whom issued and signed: United State Army		Date Issued: Apr.23,1946	Date Orig. Entry: Sept.23,1944
	Date of Birth: Jan.29,1920	Birth Place: Weston, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavitby brother age 75yrs	By whom issued and signed: Herman Van Nelson		Date Issued: Jan.20,1983	Date Orig. Entry: ----
	Date of Birth: Jan.29,1920	Birth Place: Weston, Idaho	Full Name of Mother: Almira Fredrickson	Name of Father: Carl James Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 2 1983

FORM BH 56067

FEB 2 1983

285411-032-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-034

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LYNN George Sherman
2. Date Of Birth (month) (day) (year): September 11 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lincoln; b. City or Town of Birth: Dietrich

FATHER

6. Full Name of Father: George Amos Sherman
7. State or Country of Father's Birth: Rockfort, South Dakota

MOTHER

8. Full Maiden Name of Mother: Florence Emmaline Roush
9. State or Country of Mother's Birth: Edmore, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lynn G. Sherman
11. Present Address of Registrant: P.O. Box 336, King Hill, Idaho

NOTARY (seal)

Subscribed and sworn to before me on January 31 1983
12. Signature of Notary: Audrey Lou Sherman
13. Notary Commission expires: Dec 12 1984

AUDREY LOU SHERMAN NOTARY PUBLIC STATE OF IDAHO

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister age75yrs	Grace E. Stokes	Jan.31,1983	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.11,1920 Dietrich, Idaho	Emma F. Roush	George Amos Sherman	
SUPPORTING RECORD 2.	High school transcript	School District #192, Idaho	Sept.4,1934	May 1937
	Sept.11,1920 Dietrich, Idaho	------	-----	
SUPPORTING RECORD 3.	Marriage License application	Gooding County, Idaho	Jan.19,1983	July 8, 1953
	age32yrs. Deitrich, Idaho	------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 2 1983

K FORM BH 56067 12-28-82 Rec'd rev # 8025

FEB 2 1983

Sherman

DECEASED

366-117-010-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Carl Cooper			2. Date Of Birth (month) (day) (year): April 17, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: James Aurelious Cooper			7. State or Country of Father's Birth: American Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Amanda Olsen			9. State or Country of Mother's Birth: Iona, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne C. Cooper		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: 17th May 1982	12. Signature of Notary: LaReal T. Walker		13. Notary Commission expires: November 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: World Insurance Co.	Date Issued: Oct 4,1951	Date Orig. Entry: -------	
	Date of Birth: Apr17,1920	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #53-1919	Date Issued: -------	Date Orig. Entry: child born Feb 11,1953	
	Date of Birth: age 32 yrs	Birth Place: Iona, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Church membership record	By whom issued and signed: LDS Church	Date Issued: Aug.27,1980	Date Orig. Entry: Blessed June 6, 1920	
	Date of Birth: Apr.17,1920	Birth Place: Iona, Idaho	Full Name of Mother: Amanda Olsen	Name of Father: James Aurelius Cooper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 7 1983

FORM BH 56067

2 ampt 2051 (1962)

FEB 7 1983

DECEASED

133-22-0354-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORENA IDA ALLMAN			2. Date Of Birth (month) JUNE (day) 25 (year) 1920	
	3. Color or Race: Indian	4. Sex: F	5. Place of Birth a. County: Home Nez Perce	b. City or Town of Birth: Lapwai	
FATHER	6. Full Name of Father: SAMUEL ALLMAN			7. State or Country of Father's Birth: Shannon County, SD	
MOTHER	8. Full Maiden Name of Mother: ROSA SHANGREAUX			9. State or Country of Mother's Birth: Shannon County, SD	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorena I. Taylor		11. Present Address of Registrant: P.O. Box 68, Lapwai, ID 83540	
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1982	12. Signature of Notary: Patricia A. MacKenzie		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by frined of family age 94yrs	By whom issued and signed: Matilda Maxwell Taylor		Date Issued: Aug. 27, 1982	Date Orig. Entry: ----
	Date of Birth: June 25,1920	Birth Place: Lapwai, Idaho	Full Name of Mother: Rosa Sahngreaux	Name of Father: Samuel Allman	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 48-5935		Date Issued: child born Mar.30,1948	Date Orig. Entry: child born Mar. 30, 1948
	Date of Birth: age 27yrs	Birth Place: Lapwai, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Roll No. OSU-9027 Statement by Bur. of Indian Aff	By whom issued and signed: Nothern Idaho Agency		Date Issued: Feb.3,1983	Date Orig. Entry: 1920
	Date of Birth: June 25,1920	Birth Place: Lapwai, Idaho	Full Name of Mother: Rose Shangreau	Name of Father: Samuel Allman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

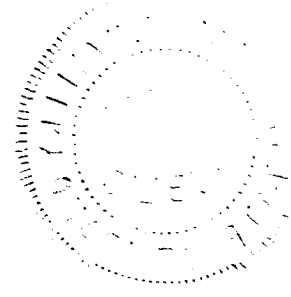
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 18 1983

FORM BH 56067

8-16-82 rec'# 20468. 1cc pd., 1 BC pd.

~~Allman~~
Taylor

FEB 18 1983



483-212-017-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-090

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonora Ann Myler
2. Date Of Birth (month) (day) (year): October 12, 1920
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Clark
   b. City or Town of Birth: Dubois

FATHER

6. Full Name of Father: Orrin M. Myler
7. State or Country of Father's Birth: Lewisville - Bingham - Idaho

MOTHER

8. Full Maiden Name of Mother: Mary B. Walker
9. State or Country of Mother's Birth: Lewisville - Bingham - Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: Route 1 Box [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on March 22 1983

12. Signature of Notary: Margaret E. Treasure
13. Notary Commission expires: 6-15 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership record	LDS Church	Feb.24,1981	Endowed June 21, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 12, 1920	Dubois, Idaho	Mary B. Walker	Orrin M. Myler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend age 72yrs	Gladys Spencer Hinckley	Feb. 28,1983	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 12, 1920	Dubois, Idaho	Mary B. Walker	Orrin M. Myler

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho # 52-4274	May14, 1971	child born Apr.29,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31yrs	Dubois, Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 29 1983

FORM BH 56067

10 copies # 3674

3-10-83

MAR 2 9 1983

650-215-037-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora May West			2. Date Of Birth (month) 4 (day) 15 (year) 20	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Blackpine Owyhee	b. City or Town of Birth: Blackpine, Idaho	
FATHER	6. Full Name of Father: John West			7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Sarah Belle Weese			9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Cora M Jacks	11. Present Address of Registrant: Midvale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1983		12. Signature of Notary: Robert A. Wood	13. Notary Commission expires: May 23 1986	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother age78yrs	By whom issued and signed: William A. West		Date Issued: Mar.3,1983	Date Orig. Entry: ----
	Date of Birth: Apr.15,1920	Birth Place: Blackpine, Idaho	Full Name of Mother: Sarah Belle Weese	Name of Father: John West	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church-Orville J. Cobbley		Date Issued: Baptized Feb.7,1932	Date Orig. Entry: Baptized Feb.7,1932
	Date of Birth: Apr.15,1920	Birth Place: Blackpine, Idaho	Full Name of Mother: Sarah Belle Weese	Name of Father: John West	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #410745		Date Issued: June10,1946	Date Orig. Entry: Aug.10,1945
	Date of Birth: age 25yrs	Birth Place: Blackpine, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 6 1983

FORM BH 56067 1-20-83 Issued with N.M.

APR 6 1983

Jacky

386-104-006-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVIN GEORGE LYON			2. Date Of Birth (month) (day) (year): JAN. 4 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: FIRTH
FATHER	6. Full Name of Father: GEORGE EDWARD LYON			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: EMMA ELIZABETH CRIDDLE			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvin George Lyon		11. Present Address of Registrant: 430 E. 23 St. Idaho Falls, Ida. 83401
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1983	12. Signature of Notary: Richard H. Dole		13. Notary Commission expires: Life Term 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: V. A. Card (Claim Card)	By whom issued and signed: Veterans' Administration		Date Issued: Apr. 11, 1951	Date Orig. Entry: -----
	Date of Birth: Jan.4,1920	Birth Place: Firth, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho # 56-16766		Date Issued: Aug.21,1961	Date Orig. Entry: child born May 29,1955
	Date of Birth: age 35yrs	Birth Place: Firth, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Stanley G. Dye,		Date Issued: Jan.9,1938	Date Orig. Entry: Baptized Feb.6,1928
	Date of Birth: Apr.1,1920	Birth Place: Firth, Idaho	Full Name of Mother: Emma Elizabeth Criddle	Name of Father: George Edward Lyon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

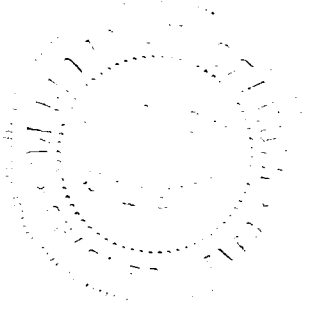
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 19 1983

FORM BH 56067

3-29-83 Copied mm # 17443

APR 19 1983

Lyon



719-101-006-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Willard Partridge			2. Date Of Birth (month) 3 (day) 1 (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shelley, Ida Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Willard Partridge			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Delight Croft			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melvin Willard Partridge	11. Present Address of Registrant: Box 12 Lyndon Idaho 83443	
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1983		12. Signature of Notary: Teresa L. Cleverly	13. Notary Commission expires: April 3 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: Baptized June 1, 1929
	Date of Birth: Mar. 1, 1920 / Birth Place: Shelley, Idaho	Full Name of Mother: Croft	Name of Father: Willard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Cousin Age: 71	By whom issued and signed: J. Leo Partridge	Date Issued: ------	Date Orig. Entry: Mar. 23, 1983
	Date of Birth: Mar. 1, 1920 / Birth Place: Shelley, Idaho	Full Name of Mother: Alice Croft	Name of Father: Willard Partridge	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Navy	Date Issued: Dec. 30, 1945	Date Orig. Entry: Apr. 11, 1944
	Date of Birth: Mar. 1, 1920 / Birth Place: Shelley, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	APR 22 1983

FORM BH 56067

3-9-83

APR 22 1983

Partridge

165-226-006-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Frances Jones			2. Date Of Birth (month) Jan. (day) 26 (year) 1920	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley, Idaho	
FATHER	6. Full Name of Father: Lewellyn C. Jones			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Louise C. Clow			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June J. Simpson	11. Present Address of Registrant: Rt. 1 Box 78 Shelley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1983		12. Signature of Notary: Joan Eccles	13. Notary Commission expires: Lifetime 19___	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 82yrs		By whom issued and signed: Louise C. Jones	Date Issued: Apr.14,1983	Date Orig. Entry: -------
	Date of Birth: Jan.26,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Louise Clow	Name of Father: Llewellyn C. Jones	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Lyle I. Hillman	Date Issued: Jan.1,1956	Date Orig. Entry: Dec.31,1955
	Date of Birth: Jan.26,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Louise Clara Clow	Name of Father: Lewellyn Croxton Jones	
SUPPORTING RECORD 3.	Type of Document: Marriage affidavit		By whom issued and signed: Bingham County, Idaho	Date Issued: Apr.19,1983	Date Orig. Entry: June 11, 1938
	Date of Birth: Jan.26,1920	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: APR 26 1983

FORM BH 56067 Issued per # 12320 2-8-83

Simpson

APR 2 6 1983

365-213-019-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-125

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Eugene Loveland	2. Date Of Birth (month) 4 (day) 13 (year) 1920
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth: a. County Challis Ida. Custer	b. City or Town of Birth: Challis Ida.
FATHER	6. Full Name of Father: Elmer George Loveland	7. State or Country of Father's Birth: Utah Box Elder
MOTHER	8. Full Maiden Name of Mother: Emma Josephine Johnson	9. State or Country of Mother's Birth: Utah, Box Elder
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary L. Wolfe; 11. Present Address of Registrant: 164 E. 2500 So. Bountiful, Ut. 84010
NOTARY (Seal) For Mary L. Wolfe	Subscribed and sworn to before me on March 23 83 January 26 1982	12. Signature of Notary: Colleen Millard Joan Palmer; 13. Notary Commission expires March 7 1983 May 7 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church membership record	By whom issued and signed: LDS Church	Date Issued: Aug.21,1981	Date Orig. Entry: Apr.13,1928
	Date of Birth: Apr.13,1920; Birth Place: Challis, Idaho	Full Name of Mother: Emma Johnson	Name of Father: George Elmer Loveland	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Apr.1,1983	Date Orig. Entry: July 12, 1941
	Date of Birth: age 21yrs; Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: The Prudential Ins. Co.	Date Issued: Jan.25,1972	Date Orig. Entry: Jan.25,1972
	Date of Birth: Apr.13,1920; Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 11 1983

FORM BH 56067

MAY 1 1 1983.

113-29-019-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-128

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Jacobson
2. Date Of Birth (month) (day) (year): April 29, 1920
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Custer
b. City or Town of Birth: Mackay, Idaho

FATHER

6. Full Name of Father: Ephraim Layfette Jacobson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Beatrice A. Liddiard
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Kabapp
11. Present Address of Registrant: 7712 Taylor Drive Huntington Beach, Ca. 92648

Subscribed and sworn to before me on OCTOBER 27, 19 82

12. Signature of Notary: Mary Jane Hessel

13. Notary Commission expires: JUNE 20, 19 84

MARY JANE HESSEL
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires June 20, 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage record		By whom issued and signed: State of Montana	Date Issued: June29,1938	Date Orig. Entry: June 29, 1938
	Date of Birth: age18yrs	Birth Place: Mackay, Idaho	Full Name of Mother: Beatrice Liddiard	Name of Father: Ephraim Jacobson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Beatrice A. Liddiard Jacobson	Date Issued: Sept.29,1982	Date Orig. Entry: ----
	Date of Birth: Apr.29,1920	Birth Place: Mackay, Idaho	Full Name of Mother: Beatrice A. Liddiard	Name of Father: Ephraim Layfette Jacobson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Montana	Date Issued: child born July 25,1942	Date Orig. Entry: child born July25, 1942
	Date of Birth: age 22yrs	Birth Place: Mackay, Idaho	Full Name of Mother: --------	Name of Father: ---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 12 1983

FORM BH 56067 100 pd# 3053

10-22-82

Kalepp

MAY 12 1983

264-21-0146-951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Boren
2. Date Of Birth (month) (day) (year): April 11 1920
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Oakley-Idaho Cassia
b. City or Town of Birth: Oakley Idaho

FATHER

6. Full Name of Father: Jesse Reed Boren
7. State or Country of Father's Birth: O. Idaho

MOTHER

8. Full Maiden Name of Mother: Josephine Read
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Hussey
11. Present Address of Registrant: Box 241 Bellevue Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 22 1983

12. Signature of Notary: Vicki L. Dick
13. Notary Commission ~~expires~~: is for life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Baptized Aug.12,1928	Baptized Aug.12, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.11,1920	Oakley, Idaho	Josephine Read	Jessie R. Boren

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital admission papers	Blaine County Hosp., Hailey, ID	Apr.4,1972	Apr.4,1972

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.11,1920	Oakley, Idaho	Josephine Reed	Reed Boren

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family age 83yrs	Irwin Drussell	Apr.25,1983	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.11,1920	Oakley, Idaho	Josephine Boren	Jesse Boren

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 13 1983

FORM BH 56067 4-19-83 1 cpd rec # 20128

MAY 13 1983

319-231-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcella Elaine Carlson		2. Date Of Birth (month) (day) (year): August 31, 1920
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Albert Emanuel Carlson		7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Anna Pearl Broadbent		9. State or Country of Mother's Birth: Freeborn, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elaine M. Rouse	11. Present Address of Registrant: 6025 Dies Ave. Space 111 Sacto. Ca. 95824
NOTARY (seal)	Subscribed and sworn to before me on: April 1 1983	12. Signature of Notary: Elizabeth O'Neil	13. Notary Commission expires: January 1 1987

OFFICIAL SEAL
ELIZABETH O'NEIL
NOTARY PUBLIC — CALIFORNIA
Sacramento County
My Commission Expires January 1, 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna Pearl Broadbent Carlson	Date issued: March, 1937	Date Orig. Entry: Obviously old, March, 1937
	Date of Birth: Aug. 31, 1920	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Anna Pearl Broadbent	Name of Father: Albert Emanuel Carlson
SUPPORTING RECORD 2.	Type of Document: Birthannouncement in paper	By whom issued and signed: The Idaho Republican, Blackfoot Idaho	Date issued: Sept. 1, 1920	Date Orig. Entry: apr. 19, 1983
	Date of Birth: Aug. 31, 1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mrs. A. E. Carlson	Name of Father: Mr. A. E. Carlson
SUPPORTING RECORD 3.	Type of Document: Record from church	By whom issued and signed: Emanuel Lutheran Church, Charles R. Paulson, Pastor	Date issued: Apr. 26, 1983	Date Orig. Entry: Nov. 20, 1921
	Date of Birth: Aug. 31, 1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: Anna Pearl Carlson	Name of Father: Albert E. Carlson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc 1c Teresa L. Cleverly	MAY 13 1983

FORM BH 56067

MAY 1 3 1983

DELAYED DUP OF 1920-82356

DUP OF 20-82356

2(3)20-036-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-133

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALLACE CARLYLE BUTLER			2. Date Of Birth (month) August (day) 20 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Juniper a. County: Oneida	b. City or Town of Birth: Juniper
FATHER	6. Full Name of Father: Samuel Butler			7. State or Country of Father's Birth: Hooper, Utah
MOTHER	8. Full Maiden Name of Mother: El Nora Anderson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carlyle Butler		11. Present Address of Registrant: 705 E. Main, Jerome ID
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 19 82	12. Signature of Notary: Nancy J. Jackson		13. Notary Commission expires: March 1 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Utah	Date issued: child born Nov 5, 1945	Date Orig. Entry: child born Nov. 5, 1945
	Date of Birth: age 25yrs	Birth Place: Juniper, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother 79yrs old	By whom issued and signed: Harold Samuel Butler	Date issued: July30,1982	Date Orig. Entry: -----
	Date of Birth: Aug.20,1920	Birth Place: Juniper, Idaho	Full Name of Mother: El Nora Anderson	Name of Father: Samuel Butler
SUPPORTING RECORD 3.	Type of Document: Social Security application	By whom issued and signed: Social Security Administration	Date issued: Apr.15,1983	Date Orig. Entry: Oct.1939
	Date of Birth: Aug.20,1920	Birth Place: Black Pine, Idaho	Full Name of Mother: Nora Anderson	Name of Father: Samuel Butler
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 13 1983

FORM BH 56067 1 copy rec# 15025 6-28-82

Butler

MAY 13 1983

249-101-040-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett Clark Smith			2. Date Of Birth (month) (day) (year): March 1, 1920
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Ernest George Smith			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Maude Lynn Clark			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett C. Smith		11. Present Address of Registrant: Box 536 Superior, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1983	12. Signature of Notary: Dana R. Bailey		13. Notary Commission expires: Oct. 18 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: newspaper Original birth announcement		By whom issued and signed: Wallace Press Times	Date issued: Mar.3,1920	Date Orig. Entry: March 3, 1920
	Date of Birth: Mar. 1, 1920	Birth Place: Wallace, Idaho	Full Name of Mother: Mrs. Earnest Smith	Name of Father: Earnest Smith	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Army	Date issued: Feb.23,1946	Date Orig. Entry: Dec.30,1942
	Date of Birth: Mar.1,1920	Birth Place: Wallace, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application forSoc.Sec. No.		By whom issued and signed: Social Security Administration	Date issued: Apr.15,1983	Date Orig. Entry: Dec. 1936
	Date of Birth: Mar. 1,1920	Birth Place: Idaho	Full Name of Mother: Maude Clark	Name of Father: Ernest G. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TC Teresa L. Cleverly	MAY 25 1983

FORM BH 56067 12-15-82 1ccpd rev # 6615

MAY 2 5 1983

Smith

887-215-003-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn May Hegstrom		2. Date Of Birth (month) May (day) 15 (year) 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Bannock b. City or Town of Birth: Central
FATHER	6. Full Name of Father: Carl John Hegstrom		7. State or Country of Father's Birth: Karbenning, Vstmnl. Sweden
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Qualman		9. State or Country of Mother's Birth: Millville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn May Taylor	11. Present Address of Registrant: Declo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1983	12. Signature of Notary: Nelda Matthews	13. Notary Commission expires: 6-1 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Membership recordfrom Church	By whom issued and signed: LDS Church	Date issued: Feb.15, 1983	Date Orig. Entry: July 4,1920
	Date of Birth: May 15, 1920 / Birth Place: Central, Idaho	Full Name of Mother: Annie Qualman	Name of Father: John Hegstrom	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family age 85	By whom issued and signed: Emery Hanson	Date issued: May 9, 1983	Date Orig. Entry: ----
	Date of Birth: May 15, 1920 / Birth Place: Central, Idaho	Full Name of Mother: Annie Elizabeth Qualman	Name of Father: Carl John Hegstrom	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Beneficial Life Ins. Co.	Date issued: Jan.3,1950	Date Orig. Entry: Jan.3, 1950
	Date of Birth: May 15,1920 / Birth Place: Central, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TC Teresa L. Cleverly	MAY 26 1983

K FORM BH 56067 3-17-83 1 cc. pd. rev # 16451

MAY 26 1983

Taylor

DECEASED

546-114-040-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-149

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALLACE HARRY EDWARDS
2. Date Of Birth: (month) 12 (day) 14 (year) 20
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County WALLACE IDAHO SHOSHONE; b. City or Town of Birth: WALLACE

FATHER

6. Full Name of Father: HARRY EDWARDS
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: BERTHA FAY SCHAUBEL
9. State or Country of Mother's Birth: COLORADO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 22 1983
12. Signature of Notary: [signature]
13. Notary Commission expires: 3-5 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	U.S. Census Bureau	Apr.7,1983	Apr. 1, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19yrs	Idaho	Bertha F. Smith (remarried)	J. Thomas Smith (step-father)

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father's 1st Cousin age 94yrs	Fleeta E. Strope	Feb. 5,1983	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14,1920	Wallace, Idaho	Bertha Fay Schaubel	Harry Edwards

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Feb.10,1946	Oct. 24, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14, 1920	Wallace, Idaho	-------	------

QUALIFYING INFORMATION

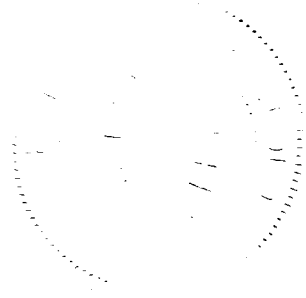
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 26 1983

FORM BH 56067 9-7-82 (cpd rec.# 22304

MAY 2 6 1983



693-101-010-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SCOTT LOWE WILLIAMS			2. Date of Birth (month) (day) (year): FEBRUARY 1 1920
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: AMMON BONNEVILLE	b. City or Town of Birth: AMMON IDAHO
FATHER	6. Full Name of Father: HEBER C WILLIAMS			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: LOLA MAE LOWE			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Scott L Williams		11. Present Address of Registrant: 4942 Fairview drive Salt Lake CITY, UTAH 84117
NOTARY (Seal)	Subscribed and sworn to before me on: 6th June 1983	12. Signature of Notary: Dorothy L. Talbert		13. Notary Commission expires: 1 Sept 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Patriarchal Blessing	By whom issued and signed: Patriarch Jospeh A. Brunt	Date Issued: Oct.12,1941	Date Orig. Entry: Oct. 12, 1941	
	Date of Birth: Feb.1,1920	Birth Place: Ammon, Idaho	Full Name of Mother: Lola Mae Lowe	Name of Father: Heber C. Williams	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Nov.20,1946	Date Orig. Entry: Oct.1,1943	
	Date of Birth: Feb.1,1920	Birth Place: Ammon, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: College Transcript of Grades	By whom issued and signed: Weber State College,Ogden, UT	Date Issued: 1971	Date Orig. Entry: June 11, 1971	
	Date of Birth: Feb.1,1920	Birth Place: Ammon, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc TEresa L. Cleverly	Date Filed: JUN 17 1983

FORM BH 56067

ICCP# 25447

JUN 17 1983

893-104-620-388

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Edd Hite		2. Date Of Birth (month) 6 (day) 9 (year) 20
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: King Hill Elmore; b. City or Town of Birth: King Hill
FATHER	6. Full Name of Father: Henry Edd Hite		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Twylo Thyer		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Edd Hite	11. Present Address of Registrant: 3709 Tason
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1983	12. Signature of Notary: Bobette Nicholls	13. Notary Commission expires: August 1984

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #49-7854	Date Issued: May 6, 1983	Date Orig. Entry: child born July 22, 1949
	Date of Birth: age 29yrs	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: United States Army	Date Issued: Dec.25,1945	Date Orig. Entry: Oct. 1,1942
	Date of Birth: June 6,1920	Birth Place: King Hill, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Social Security Application		By whom issued and signed: Social Security Adm.	Date Issued: July 11,1983	Date Orig. Entry: Sept. 17,1941
	Date of Birth: Jun.9 1920	Birth Place: King Hill, Idaho	Full Name of Mother: Edd Hite	Name of Father: Twylo Thyer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	tc Florence Curtright	July 18,1983

FORM BH 56067

281-117-0255-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-208

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RICHARD PAUL SHAFFER
2. Date Of Birth (month) (day) (year): MARCH 17 1920
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: IDAHO
b. City or Town of Birth: SHELLEY

FATHER

6. Full Name of Father: GLEN TEMPLE SHAFFER
7. State or Country of Father's Birth: COLORADO

MOTHER

8. Full Maiden Name of Mother: SYLVIA LEONA BALDWIN SHAFFER
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard Paul Shaffer
11. Present Address of Registrant: 732 So Atlantic Blvd. Los Angeles Cal. 90022

NOTARY (Seal)

Subscribed and sworn to before me on: August 5 19 83

12. Signature of Notary: Carma G. Drury
13. Notary Commission expires: March 25 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record of Membership	LDS Church, Salt Lake City, UT	May 15, 1964	Baptized Dec. 9, 1934
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar. 17, 1920 Shelley, Idaho	Sylvia Baldwin	Glen Temple Shaffer	
SUPPORTING RECORD 2.	Affidavit by Uncle age 84yrs	Walt Caywood	Aug. 5, 1983	-----
	Mar. 17, 1920 Shelley, Idaho	Sylvia Leona Baldwin	Glen Temple Shaffer	
SUPPORTING RECORD 3.	Honorable Discharge papers	UNites States Army	Jan. 29, 1946	Shelley,
	Mar. 17, 1920 Shelley, Idaho	----	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 9 1983

FORM BH 56067 7-15-83 Log Cert # 58139

AUG 9 1983

735-221-015-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edythe Glenn	2. Date Of Birth (month) aug (day) 21 (year) 20
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Charles Robert Lakey.	7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Evalyn L. Bishop	9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edythe Glenn; 11. Present Address of Registrant: Box 310 North Pawden Ave 97867
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 19 83	12. Signature of Notary: Teresa L. Cleverly; 13. Notary Commission expires: april 3 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 75yrs	By whom issued and signed: Jessie A. Ballard	Date issued: Aug.19, 1983	Date Orig. Entry: -----
	Date of Birth: Aug. 21,1920	Birth Place: Soda Psrings, ID	Full Name of Mother: Evalyne L. Bishop	Name of Father: Charley Robert Lakey
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: US Census Bureau	Date issued: July29,1983	Date Orig. Entry: Apr.1, 1930
	Date of Birth: age 9yrs	Birth Place: Idaho	Full Name of Mother: Mrs. Charles R. Lakey	Name of Father: Charles R. Lakey
SUPPORTING RECORD 3.	Type of Document: Family Group record	By whom issued and signed: LDS Church	Date issued: June29,1981	Date Orig. Entry: Sept.11, 1938
	Date of Birth: Aug.21,1920	Birth Place: Soda Srpings, Id.	Full Name of Mother: Evalyn L. Bishop	Name of Father: Charles Robinson Lakey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 19 1983

FORM BH 56067

16C & 1CC #. 15910

3-9-83

Glenn

AUG 1 8 1983

239-210-030-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN JOYCE STROUD		2. Date Of Birth (month) 4 (day) 10 (year) 20
	3. Color or Race	4. Sex: FEM	5. Place of Birth a. County: LEMHI; b. City or Town of Birth: SALMON
FATHER	6. Full Name of Father: CHAUNCEY EMERY STROUD		7. State or Country of Father's Birth: LEMHI
MOTHER	8. Full Maiden Name of Mother: PEARL WYANT		9. State or Country of Mother's Birth: LEMHI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Joyce Stroud	11. Present Address of Registrant: Box 724 Salmon Id.
NOTARY (Seal)	Subscribed and sworn to before me on: September 2 1981	12. Signature of Notary: Elaine L. Moore	13. Notary Commission expires: 10-22 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit bymother age 87yrs	By whom issued and signed: Pearl Stroud	Date Issued: Aug28,1981	Date Orig. Entry: ------
	Date of Birth: Apr10,1920	Birth Place: Salmon, Idaho	Full Name of Mother: Pearl Wynat Stroud	Name of Father: Chauncey E. Stroud
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #368716	Date Issued: Mar.21,1983	Date Orig. Entry: child born Jan.28,1943
	Date of Birth: age 22yrs	Birth Place: Salmon, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: pplication for social security number	By whom issued and signed: Social Security Admin.	Date Issued: May20,1983	Date Orig. Entry: Oct. 1939
	Date of Birth: Apr.10,1920	Birth Place: Salmon, Idaho	Full Name of Mother: Pearl Wyant	Name of Father: Chauncey E. Stroud
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	SEP 27 1983

FORM BH 56067 ICCP H6002 6-10-81

SEP 2 7 1983

485-109-006-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-253

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Howard Spencer Dye		2. Date Of Birth (month) (day) (year): April 9, 1920
	3. Color or Race	4. Sex: male	5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Bassalt
FATHER	6. Full Name of Father: Joseph Alma Dye		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Dorothy Charlotte Young		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Spencer Dye	11. Present Address of Registrant: 11012 Saginaw Ave Temple Terrace, Fla 33617
NOTARY (Seal)	Subscribed and sworn to before me on: August 29 1983	12. Signature of Notary: Teresa L. Cleverly	Notary Public, State of Florida at Large. My commission expires August 1, 1987. Bonded thru LAWYER'S SURETY CORP.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: birth certificate	By whom issued and signed: Edroni Cutler, M.D.	Date Issued: at time of	Date Orig. Entry: birth
	Date of Birth: Apr.9,1920 / Birth Place: Bassalt, Idaho	Full Name of Mother: Dorothy Charlotte Young	Name of Father: Joseph Alma Dye	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Feb.8,1946	Date Orig. Entry: Nov18, 1942
	Date of Birth: Apr.9,1920 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: City Clerk, Ithaca, N. Y.	Date Issued: Spet.26,1983	Date Orig. Entry: June 27,1942
	Date of Birth: age 22 yrs / Birth Place: Idaho	Full Name of Mother: Dorothy C. Young	Name of Father: Joseph A. Dye	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 7 1983

FORM BH 56067

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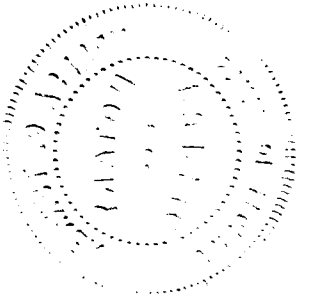
OCT 7 1983



643-101-010-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LWayne Leroy Fullerton AKA Reed			2. Date Of Birth (month) Feb. (day) 1 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Bonneville	b. City or Town of Birth: Idaho Falls,
FATHER	6. Full Name of Father: Oliver Powell Fullerton			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Stella Pearl Reed			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LWayne Leroy Reed		11. Present Address of Registrant: Rt 9, Box 150, Idaho Falls, Idaho 83402
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1982	12. Signature of Notary: Marsha K. McKinlay		13. Notary Commission expires: Lifetime 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge papers (honorable)	By whom issued and signed: UNited States Army		Date Issued: Nov.17,1945	Date Orig. Entry: Feb.26,1943
	Date of Birth: Feb.1,1920	Birth Place: Idaho Falls, Ida.	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certif.	By whom issued and signed: State of Idaho #58-8385		Date Issued: child born July 2,1958	Date Orig. Entry: child born July 2, 1958
	Date of Birth: age 38yrs	Birth Place: Idaho Falls, ID	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: notarized copy of change of name	By whom issued and signed: District Court		Date Issued: Aug.4,1941	Date Orig. Entry: Aug.4,1941
	Date of Birth: Feb.1,1920	Birth Place: Bonneville Co.,ID	Full Name of Mother: Mrs. Fullerton	Name of Father: Oliver Powell Fullerton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 18 1983

FORM BH 56067

8-16-82 lt.cpd new # 19441

NOV 18 1983

693425-086-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-011

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dale Williams
2. Date Of Birth (month) (day) (year): April 25, 1920
3. Color or Race:
4. Sex: male
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Clark

FATHER

6. Full Name of Father: John F. Williams
7. State or Country of Father's Birth: WILLARD BOX ELDER, UTAH

MOTHER

8. Full Maiden Name of Mother: Margaret Hughs
9. State or Country of Mother's Birth: SAMARIA IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dale Williams
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: 8-27 1982
12. Signature of Notary:
13. Notary Commission expires: -5- 24 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Oct.2,1920	Blessed Aug. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.25,1920	Clark, Idaho	Margaret Hughes	John F. Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older brother age 75yrs	Russell M. Williams	Sept.12,1983	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.25,1920	Clark, Idaho	Margaret Hughes	John Franklin Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable discharge papers	U.S. Army	Sept.11,1945	Feb.14,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.25,1920	Idaho	----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly tc	JAN 24 1984

FORM BH 56067

Williams

JAN 24 1984

DECEASED

569-212-006-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-039

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NINA NORTON
2. Date Of Birth: (month) February (day) 12, (year) 1920
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Henry Lorenzo Norton
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lavinia Hurst
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nina Norton Wadsworth
11. Present Address of Registrant: 3840 Sunnyside Rd. Ida. Falls 83401

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 21 1984
12. Signature of Notary: Neva Hemingway
13. Notary Commission expires: May 25 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized copy of church rec.	L.D.S.Church Ward Clerk	Dec.1,1981	Feb.12, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.12,1984	Idaho	Lavinia Hurst Norton	Henry Lorenzo Norton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate on file - Idaho # 368376		---	child born Jan.12,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Shelley, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy 04372 745	Prudential Ins. Co.of Amer.	Nov.6,1968	Oct.24,1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.12,1920	Shelley, Idaho	-------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Lee Briggs, R.N.
Evidence reviewed by: fc Florence Curtright
Date Filed: March 5, 1984

FORM BH 56067

MAR 5 1984
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039

154-110-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mont A. Anderson			2. Date Of Birth (month) 08 (day) 10 (year) 1920
	3. Color or Race: Cauc	4. Sex: M	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Goshen, Idaho
FATHER	6. Full Name of Father: Andrew C. Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Clara Jensen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mont A. Anderson		11. Present Address of Registrant: 660 W. Sexton, Blackfoot, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 17 19 84	12. Signature of Notary: Jan H. Call		13. Notary Commission expires: 3-12-84 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Goshen Ward, ID	Date Issued: Blessed Oct. 3, 1920	Date Orig. Entry: Blessed Oct. 3, 1920
	Date of Birth: Aug. 10, 1920	Birth Place: Goshen, Idaho	Full Name of Mother: Clara Jensen	Name of Father: Andrew C. Anderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church.	Date Issued: Feb. 16, 1929	Date Orig. Entry: Feb. 9, 1929
	Date of Birth: Aug. 10, 1920	Birth Place: Goshen, Idaho	Full Name of Mother: Clara M. Jensen	Name of Father: Andrew A. Anderson	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate		By whom issued and signed: State of Idaho File #59-9965	Date Issued: child born Aug. 24, 1959	Date Orig. Entry: child born Aug. 24, 1959
	Date of Birth: age 39yrs.	Birth Place: Goshen, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAR 6 1984

FORM BH 56067 4pdff 16331

2-14-84

MAR 6 1984

Anderson

819-222-003-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Marjorie Harris			2. Date Of Birth (month) (day) (year): June 22 1920	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lago Bannock	b. City or Town of Birth: Lago	
FATHER	6. Full Name of Father: Guy Harris			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Vara Hubbard			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Panter		11. Present Address of Registrant: 914 2 No. 950 E Logan Ut	
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1984	12. Signature of Notary: Betty Davis		13. Notary Commission expires: March 1 1987	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church, Salt Lake City, UT	Date Issued: Aug.14,1975	Date Orig. Entry: Dec.5,1920
	Date of Birth: June 22,1920	Birth Place: Lago, Idaho	Full Name of Mother: Vara Hubbard	Name of Father: Guy Harris
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt age 95 yrs.	By whom issued and signed: Elsie D. Hubbard	Date Issued: Feb. 23,1984	Date Orig. Entry: ----
	Date of Birth: June 22,1920	Birth Place: Lago, Idaho	Full Name of Mother: ----	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: App. for marriage license	By whom issued and signed: Cache Co., Utah	Date Issued: Feb. 16,1984	Date Orig. Entry: Oct. 11, 1938
	Date of Birth: June 22,1920	Birth Place: Lago, Idaho	Full Name of Mother: Vera Hubbard	Name of Father: Guy Harris
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAR 26 1984

FORM BH 56067

Xpd #22114

3-15-84

Porter

MAR 26 1984

245-216-010-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-062

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JUNE AMALIA KUNZE
2. Date Of Birth (month) (day) (year): JUNE 16 1920
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: IDAHO FALLS ID. BONN.
b. City or Town of Birth: IDAHO FALLS IDAHO

FATHER

6. Full Name of Father: PAUL FRIEDRICH KUNZE
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: ALMA HANSINA WINTHER
9. State or Country of Mother's Birth: NORWAY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June K. Leynon
11. Present Address of Registrant: 3308 E. 4250 So SALT LAKE CITY UT

NOTARY (Seal)

Subscribed and sworn to before me on: February 23 1984
12. Signature of Notary: Marilyn Sadlock
13. Notary Commission expires: April 13 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
age63yrs Affidavit by father	Paul Friedrich Kunze	Mar.1,1984	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16,1920	Idaho Falls, ID		Paul Friedrich Kunze

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptis	LDS Church,Chas.L. Ward, Bish.	Sept.4,1928	Aug.25,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16, 1920	Idaho Falls, ID	Alma H. Winther	Paul Fred. Kunze

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Certificate of Birth	LDS Church	Aug.1,1920	Aug. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16, 1920	Idaho Falls, ID	Alma Winther	Paul Kunze

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 5 1984

FORM BH 56067 84pt #18513

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APR 5 1984

466-213-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-069

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora LaPreal Moon
2. Date Of Birth (month) (day) (year): January 13, 1920
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: William Ray Moon
7. State or Country of Father's Birth: Malad, Idaho

MOTHER

8. Full Maiden Name of Mother: Clara A. Whitaker
9. State or Country of Mother's Birth: Alma, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora LaPreal Moon
11. Present Address of Registrant: 550 Birch Dr. Burley, ID

NOTARY (Seal)

Subscribed and sworn to before me on April 9 19 84

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L.D. S. Ward Clerk	Apr.2,1984	Baptized Aug 5,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.13,1920 / St. Anthony, ID	Clara A. Whitaker	William Ray Moon	
SUPPORTING RECORD 2.	Affidavit by mother	Clara Moon	Mar.13,'84	------
	Jan.13,1920 / St. Anthony, ID	Clara Almeda Whitaker	William Ray Moon	
SUPPORTING RECORD 3.	Own child's birth certificate	on file - Idaho - 376903	-----	child born July 6,1943
	Age 23 / St. Anthony,ID	------	-------	

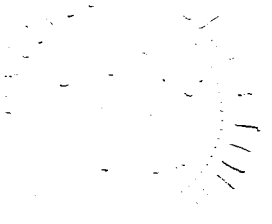
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	April 9, 1984

FORM BH 56067



354-115.004-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harding Teuscher			2. Date Of Birth (month) Nov. (day) 15th (year) 1920
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Geneva Bear Lake	b. City or Town of Birth: Geneva, Idaho
FATHER	6. Full Name of Father: Fritz John Teuscher			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Cora Elizabeth Cordon			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. Teuscher		11. Present Address of Registrant: 1 Mt Brinalyn Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1984	12. Signature of Notary: Susan F. Cox		13. Notary Commission expires: 8-25 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 91yrs		By whom issued and signed: Cora E. Teuscher	Date issued: Mar.7, 1984	Date Orig. Entry: ----
	Date of Birth: Nov.15,1920	Birth Place: Geneva, Idaho	Full Name of Mother: Cora Cordon	Name of Father: Fritz John Teuscher	
SUPPORTING RECORD 2.	Type of Document: Deacon Certificate of Ordination		By whom issued and signed: Willy A . Marx, Clerk	Date issued: Dec.27,1936	Date Orig. Entry: Dec.27,1936
	Date of Birth: Nov.15,1920	Birth Place: Geneva, Idaho	Full Name of Mother: Cora Cordon	Name of Father: Fritz J. Teuscher	
SUPPORTING RECORD 3.	Type of Document: Baptismal record		By whom issued and signed: John H. Boehme	Date issued: Mar.7,1937	Date Orig. Entry: Aug.4,9129
	Date of Birth: Nov.15,1920	Birth Place: Geneva, Idaho	Full Name of Mother: Cora Cordon	Name of Father: Fritz John Teuscher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 9 1984

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APR 9 1984

795-127-009-438

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAYMOND EVERETT GREEN			2. Date Of Birth (month) 10 (day) 27 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Kootenai
FATHER	6. Full Name of Father: John Henry Green			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mary Helena McHue Green			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Green		11. Present Address of Registrant: 40921 264th SE Enumclaw, WA 98022
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 14 19 83	12. Signature of Notary: Sharon S. Erickson		13. Notary Commission expires: [redacted] 1-5 19 87

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Army	Date Issued: Dec.22,1945	Date Orig. Entry: Jul7 27,1942
	Date of Birth: Oct.27,1920	Birth Place: Kootenai, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Application for social security number		By whom issued and signed: Social Security Admin.	Date Issued: May 16, 1939	Date Orig. Entry: May 16,1939
	Date of Birth: Oct.27,1920	Birth Place: Kootenai, Idaho	Full Name of Mother: Leano McHues	Name of Father: John Henry Green	
SUPPORTING RECORD 3.	Type of Document: School record		By whom issued and signed: Pasco School Dist. #1 Pasco, Washington	Date Issued: Aug.29,1927	Date Orig. Entry: Sept.4,1928
	Date of Birth: Oct.27,1920	Birth Place: Kootenai, Idaho	Full Name of Mother: -----	Name of Father: J. H. Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

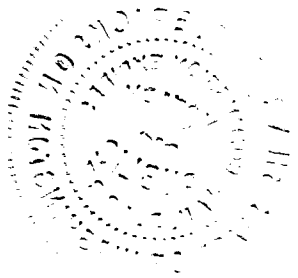
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 10 1984

FORM BH 56067 7-1-83 [illegible] 29702

Green

APR 10 1984



719-22-016-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Alice Parke		2. Date Of Birth (month) January (day) 21 (year) 1920	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Malta Ida Cassia (Cassia Co. Home)	b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Ether Parke		7. State or Country of Father's Birth: Ida Cassia	
MOTHER	8. Full Maiden Name of Mother: Cecilia Hutchison		9. State or Country of Mother's Birth: Ida. Cassia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Ward	11. Present Address of Registrant: Box 264 Burley, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 15 1983	12. Signature of Notary: Re Joy Ward	13. Notary Commission expires: April 1984	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church membership record	By whom issued and signed: LDS Church	Date Issued: July 1983	Date Orig. Entry: Baptized July 2, 1953
	Date of Birth: Jan.21,1920 / Birth Place: Malta Idaho	Full Name of Mother: Cecelia Hutchison	Name of Father: Ether Parke	
SUPPORTING RECORD 2.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #314217	Date Issued: child born Apr.26,1941	Date Orig. Entry: child born Apr.26,1941
	Date of Birth: age 21yrs / Birth Place: Malta, Idaho	Full Name of Mother: ---	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: affidavit older sister (born in 1910)	By whom issued and signed: Florence Jane P. Beigh	Date Issued: Apr.11,1984	Date Orig. Entry: ----
	Date of Birth: Jan.21,1920 / Birth Place: Malta, Idaho	Full Name of Mother: Cecilia Hutchison	Name of Father: Ether Parke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 30 1984

K

FORM BH 56067

1 cc pl Rec# 8012

10-5-83

APR 30 1984

413-123-001-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ireneo James Macias			2. Date Of Birth (month) July (day) 23 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Zeferino Macias			7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Maria Reyes Luevano			9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Ireneo Macias		11. Present Address of Registrant: 36026 Pizarro Fremont, CA
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 8 1984	12. Signature of Notary: Juanita M. Thompson		13. Notary Commission expires: MARCH 26 1986

JUANITA M. THOMPSON
NOTARY PUBLIC - CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires March 26, 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Certificate		By whom issued and signed: State of California	Date Issued: 2-27-43	Date Orig. Entry: -----
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: Luveano Macias	Name of Father: Zeferino Micais	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate		By whom issued and signed: State of California	Date Issued: 12-8-43	Date Orig. Entry: -------
	Date of Birth: Age 23	Birth Place: Boise Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Extract from Baptismal Register		By whom issued and signed: Oswald Mogg	Date Issued: Sept 2, 1938	Date Orig. Entry: August 12, 1920
	Date of Birth: 7-23-20	Birth Place: Boise Idaho	Full Name of Mother: Reys Leubano	Name of Father: Ceferini Macias	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Briggs, R.N.	Evidence reviewed by: JJS James Stewart	Date Filed: 5-11-84

FORM BH 56067 2 cert

4-15-84

MAY 1 1 1984
APR 1 1 2008

6/65-2 02015-35

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-138
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Beatrice Montague
2. Date Of Birth (month) (day) (year): Feb. 2 - 1920
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cab'Dea
b. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: William Edward Montague
7. State or Country of Father's Birth: Idaho (Custer)

MOTHER

8. Full Maiden Name of Mother: Mabel Pauline Leabo
9. State or Country of Mother's Birth: Montana (Dunney's Flat)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Beatrice Montague / Norma Beatrice Peugh
11. Present Address of Registrant: 10052 Antigua St - Anaheim

NOTARY (Seal)

Subscribed and sworn to before me on: December 14 1956

12. Signature of Notary: State Of California County Of Los Angeles Thomas G. Woldridge
13. Notary Commission expires: December 3 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Father
By whom issued and signed: William E. Montague
Date Issued: Dec. 14, 1956
Date Orig. Entry:
Class* B
Date of Birth: Feb. 2, 1920
Birth Place: Grace, Idaho
Full Name of Mother:
Name of Father: William E. Montague

SUPPORTING RECORD 2.

Type of Document: Insurance Record
By whom issued and signed: The Prudential Insur. Co. of America
Date Issued:
Date Orig. Entry: Feb. 14, 1940
Class B
Date of Birth: Feb. 2, 1920
Birth Place: Grace, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Family Record
By whom issued and signed: Leeson's "History of Montana"
Date Issued: Dec. 3, 1939
Date Orig. Entry: 1922
Class
Date of Birth: Feb. 2, 1920
Birth Place: Grace, Idaho
Full Name of Mother: Mabel Pauline Leabo
Name of Father: William Edward Montague

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

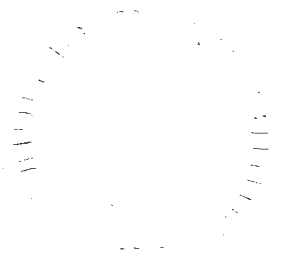
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Lee Briggs, R.N.
Evidence reviewed by: SS Florence Curtright
Date Filed: June 12, 1984

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 12 1984



553-227-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-152

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Phyllis Viola Nelson
2. Date Of Birth: (month) FeB. (day) 27 (year) 1920
3. Color or Race: caucasian
4. Sex: female
5. Place of Birth: a. County: FREMONT; b. City or Town of Birth: MARYSVILLE IDAHO

FATHER

6. Full Name of Father: JAMES CLARENCE Nelson
7. State or Country of Father's Birth: BEAR LAKE CNTY IDAHO

MOTHER

8. Full Maiden Name of Mother: Viola Agnes Thompson
9. State or Country of Mother's Birth: BEAR LAKE CNTY IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phyllis Viola Humphrey
11. Present Address of Registrant: 1071 Russett Idaho Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on June 12 19 84
12. Signature of Notary: Ann O. Foster
13. Notary Commission expires: lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Apr.1,1928	Baptized Mar.25,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.27,1920	Marysville,ID	Viola Agnes Thompson	James Clarence Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record of Blessing	L. D. S. Ward Clerk		Blessed Apr.4,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.27,1920	Marysville, Idaho	Viola Agnes Thompson	James Clarence Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate on file - Idaho # 53-5669		-----	child born May 21,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	Marysville,Idaho	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	June 19,1984

FORM BH 56067

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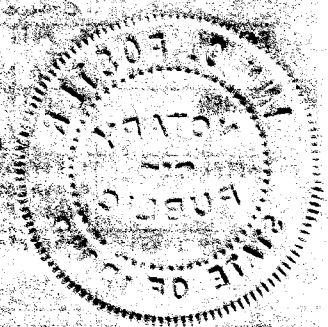
6-8-84

Humphrey



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Dup of 1920-350694

719-128-015-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-162

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lynn GAR Beus
2. Date Of Birth (month) 11 (day) 28 (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: [illegible], CARIBOU
b. City or Town of Birth: Soda Springs Idaho

FATHER

6. Full Name of Father: ALBERT Beus
7. State or Country of Father's Birth: IDAHO U.S.A.

MOTHER

8. Full Maiden Name of Mother: DORA JANE PANTING
9. State or Country of Mother's Birth: UTAH U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lynn A. Beus
11. Present Address of Registrant: 76 So. Main Soda Springs, Idaho 83276

NOTARY (Seal)

Subscribed and sworn to before me on June 12, 1983
12. Signature of Notary: Anna Hamblin
13. Notary Commission expires: Mar. 29, 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Oct.24,1945	Jan.22,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.28,1920	Soda Springs, Ida.	--------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(hospital) Own child's birth certificate	Caribou Co. Hosp, Soda Sprg, Id.	child born Dec.14,1954	child born Dec.14, 1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.28,1920	Soda Springs,ID	------	- -------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Soc. Sec. Number	Social Security Admin.	July29,1937	July 29, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.28,1920	Soda Springs, ID	Dora Panting	Albert Beus

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUN 28 1984

FORM BH 56067 6-8-83 1 upd. rev # 25913

JUN 2 8 1984

Barr

244-109-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES EARL KUMP		2. Date Of Birth (month) 9 (day) 18 (year) 1920
	3. Color or Race: CAUCASIAN	4. Sex: M	5. Place of Birth a. County: BINGHAM; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: LIONEL LAMONT KUMP		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: TILLIE ANN MITCHELL		9. State or Country of Mother's Birth: Shelley, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Earl Kump	11. Present Address of Registrant: 232 - 7th ST, OGDEN, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1984	12. Signature of Notary: Sandie Tate Mala	13. Notary Commission expires: 5/4 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date issued: Blessed Dec.5,1920	Date Orig. Entry: Blessed Dec. 5, 1920
	Date of Birth: Sept.18,1920	Birth Place: Shelley, Idaho	Full Name of Mother: Tillie Mitchell	Name of Father: Lionel Kump
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date issued: Baptized Dec.1,1928	Date Orig. Entry: Baptized Dec., 1928
	Date of Birth: Sept.18, 1920	Birth Place: Shelley, Idaho	Full Name of Mother: Tillie Ann Mitchell	Name of Father: Lionel L. Kump
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Idaho #404501	Date issued: Child born Mar. 24,1945	Date Orig. Entry: child born Mar. 24, 1945
	Date of Birth: age 24yrs	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

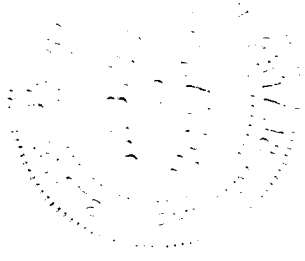
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 25 1984

FORM BH 56067

1CC# 15615

4-7-80

JUL 30 1984



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-176

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gordon Burnell Adams
2. Date Of Birth (month) JAN. (day) 11. (year) 1920
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Rupert, (At Home)
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Earl Clifton Adams
7. State or Country of Father's Birth: UNKNOWN (Dece) MARCH 4, 1899

MOTHER

8. Full Maiden Name of Mother: Irma Louis Wallingford
9. State or Country of Mother's Birth: OAK. Oct. 25 1902

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gordon Burnell Adams
11. Present Address of Registrant: 9995 So. 300 E Sandy Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 23 1984

12. Signature of Notary: [illegible]
13. Notary Commission expires: 5/30 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Page from Baby book	Mother, Irma Adams	1920	1920
	Date of Birth / Birth Place: Jan. 11, 1920 / Rupert, Idaho	Full Name of Mother: Irma L. Adams	Name of Father: Earl C. Adams	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge paers	By whom issued and signed: CivilianConservation Corps	Date Issued: Dec. 7, 1939	Date Orig. Entry: Oct. 7, 1939
	Date of Birth / Birth Place: age 19yrs. / Rupert, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Irma L. Adams Gryka	Date Issued: July 28, 1937	Date Orig. Entry: ---
	Date of Birth / Birth Place: Jan. 11, 1920 / Rupert, Idaho	Full Name of Mother: Irma L. Adams	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Bigga, R.N.	Teresa L. Cleverly	AUG 1 1984

FORM BH 56067 PHD 45 # 5827

7-16-84

AUG 1 1984

493-102-028-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martine C. Miller		2. Date Of Birth (month) June (day) 2 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Coeur d'Alene Kootnia; b. City or Town of Birth: Coeur D. Alene
FATHER	6. Full Name of Father: Christen Martine Miller		7. State or Country of Father's Birth: Racine Wisconsin
MOTHER	8. Maiden Name of Mother: Effie Evelyn Lambert		9. State or Country of Mother's Birth: Healdsburg Calif
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martine C Miller	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1984	12. Signature of Notary: Dorothy A. Drapeau	13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Member	Date issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: 6-2-20 / Birth Place:	Full Name of Mother: Effie Evelyn Miller	Name of Father: Christen Martine Miller	
SUPPORTING RECORD 2.	Type of Document: Honerable Discharge	By whom issued and signed: U.S. Army	Date issued: 1-21-44	Date Orig. Entry: 10-24-42
	Date of Birth: Age 22 / Birth Place: Coeur d' Alene ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family age 75yrs	By whom issued and signed: Mrs. Betty Miller Thompson	Date issued: May 1984	Date Orig. Entry: ----
	Date of Birth: June 2,1920 / Birth Place: Coeur d'Alene,ID	Full Name of Mother: Effie Lambert	Name of Father: Christen M. Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	JJS Teresa L. Cleverly	

FORM BH 56067 1 copy Pl. # [illegible] 22447

4-4-84

ADAMS

AUG 2 3 1984
APR 0 5 2011

516-107-035-519

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-192

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Eugene Paffile
2. Date of Birth (month) (day) (year): Sept. 7 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho — Nez Perce; b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Salvatore Paffile
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Agiolina Nardi
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Paffile
11. Present Address of Registrant: 3504 20th Street Lewiston, Id. 83501

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1984
12. Signature of Notary: Donald L Pintek
13. Notary Commission expires: March 31 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Jerome J. Murray Pastor St. Stanislaus, Lewiston, ID.	2/14/75	Baptised 26 Mar. 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
7 Sept. 20	Lewiston, ID.	Angiolina Nardi	Salvatore Paffile

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Marriage lic.	State of Idaho	married Mar. 15, 1941	Married Mar. 15, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20yrs	Idaho	----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
aff. by siter-in-law age 83yrs	Phoebe J. Paffile	Aug. 13, 1984	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 7, 1920	Lewiston, ID	Agiolina Nardi	Salvatore Paffile

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

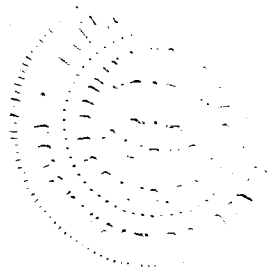
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	md TEresa L. Cleverly	AUG 30 1984

FORM BH 56067

Paffile

AUG 3 0 1984



238-120-029-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-218

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Charles Michael Scharnhorst			2. Date Of Birth (month) 6 (day) 20 (year) 20	
	3. Color or Race: White	4. Sex: m	5. Place of Birth a. County: Genesee	b. City or Town of Birth: Latah Genesee Idaho	
FATHER	6. Full Name of Father: Christian Scharnhorst			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Francis Kasper			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C Charles Scharnhorst		11. Present Address of Registrant: Route 1 Box 3 Colton WA	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 12 1984	12. Signature of Notary: Jerry D Gilbert		13. Notary Commission expires: 9-22 1987	

APPLICANT — DO NOT WRITE BELOW THIS LINE

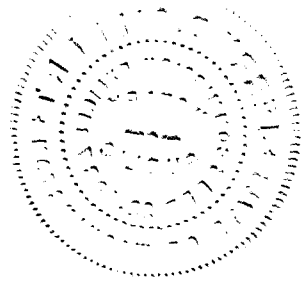
SUPPORTING RECORD 1.	Type of Document: Birth Certificate of Child	By whom issued and signed: State of Washington		Date Issued: 5-15-67	Date Orig. Entry: 5-15-67
	Date of Birth: age 46	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Knights of Columbus		Date Issued: 1-14-45	Date Orig. Entry: 1-14-45
	Date of Birth: 6-20-20	Birth Place: Genesee ID	Full Name of Mother: Frances Scharnhorst	Name of Father: Christian Scharnhorst	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Katherine B. Patton		Date Issued: 10-18-84	Date Orig. Entry: 10-18-84
	Date of Birth: 6-20-20	Birth Place: Genesee ID	Full Name of Mother: Frances Kasper	Name of Father: Christian F. Scharnhorst	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Peggy, R.N.	James J. Stewart	10-23-84

FORM BH 56067 1 COPY FILED



238-231-025-758

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AGNES ELIZABETH SCHAEFFER			2. Date Of Birth (month) OCTOBER (day) 31 (year) 1920
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: Idaho	b. City or Town of Birth: FERDINAND
FATHER	6. Full Name of Father: HENRY J. SCHAEFFER			7. State or Country of Father's Birth: INDIANA
MOTHER	8. Full Maiden Name of Mother: MARY GEHRING			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes E. Wernhoff		11. Present Address of Registrant: Rt. 1, Box 134 Cottonwood, ID 83522
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 19 84	12. Signature of Notary: Tim R. Forsman		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own daughter's birth certif.		By whom issued and signed: State of Idaho #57-3210	Date issued: child born Mar. 13, 1957	Date Orig. Entry: child born Mar. 13, 1957
	Date of Birth: age 36yrs.	Birth Place: Ferdinand, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Application for insurance		By whom issued and signed: Unigard Olympic Life Ins. co.	Date issued: Nov23,1973	Date Orig. Entry: Nov. 23, 1973
	Date of Birth: Oct. 31,1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Hospital Record		By whom issued and signed: St Mary's Hospital	Date issued: 4-19-71	Date Orig. Entry: 4-19-71
	Date of Birth: 10-31-20	Birth Place: Ferdinand ID	Full Name of Mother: Mary Gehring	Name of Father: Henry Schaeffer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal) See	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Biggs, R.N.	Evidence reviewed by: tc James J. Stewart	Date Filed: 10-24-84

K FORM BH 56067 $4 pd #22039 3-26-84

OCT 24 1984

Wemhoff

249-120-042-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN HENRY BURKHALTER		2. Date Of Birth (month) March (day) 20, (year) 1920
	3. Color or Race: Wh.	4. Sex: M	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Fredrick Burkhalter		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Lucie Louis Lange		9. State or Country of Mother's Birth: Paris, France
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Henry Burkhalter	11. Present Address of Registrant: Route #1, Box 211 Buhl, Idaho 83316
NOTARY (Seal)	Subscribed and sworn to before me on: October 31, 19 84	12. Signature of Notary: Linda Voss	13. Notary Commission expires: Perpetual 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #352236	Date issued: child born June 20, 1942	Date Orig. Entry: child born June 20, 1942
	Date of Birth: age 22yrs. / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Baptismal record	By whom issued and signed: W. F. Danneufeldt, Pastor	Date issued: Baptized Apr. 18, 1920	Date Orig. Entry: Baptized Apr. 18, 1920
	Date of Birth: Mar.20,1920 / Birth Place: Filer, Idaho	Full Name of Mother: Lucie Lang	Name of Father: Fredrick Burkholter	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date issued: July 29, 1946	Date Orig. Entry: Mar.16,1945
	Date of Birth: Mar. 20, 1920 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

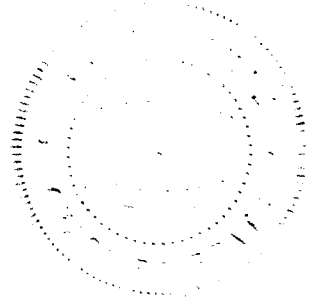
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 1 1984

FORM BH 56067 Phil 6th # 15366 10-12-84

Burlington

NOV 1 1984



719-129-033-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-234

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Louis Davidson Parkinson			2. Date Of Birth (month) (day) (year): November 29, 1920
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Henry Greer Parkinson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Arzetta Davidson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Louis D Parkinson	11. Present Address of Registrant: 1014 Wash. St. Salt City, Kans.
	NOTARY (Seal) NANCY J. YESS State of Kansas — Subscribed and sworn to before me on: October 29 1984		12. Signature of Notary: Nancy J Yess	13. Notary Commission expires: 67871 Aug 6 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Salt Lake, UT	Date Issued: Apr.26,1984	Date Orig. Entry: Jan.2,1921
	Date of Birth: Nov.29,1920 / Birth Place: Rexburg, Idaho	Full Name of Mother: Arzetta Davidson	Name of Father: Henry G. Parkinson	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Kansas	Date Issued: Dec.12,1973	Date Orig. Entry: child born June 14, 1946
	Date of Birth: age 25yrs / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Discharge papers	By whom issued and signed: U.S. Navy	Date Issued: May14,1946	Date Orig. Entry: Oct.10, 1942
	Date of Birth: Nov.27,1920 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: NOV 6 1984	

FORM BH 56067

NOV 6 1984

385-119-031-631

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTIN JOHN LYNN			2. Date Of Birth (month) August (day) 19 (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: Tonny Martin Lynn			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Beulah Flatt			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martin J. Lynn		11. Present Address of Registrant: P. O. Box AA Scappoose OR 97056
NOTARY (Seal)	Subscribed and sworn to before me on: November 5 1984	12. Signature of Notary for Oregon: Virginia Lynn		13. Notary Commission expires: 12-16 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Loan Application		By whom issued and signed: Veterans Administration	Date issued: 5-14-60	Date Orig. Entry: 5-14-60
	Date of Birth: Aug.19,20	Birth Place: Winchester ID	Full Name of Mother: Beulah Lynn	Name of Father: Tony Lynn	
SUPPORTING RECORD 2.	Type of Document: Honerable Discharge		By whom issued and signed: United States Army	Date issued: Oct 8, 45	Date Orig. Entry: July 2, 1942
	Date of Birth: 19 Aug 20	Birth Place: Winchester ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Repart		By whom issued and signed: US Department of Commerce	Date issued: 4-1-30	Date Orig. Entry: 4-1-30
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Bulah Lynn	Name of Father: Toney Lyn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal): See

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Biggs, R.N.	James J. Stewart	11-9-84

FORM BH 56067 #4 pd # 87 2 6-1-84

Lynn

265-130-035-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-246

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Albert Konen
2. Date Of Birth (month) (day) (year): Dec. 30 1926
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce County
b. City or Town of Birth: on a farm Rural Nez Perze Co.

FATHER

6. Full Name of Father: Nicholas Joseph Konen
7. State or Country of Father's Birth: Nez Perce County, Idaho

MOTHER

8. Full Maiden Name of Mother: Rosie Susanna Ricard
9. State or Country of Mother's Birth: Eagle Grove, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard A Konen
11. Present Address of Registrant: Rt 2 Box 53 Genesee, ID 83832

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1982

12. Signature of Notary: J. D. Nicholson
13. Notary Commission expires: 17 Aug. 1984

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt age 84yrs	Mary K. Fuchs	July22, 1982	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.30,1920 / Nez Perce Co, IDA	Rosie Susanna Ricard	Nicholas Joseph Konen	
SUPPORTING RECORD 2.	Family Record	Konen's Family Tree	----	obviously old
	Dec.30,1920 / Nez Perce County	Rosie Susanna Ricard	Nicholas Joseph Konen	
SUPPORTING RECORD 3.	Own child's birth certificate	on file - Idaho - 65-1515	-----	child born Feb. 2, 1965
	age 44 / ------	--------	--------	

QUALIFYING INFORMATION

Brothers and sister born to these parents were all born in Nez Perce County Idaho. ~~While the mailing address on some of the documents gives Union Town Washington,~~ Leonard Albert Konen was born in the same house as his brother whom we have on record as being born in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Briggs, R.N.
Evidence reviewed by: tc Florence Curtright
Date Filed: Nov. 29,1984

FORM BH 56067

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NOV 30 1984

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARTHUR VICTOR UHRICH	2. Date Of Birth (month) (day) (year): APRIL 30 1920
	3. Color or Race: WHITE; 4. Sex: M; 5. Place of Birth a. County: YALE IDA CASSIA	b. City or Town of Birth
FATHER	6. Full Name of Father: JACOB UHRICH	7. State or Country of Father's Birth: FRANK RUSS
MOTHER	8. Full Maiden Name of Mother: ANNA MARIE LESSER UHRICH	9. State or Country of Mother's Birth: FRANK RUSS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Uhrich; 11. Present Address of Registrant: Rt 1. Box 1001 PAUL IDA 83347
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 2 1985	12. Signature of Notary: [signature]; 13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record Baptismal	By whom issued and signed: Pastor Henry Hoersch	Date issued: Baptized Dec.4,1921	Date Orig. Entry: Baptized Dec. 4,1921
	Date of Birth: Apr.30,1920; Birth Place: Yale, Idaho	Full Name of Mother: Anna Maria Lesser	Name of Father: Jacob Uhrich	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Navy	Date issued: Nov.29,1946	Date Orig. Entry: Jan23,1945
	Date of Birth: Apr.30,1920; Birth Place: Yale, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister age 78yrs	By whom issued and signed: Emelia Schultz	Date issued: Jan.10, 1985	Date Orig. Entry: ----
	Date of Birth: Apr.30,1920; Birth Place: Yale, Idaho	Full Name of Mother: Anna Marie Uhrich	Name of Father: Jacob Uhrich	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JAN 15 1985

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Ulrich

JAN 15 1985

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILBUR REX THOMAS		2. Date Of Birth (month) May (day) 31 (year) 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Homestead at Windspor Clark County; b. City or Town of Birth: Windspor
FATHER	6. Full Name of Father: John William Thomas		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Hattie Morton		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur R. Thomas	11. Present Address of Registrant: Box 265, Gardiner, Mt. 59030
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 19 85	12. Signature of Notary: June Miller	13. Notary Commission expires: October 16 19 85

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: age: 74yrs Affidavit by family friend	By whom issued and signed: Helen Staggie	Date issued: Jan.22,1985	Date Orig. Entry: ----
	Date of Birth: May 31,1920 / Birth Place: Windspor, Idaho	Full Name of Mother: Hattie Marton	Name of Father: John William Thomas	
SUPPORTING RECORD 2.	Type of Document: Family Bible record	By whom issued and signed: family member	Date issued: obviously old	Date Orig. Entry: -----
	Date of Birth: May31,1920 / Birth Place: Winspor, Idaho	Full Name of Mother: Hatie Thomas	Name of Father: J. W. Thomas	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date issued: June 23,1945	Date Orig. Entry: Sept.26,1939
	Date of Birth: May31,1920 / Birth Place: Winspor, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 9 1985

FORM BH 56067 Phil 8.00 # 21825 12-28-84

SWANSALL

APR 9 1985

867-203-003-673

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-026

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: SHIRLEY OLIVE HOPKINS
2. Date Of Birth (month) (day) (year): DECEMBER 3 1920
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Perry

FATHER

6. Full Name of Father: Charles Monroe Hopkins
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Louie Elmina Wilde
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley C. Larsen
11. Present Address of Registrant: Rt 1 Box 142 Marsing ID

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 3 1985
12. Signature of Notary: Davalu Leavitt
13. Notary Commission expires: Jan 10 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	On file # 341947	----	3-21-42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Perry ID	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affadavit from sister	Gladys Hopkins Eckersley	7 Jan 85	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec 3, 20	Perry ID	Louie Elmina Wilde	Charles Monroe Hopkins

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptism Certificate	LDS Church	Aug 25, 29	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec 3, 1920	Perry ID	Louie E Wilde	Charles M. Hopkins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Bryant, R.N.	JS Jmaes J. Stewart	Jan 24, 1985

FORM BH 56067

698.125.001.493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-032

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dannie Clifton Fry			2. Date Of Birth (month) January (day) 25 (year) 1920
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Geddes Dixon Fry			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Leda Gail Miller			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. C. Fry		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on January 28, 19 85	12. Signature of Notary: Florence Curtright		13. Notary Commission expires April 20 19 86

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Navy	Date Issued: Feb. 1946	Date Orig. Entry: Entered Feb. 16, 1945
	Date of Birth: Jan 25,1920 / Birth Place: Eagle, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle	By whom issued and signed: John A. Fry	Date Issued: Jan 29,1985	Date Orig. Entry: ------
	Date of Birth: Jan.25,1920 / Birth Place: Eagle, Idaho	Full Name of Mother: Leda Gale Miller	Name of Father: Geddes Dixon Fry	
SUPPORTING RECORD 3.	Type of Document: Family Genealogy Book	By whom issued and signed: Sister Mary Louise Donnelly	Date Issued: Book Published 1971	Date Orig. Entry:
	Date of Birth: Jan.25,1920 / Birth Place: Eagle, Idaho	Full Name of Mother: Leda Gail Miller	Name of Father: Geddes Dixon Fry	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	fc Florence Curtright	Jan. 30, 1985

FORM BH 56067

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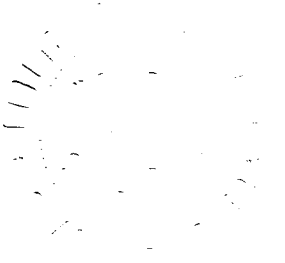

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONNA GRACE McCOWIN		2. Date of Birth (month) (day) (year): MARCH 21 - 1920
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO FALL, BONNEVILLE
			b. City or Town of Birth: IDAHO FALLS IDAHO
FATHER	6. Full Name of Father: ELMER HYRUM McCOWIN		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: NONA CATHERINE CHRISTIANSEN		9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Grace Hartley	11. Present Address of Registrant: 1730 N. St.
NOTARY (Seal) VALERIE C. JENSEN NOTARY PUBLIC SACRAMENTO COUNTY, CALIFORNIA My commission expires April 19, 1975	Subscribed and sworn to before me on: January 10 1975	12. Signature of Notary: Valerie C. Jensen	13. Notary Commission expires: April 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CERTIFICATE OF BLESSING	By whom issued and signed: L.D.S. CHURCH	Date Issued: May 3,1920	Date Orig. Entry: Blessed May 2,1920	
	Date of Birth: Mar.21,1920	Birth Place: Idaho Falls,ID	Full Name of Mother: Nona Christensen	Name of Father: Elmer H. McCowin	
SUPPORTING RECORD 2.	Type of Document: Attendant at birth	By whom issued and signed: Bessie McCowin Burgie	Date Issued: Mar.1,1971	Date Orig. Entry: ------	
	Date of Birth: Mar.21,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Nona Catherine Christiansen	Name of Father: Elmer Hyrum McCowin	
SUPPORTING RECORD 3.	Type of Document: NOTORIZED copy of original bible record	By whom issued and signed: Family Bible	Date Issued: Sept. 15,1975	Date Orig. Entry: Original obviously old	
	Date of Birth: Mar.21,1920	Birth Place: Idaho Falls, ID	Full Name of Mother: Nona Catherine Christiansen	Name of Father: Elmer Hyrum McCowin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Briggs, R.N.	Evidence reviewed by: Florence Curtright	Date Filed: Feb. 8, 1985

FORM BH 56067

9-15-70

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268-113-004-747

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-082

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD JAMES BOHI
2. Date Of Birth (month) (day) (year): September 13,1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bear Lake county
b. City or Town of Birth: Montpelier, Idaho

FATHER

6. Full Name of Father: ALVIN BOHI
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ALICE LILLIAN PUGMIRE
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold P. Bohi
11. Present Address of Registrant: LOVELOCK, NEVADA

DONNA KRAMER
Notary Public State of Nevada
Appointment Recorded in Pershing County
MY APPOINTMENT EXPIRES APR. 27, 1988

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary: Donna Kramer
13. Notary Commission expires: April 27 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Monpelier 2Ward,ID	Blessed Oct.3,1920	Blessed Oct. 3,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept13,1920	Montpelier, Idaho	Alice Pugmire	Alvin Bohi

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Douglas L. Stephens	Oct.14,1929	Oct.13,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.13,1920	Montpelier, ID	Alice L. Pugmire	Alvin Bohi

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	U.S. Army	Feb.1,1946	Nov.3,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.13,1920	Montpelier, Idaho	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa Cleverly	MAY 14 1985

FORM BH 56067 PAID 6.00 # 29458

4-5-85

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MAY 1 4 1985

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iva Irene Byers			2. Date Of Birth (month) (day) (year): October 29, 1920
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Edward O. Byers			7. State or Country of Father's Birth: Whitman, Washington
MOTHER	8. Full Maiden Name of Mother: Rachel W. Beibe			9. State or Country of Mother's Birth: Stanley, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iva I Harris		11. Present Address of Registrant: 3069 Rine St. Long Wa 98632
NOTARY (Seal) LS	Subscribed and sworn to before me on: April 29 1985	12. Signature of Notary: Lafanne M. King		13. Notary Commission expires: 8-15 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record		By whom issued and signed: Family member	Date issued: Obivously	Date Orig. Entry: old
	Date of Birth: Oct.29,1920	Birth Place: Troy, Idaho	Full Name of Mother: Rachel W. Beibe	Name of Father: Edward O. Byers	
SUPPORTING RECORD 2.	Type of Document: School transcript		By whom issued and signed: Longview, Washington Kessler Blvd. School	Date issued: Sept.1937	Date Orig. Entry: Sept. 1937
	Date of Birth: Oct.29,1920	Birth Place: Idaho	Full Name of Mother: Mrs. E. O. Byers	Name of Father: Mr. E. O. Byers	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Aug.28,1962	Date Orig. Entry: child born July 16, 1941
	Date of Birth: age 20yrs	Birth Place: Troy, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

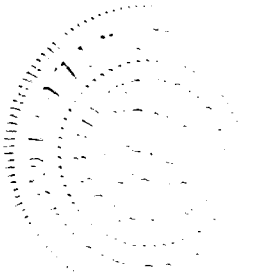
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUN 17 1985

FORM BH 56067

del file 4-12-85

JUN 17 1985



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anita Marjorie Woodhead		2. Date Of Birth (month) November (day) 28 (year) 1920	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: James A. Woodhead		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Hilda Friesen		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anita Marjorie Woodhead Anita Weaver	11. Present Address of Registrant: 281 W 1425 N Sunset, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on June 20 19 85	12. Signature of Notary: Christine C. Barnard	13. Notary Commission expires Dec. 6 19 86	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Marriage	By whom issued and signed: State of Utah	Date Issued: May 29, 47	Date Orig. Entry: May 29,47	
	Date of Birth: Nov 28, 20	Birth Place: Twin Falls ID	Full Name of Mother: Hilda Friesen	Name of Father: James Woodhead	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St Benedict's	Date Issued: May 2, 85	Date Orig. Entry: Feb 9, 51	
	Date of Birth: Nov 28,20	Birth Place: Idaho	Full Name of Mother: Hilda Shosted	Name of Father: James Woodhead	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Utah	Date Issued: May 13, 85	Date Orig. Entry: Feb 10 51	
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	JS James J. Stewart	July 2, 1985

FORM BH 56067 Mod SCH 41179

6-21-85

Oregon

JUL 2 1985

764-117-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-123

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Farris B. Goulding
2. Date Of Birth (month) (day) (year): June 17 1920
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Twin Groves

FATHER

6. Full Name of Father: Samuel E. Goulding
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Barbara E. Thompson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Farris Goulding
11. Present Address of Registrant: 547 W 2nd N St Anthony ID 83445

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 6 1985
12. Signature of Notary: Sue Siddoway
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L.D.S. Church	8-1-20	8-1-20
	Date of Birth 6-17-20 / **Birth Place** Twin Groves, ID	**Full Name of Mother** Barbara E. Thompson	**Name of Father** Samuel E. Goulding	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family (78yrs)	By whom issued and signed: Louis G. Housley	Date Issued: Aug. 6, 1985	Date Orig. Entry: -----
	Date of Birth June 17, 1920 / **Birth Place** Twin Groves, ID	**Full Name of Mother** Barbara E. Thompson	**Name of Father** Samul E. Goulding	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec. 16, 1938	Date Orig. Entry: Dec. 16, 1938
	Date of Birth June 17, 1920 / **Birth Place** Idaho	**Full Name of Mother** Barbara E. Goulding	**Name of Father** ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

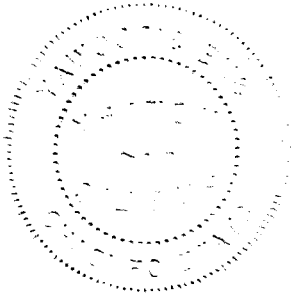
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 12 1985

FORM BH 56067 $6.00 PD # 34047

6-22-85

AUG 1 2 1985



814-210-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE85-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maryanna Irene Hamilton		2. Date Of Birth (month) October (day) 10 (year) 1920
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Ira Hamilton		7. State or Country of Father's Birth: Idaho U.S.A.
MOTHER	8. Full Maiden Name of Mother: Clara Evelyn Brock		9. State ~~or Country~~ of Mother's Birth: Missouri U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maryanna I. Davis	11. Present Address of Registrant: P.O. Box 192 Winnett, Mont. 59087
NOTARY (Seal)	Subscribed and sworn to before me on: 4-12 1985	12. Signature of Notary: Sandy Stahl	13. Notary Commission expires: 4-26 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book		By whom issued and signed: Parents	Date issued: 1920	Date Orig. Entry: 1920
	Date of Birth: Oct.10,1920	Birth Place: Caldwell, Idaho	Full Name of Mother: Mrs. Wm. Hamilton	Name of Father: Wm. Hamilton	
SUPPORTING RECORD 2.	Type of Document: Voter's Registration		By whom issued and signed: Petroleum Co., Montana	Date issued: June 1956	Date Orig. Entry: May 1950
	Date of Birth: age 29yrs	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certif.		By whom issued and signed: State of Montana	Date issued: child born Jan.19,1957	Date Orig. Entry: child born Jan. 19, 1957
	Date of Birth: age 36 yrs	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 12 1985

FORM BH 56067 PAID 6.00 # 15609 10-18-84

Davis

AUG 12 1985

415-124-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-126

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALFONSO MANSISIDOR
2. Date Of Birth (month) (day) (year): August 24, 1920
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Ada
   b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Leon Mansisidor
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Santa Gabica
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfonso Mansisidor
11. Present Address of Registrant: 7802 Westover Drive, Boise, ID

NOTARY (Seal)

Subscribed and sworn to before me on September 9 19 85

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: April 20 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	on file - Idaho # 422526	-------	child born July 14, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Boise, Idaho	--------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Alphonsus Hospital	Mar.23,1969	Mar 23,1969

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1920	Boise, Idaho	---------	- -------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy H6709-10	Idaho Mutual Benefit Assn.	Oct.1,1945	Oct. 1, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1920	Boise, Idaho	----------	----------

QUALIFYING INFORMATION

Copy of will issued May 1, 1972, shows parent's names as Santa Mansisidor and Leon Mansisidor. Will lists children's names and lists above registrant as Alfonso Mansisidor. Will signed by Leon Mansisidor on 28th day of February 1968.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Dee Diggs, R.N.	Florence Cartright	9-9-85

FORM BH 56067

318.113.026.459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-175

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD LAMONTE TAYLOR		2. Date Of Birth (month) (day) (year): August 13, 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Clark
FATHER	6. Full Name of Father: John Daniel Taylor		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Minerva Meikle		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Lamonte Taylor	11. Present Address of Registrant: 394 E. Locust, Shelley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 23 September 19 85	12. Signature of Notary: Nola Tinker	13. Notary Commission expires: 5-22 19 88

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership		By whom issued and signed: LDS Church Agnes S. Freebarn	Date issued: Oct 16 85	Date Orig. Entry: Oct 3, 20
	Date of Birth: Aug 13, 20	Birth Place: Clark ID	Full Name of Mother: Minerva Miekle	Name of Father: John Daniel Taylor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle		By whom issued and signed: Stephen J. Meikle	Date issued: Oct 1, 85	Date Orig. Entry: ----
	Date of Birth: Aug 13, 20	Birth Place: Clark ID	Full Name of Mother: Minerva Meikle Taylor	Name of Father: John Daniel Taylor	
SUPPORTING RECORD 3.	Type of Document: Honerable Discharge		By whom issued and signed: US Army	Date issued: Oct 11, 45	Date Orig. Entry: Mar 10, 41
	Date of Birth: Aug 13, 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal) See Biggs, R.N.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	JS James J. Stewart	Nov 29, 1985

FORM BH 56067 86 pl # 47504 2nd # 55189 8-22-85

NOV 29 1965

Taylor

755-114-025-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-019

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank William Penney
2. Date Of Birth (month) (day) (year): November 14 1920
3. Color or Race: Indian
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Benjamin D. Penney, Sr.
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Stella Amera
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank W. Penney
11. Present Address of Registrant: Box 1215, Kamiah, ID

NOTARY (Seal)

Subscribed and sworn to before me on 10/31 19 85

12. Signature of Notary: Shirley A. Guzman
13. Notary Commission expires: Life Term 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family age 75yrs	Oliver Frank	June 25, 1984	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.14,1920	Kamiah, Idaho	Stella Amera	Benjamin D. Penney, Sr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #57-11803	child born Sept.16,1957	child born Sept.16, 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 36yrs	Kamiah, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Sec. No.	Social Security Administration	Dec.23,1985	Nov. 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.14,1920	Kamiah, Idaho	Stella Omera	Benjamin D. Penney

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 19 1986

FORM BH 56067

100 pct # 3991

9-8-83

Canny

FEB 19 1986

366-221-006-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 86-030

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: HELEN COOK			2. Date Of Birth (month) MARCH (day) 21 (year) 1920	
	3. Color or Race: ca	4. Sex: f	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: STERLING FRANK COOK			7. State or Country of Father's Birth: DINGLE, IDAHO	
MOTHER	8. Full Maiden Name of Mother: NELLIE MAE RIDD			9. State or Country of Mother's Birth: MONTPELIER, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Cook Lyons	11. Present Address of Registrant: 47 East South Temple Salt Lake City, UT	
NOTARY (Seal)	Subscribed and sworn to before me on: 4-March 19 86		12. Signature of Notary: Connie D. Roberts	13. Notary Commission expires: 4-15-87 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application to Marry		By whom issued and signed: Salt Lake Co. State of Utah	Date Issued: Oct.15,1985	Date Orig. Entry: May 2,1943
	Date of Birth: Mar.21,1920	Birth Place: Blackfoot,Idaho	Full Name of Mother: Nellie Mae Ridd	Name of Father: Sterling Frank Cook	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record		By whom issued and signed: L.D.S.Church	Date Issued: Mar 7,1986	Date Orig. Entry: Baptized Jun.3,1928
	Date of Birth: Mar.21,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: Nellie Ridd	Name of Father: Sterling F. Cook	
SUPPORTING RECORD 3.	Type of Document: Church Record of birth		By whom issued and signed: L. D. S. Church	Date Issued: Mar.3,1986	Date Orig. Entry: Entered on record May 2,1920
	Date of Birth: Mar.21,1920	Birth Place: Blackfoot, Idaho	Full Name of Mother: Nelle Mae Ridd	Name of Father: Sterling F. Cook	
QUALIFYING INFORMATION					

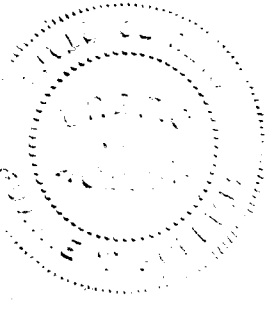
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	March 17,1986

FORM BH 56067

030



942-116-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-045

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RHODEHOUSE, RUSSELL
2. Date Of Birth (month) (day) (year): APRIL 16 1920
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: ST. ANTHONY IDA FREMONT
b. City or Town of Birth: IDAHO ST. ANTHONY

FATHER

6. Full Name of Father: EDWARD CLIFF RHODEHOUSE
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ELNORA GARDNER
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell Rhodehouse
11. Present Address of Registrant: 1171 HEMMINGWAY DR. SALT LAKE CITY UT. 84121

NOTARY (Seal)

Subscribed and sworn to before me on: March 17th 1986
12. Signature of Notary: Ruth Dalley
13. Notary Commission expires: 1-13 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	US Army	Apr.27,1946	June 30, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.16, 1920	St. Anthony, ID	---	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own son's birth certificate	State of Idaho #48-4381	child born Mar.18, 1948	child born Mar. 18, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 27yrs	St. Anthony, Idaho	-----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for insurance	Beneficial Life Insurance	May 1943	May 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.16,1920	St. Anthony, Ida	Elnora Rhodehouse	Edward C. Rhodehouse

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Teresa Cleverly	APR 11 1986

FORM BH 56067 (M)

APR 11 1986
APR 15 2010

318-213-035-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Violet Taylor			2. Date Of Birth (month) (day) (year): February 13, 1920
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Idaho Nez Perce Co.	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Amos Sylvinas Taylor			7. State or Country of Father's Birth: Indiana, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Magdelena Steinfedt			9. State or Country of Mother's Birth: Iowa, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Steward		11. Present Address of Registrant: 18411 Military Rd. So. Seattle, Wa. 98188
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1985	12. Signature of Notary: G Turner		13. Notary Commission expires: December 5 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army	Date issued: Dec.19,1945	Date Orig. Entry: May 19, 1944
	Date of Birth: Feb.13, 1920	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: US Census record		By whom issued and signed: US Census Bureau, DC	Date issued: Jan.22,1986	Date Orig. Entry: Apr. 1930
	Date of Birth: age 10 yrs.	Birth Place: Idaho	Full Name of Mother: Lena Taylor	Name of Father: Amos Taylor	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate		By whom issued and signed: State of Idaho #436360	Date issued: child born Aug.31,1946	Date Orig. Entry: child born Aug.31,1946
	Date of Birth: age 26rs	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

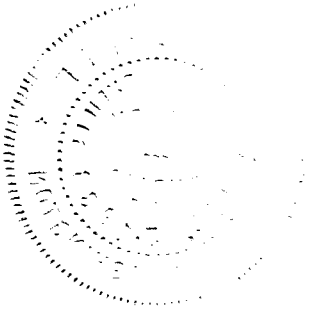
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	tlc Teresa L. Cleverly	APR 17 1986

FORM BH 56067 Phil 1st # 4491 7-19-85

Studno

APR 17 1986



295-221-022-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ila Singleton
2. Date Of Birth (month) Sept. (day) 21 (year) 1920
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Wilford

FATHER

6. Full Name of Father: John Hyrum Singleton
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ida Madsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ila Singleton (AKA) Ila Singleton Peterson
11. Present Address of Registrant: Rt. 1 Box 167 St. Anthony, Id

NOTARY (Seal)

Subscribed and sworn to before me on: JULY 2, 1952
12. Signature of Notary: M. T. Brigham
13. Notary Commission expires: JULY 27, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older sister age 77yrs	Ida Singleton	Mar.13,1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.21,1920	Wilford, Idaho	Ida Madsen	John Hyrum Singleton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	W. J. Paskett, Ward Clerk LDS church	Mar.29,1981	Nov.7, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.21, 1920	Wilford, Idaho	Ida Madsen	John Hyrum Singleton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Bonneville Co., Idaho	Aug. 8, 1980	Mar.15,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22yrs	Wilford, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Diggs, R. N.
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAY 1 1986

FORM BH 56067

5-16-79

MAY 1 1986

231-203-022-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE86-066

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOCELYN NEBLA SLATTER		2. Date Of Birth (month) JANUARY (day) 3 (year) 1920
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: FREEMONT; b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: William SLATTER		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: EDNA MOORE		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joyce S. McMullen	11. Present Address of Registrant: Elko, Nevada
NOTARY (Seal) on back	Subscribed and sworn to before me on: February 11 1986	12. Signature of Notary: Jennifer E. MacDonald	13. Notary Commission expires: 4-12 1988

APPLICANT - DO NOT WRITE BELOW THIS LINE

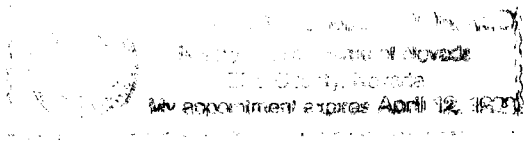
SUPPORTING RECORD 1.	Type of Document: Church birth certificate		By whom issued and signed: LDS church, Salt Lake City, UT	Date Issued: Nov.2,1984	Date Orig. Entry: Aug.5,1928
	Date of Birth: Jan.3,1920	Birth Place: Ashton, Idaho	Full Name of Mother: Edna Moore	Name of Father: William J. Slatter	
SUPPORTING RECORD 2.	Type of Document: Voter's Registration		By whom issued and signed: Elko Co., Nevada	Date Issued: Feb.11, 1986	Date Orig. Entry: Jan.23, 1954
	Date of Birth: Jan.3,1920	Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Brigham 3rd Ward	Date Issued: Aug.5, 1928	Date Orig. Entry: Baptized Aug. 4, 1928
	Date of Birth: Jan.3,1920	Birth Place: Ashton, Idaho	Full Name of Mother: Edna Moore	Name of Father: William J. Slatter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal) Bee	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Briggs, R.N.	Evidence reviewed by: tcTeresa L. Cleverly	Date Filed: MAY 21 1986

FORM BH 56067 Dbw 6c # 17184 11-15-84

McMillan

MAY 21 1986



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 168-118-022-213

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Salisbury Johnson
2. Date Of Birth (month) (day) (year): October 18 1920
3. Color or Race:
4. Sex: M
5. Place of Birth a. County: FREMONT
b. City or Town of Birth: Marysville Idaho

FATHER

6. Full Name of Father: Otto H Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rosella Salisbury
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne Johnson
11. Present Address of Registrant: Box 114 Macks Inn, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: NOV. 24 1986
12. Signature of Notary: Kevin D. McNeil
13. Notary Commission expires: MAY 5 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth(Church)	LDS Church, Salt Lake City,UT	Apr.28,1986	Dec.5,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.18,1920	Marysville, Idaho	Rosella Salisbury	Otto H. Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older sister age:81yrs	Vera J. Orme	Nov.11, 1986	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.18,1920	Marysville, Idaho	Rosella Salisbury Johnson	Otto H. Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certif.	State of Idaho #57-14487	Mar.29,1972	Nov.18,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 37yrs.	Marysville, Ida.	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.N.	tc Teresa L. Cleverly	MAR 20 1987

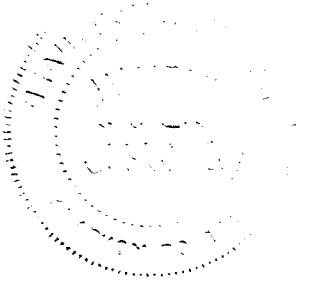
FORM BH 56067 Rev 6-74 40M

3-20-87

Johnson

MAR 20 1987

NOV 23 1998



DECEASED

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE88-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH ELIZABETH McGILLEN			2. Date Of Birth (month) JUNE (day) 15 (year) 1920	
	3. Color or Race: CAUC.	4. Sex: F	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: BANNOCK	POCATELLO
FATHER	6. Full Name of Father: BERT SIDNEY McGILLEN			7. State or Country of Father's Birth: Le SEUER, MINNESOTA	
MOTHER	8. Full Maiden Name of Mother: MARY GERTRUDE LEIGHTY			9. State or Country of Mother's Birth: TRIDELPHIA, OHIO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth E. Cook	11. Present Address of Registrant: 1031 E. Walnut Glendora, California 91740	
(Notary Seal) OFFICIAL SEAL JUDY BULLOCK NOTARY PUBLIC—CALIFORNIA NOTARY BOND FILED IN LOS ANGELES COUNTY My Commission Expires May 28, 1988	Subscribed and sworn to before me on ____ 19 84		12. Signature of Notary: Judy Bullock	13. Notary Commission expires: May 28 19 88	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. 303 E. ALOSTA AVE., GLENDORA, CA 91740	Type of Document: church certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: Oct.10, 1951	Date Orig. Entry: Aug.4,1951
	Date of Birth: June 15,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Gertrude Leighty	Name of Father: Bert Sidney McGillen	
SUPPORTING RECORD 2.	Type of Document: Own son's hospital birth certif.		By whom issued and signed: St. Joseph's Hosp, Phoenix, Arizona	Date Issued: child born May21,1942	Date Orig. Entry: child born May 21, 1942
	Date of Birth: June 15,1920	Birth Place: Pocatello, ID	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Appl. for Social Security		By whom issued and signed: Appl. Social Security Admin.	Date Issued: Sept. 1938	Date Orig. Entry: Sept. 1938
	Date of Birth: June15,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Letha	Name of Father: Bert McGillen	

QUALIFYING INFORMATION: School Census record for November 26, 1926 from Eugene School Dist. No. 4J gives age as 6 years old. Mother's name listed as Mrs. Mary McGillen. Dated Nov.8,1988.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

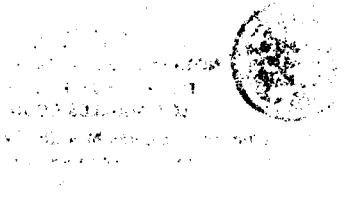
State Registrar	Evidence reviewed by	Date Filed
Bee Briggs, R.R.	Teresa L. Cleverly	DEC 1 1988

FORM BH 56067 20004

5-16-84

DEC 1 1988

Cobb



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE90-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nelda Marie Kidd		2. Date Of Birth (month) May (day) 7 (year) 1920
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Farnum Ida Fremont; b. City or Town of Birth: Farnum Idaho
FATHER	6. Full Name of Father: George Clement Kidd		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Minnie Jackson		9. State or Country of Mother's Birth: Cache County Logan.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nelda MacPherson	11. Present Address of Registrant: 10107 Sage Road Cedar Hills, Ut -84062-
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1990	12. Signature of Notary: Jeanne M. Walker	13. Notary Commission expires: 5-1-92 19

NOTARY PUBLIC JEANNE M. WALKER 66 S. 1 Grove UT 84062 Comm. Exp. 5-1-92 STATE OF UTAH

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth		By whom issued and signed: LDS Church, Salt Lake City Utah	Date issued: Apr.23,1990	Date Orig. Entry: Blessed June 6, 1920
	Date of Birth: May 7,1920	Birth Place: Farnum, Idaho	Full Name of Mother: Minnie Jackson	Name of Father: George C. Kidd	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age: 85yrs		By whom issued and signed: Elgy O. Whittle Kidd	Date issued: Nov.15,1990	Date Orig. Entry: -----
	Date of Birth: May 7, 1920	Birth Place: Farnum Idaho	Full Name of Mother: Minnie Kidd	Name of Father: George Kidd	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Elder B. Murdock	Date issued: Aug.26,1928	Date Orig. Entry: Baptized Aug.25,1990
	Date of Birth: May 7,1920	Birth Place: Farnum, Idaho	Full Name of Mother: Minnie Jackson	Name of Father: Geo C. Kidd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Richard W. Blair	tlc Teresa L. Cleverly	DEC 11 1990

FORM BH 56067

10-6-86

DEC 11 1990

daughter.

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE94-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Carrol Bailey			2. Date Of Birth (month) April (day) 6 (year) 1920
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: George Albert Bailey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Effie Elizabeth Rogers			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Carrol Bailey Pope		11. Present Address of Registrant: 25 West 1800 South Bountiful, Utah 84010
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1994	12. Signature of Notary: Freda B. Wood		13. Notary Commission expires: [illegible] 19 [illegible]

NOTARY PUBLIC
FREDA B. WOOD
294 Maple Drive
No. Salt Lake City, Utah 84054
My Commission Expires
May 1, 1995
STATE OF UTAH

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, 1st Ward Pocatello Stake, Idaho	Date Issued: Blessed Aug. 1,1920	Date Orig. Entry: Blessed Aug. 1, 1920
	Date of Birth: Apr.6,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Effie Rogers	Name of Father: George A Bailey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Pocatello 5th Ward, Idaho	Date issued: Baptized Aug.12,1928	Date Orig. Entry: Baptized Aug. 12, 1928
	Date of Birth: Apr. 6,1920	Birth Place: Pocatello, Idaho	Full Name of Mother: Effie E Rogers	Name of Father: George A Bailey	
SUPPORTING RECORD 3.	Type of Document: Passport		By whom issued and signed: U.S. Department of State	Date issued: Aug.11,1976	Date Orig. Entry: Aug.10, 1981
	Date of Birth: Apr 6, 1920	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane S. Smith	tlc Teresa L. Cleverly	JUL 12 1994

FORM HW 0610 $8pd# 157962 5-2-94

Pope

JUL 1 2 1994

APR 1 0 2003

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE94-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERA MAY KIRKBRIDE			2. Date Of Birth (month) MAY (day) 20, (year) 1920	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: DAYTON	
FATHER	6. Full Name of Father: CHARLES FRANKLIN KIRKBRIDE			7. State or Country of Father's Birth: SMITHFIELD, CACHE, UTAH	
MOTHER	8. Full Maiden Name of Mother: MARTHA VINNIE MERRITT			9. State or Country of Mother's Birth: WEST JORDAN, SLC, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vera Kirkbride Pinson	11. Present Address of Registrant: 40 No 470 E SMITHFIELD UT 84335	
NOTARY (Seal)	Subscribed and sworn to before me on: December 5, 1994		12. Signature of Notary: Mary Ann Barkdull	13. Notary Commission expires: 19	

Notary Public
MARY ANN BARKDULL
360 East 300 South
Smithfield, Utah 84335
My Commission Expires
August 19, 1995
State of Utah

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Oneida Stake, Dayton Ward, Idaho	Date Issued: Mar31,1982	Date Orig. Entry: Blessed Sept. 8, 1920
	Date of Birth: May 20,1920	Birth Place: Dayton, Idaho	Full Name of Mother: Martha V. Merritt	Name of Father: Charles Frnaklin Kirkbride	
SUPPORTING RECORD 2.	Type of Document: Own Son's birth certificate		By whom issued and signed: State of Idaho #50-539	Date Issued: child born Jan29,1950	Date Orig. Entry: child born Jan. 29, 1950
	Date of Birth: Age: 29yrs	Birth Place: Dayton, Idaho	Full Name of Mother: Vera May Kirkbride	Name of Father: Donald Henery Pinson	
SUPPORTING RECORD 3.	Type of Document: Transcript of school grades		By whom issued and signed: Preston High School Preston, Idaho	Date Issued: Nov.28,1994	Date Orig. Entry: 1935-1937
	Date of Birth: May20,1919	Birth Place: Dayton, Idaho	Full Name of Mother: Martha Kirkbride	Name of Father: Frank Kirkbride	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Jane S. Smith	Evidence reviewed by: tlc Teresa L Cleverly	Date Filed: DEC 7 1994

FORM HW 0610

del file 11-8-94

DEC 7 1994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Randall Ward		2. Date Of Birth (month) August (day) 5 (year) 1920
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Iona, Idaho Bonneville; b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Lorenzo Jones Ward		7. State or Country of Father's Birth: Iona, Bonneville, Idaho
MOTHER	8. Full Maiden Name of Mother: Amelia Emerett → Emerett WRW Randall		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne R Ward	11. Present Address of Registrant: # 14030 12th Av NE 112-D Seattle, Wa. 98125
NOTARY (Seal)	Subscribed and sworn to before me on: 3-17 1997	12. Signature of Notary: W M Beale	13. Notary Commission expires: 6-1- 1998

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Jan.7,1997	Date Orig. Entry: Sept.5,1920
	Date of Birth: Aug.5,1920 / Birth Place: Iona, Idaho	Full Name of Mother: Amelia Randall	Name of Father: Lorenzo J. Ward	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age: 97yrs	By whom issued and signed: Austin L. Scoresby	Date Issued: July30,1996	Date Orig. Entry: ----
	Date of Birth: Aug.5,1920 / Birth Place: Iona, Idaho	Full Name of Mother: Amelia Emerett Randall	Name of Father: Lorenzo Jones Ward	
SUPPORTING RECORD 3.	Type of Document: Application for Marriage License	By whom issued and signed: Salt Lake City Co., Utah	Date Issued: Mar.3,1969	Date Orig. Entry: Mar. 29, 1951
	Date of Birth: Aug.5,1920 / Birth Place: Iona, Idaho	Full Name of Mother: Amelia Randall	Name of Father: Lorenzo Ward	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

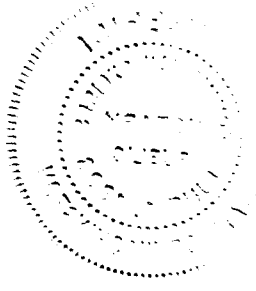
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane S. Smith	tlc Teresa L. Cleverly	MAR 28 1997

FORM BH 56067 10 cpd # 3393 9-9-83

Ward

MAR 2 8 1997



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wm Harvey Bills			2. Date Of Birth (month) 11 (day) 18 (year) 20
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Ucon, Ida Bonneville	b. City or Town of Birth: Ucon Ida
FATHER	6. Full Name of Father: Wm Edward Calvin Bills			7. State or Country of Father's Birth: TenN
MOTHER	8. Full Maiden Name of Mother: Malinda Parlee Harris			9. State or Country of Mother's Birth: TenN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm Harvey Bills		11. Present Address of Registrant: 43N 4100E Rigby Ida 83442
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1997	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 2000

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Oridination (Deacon)	By whom issued and signed: LDS Church	Date Issued: Jan.15,1933	Date Orig. Entry: Baptized May 19, 1929
	Date of Birth: Nov.18,1920 / Birth Place: Ucon, Idaho	Full Name of Mother: Malinda Harris	Name of Father: Wm. E. Bills	
SUPPORTING RECORD 2.	Type of Document: Discharge papers	By whom issued and signed: U S Army	Date Issued: Dec.19,1945	Date Orig. Entry: Aug.10,1942
	Date of Birth: Nov.18,1920 / Birth Place: Ucon, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth	By whom issued and signed: State of Idaho #47-431083	Date Issued: child born Jan.18,1947	Date Orig. Entry: child born Jan.18,1947
	Date of Birth: Age: 26yrs / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	APR 4 1997

FORM HW 0610

$8.00 PD #321097

4/3/97

William Harvey Bills

APR 4 1997